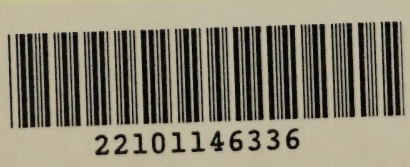
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PROVINCIAL

MEDICAL AND SURGICAL JOURNAL.

ON

DISINTEGRATION OF THE BLOOD.

By JAMES PAXTON, M.D., Rugby.

Read at the Anniversary Meeting at Hull, August 6th and 7th, 1850.

For some time past I have been engaged in observing, with considerable attention, the physical characteristics of the blood, in all those cases in my practice which afforded a fit opportunity for the examination. For this purpose, first, the specific gravity was ascertained; second, the relative quantity of serum and crassamentum was gauged, by means of a *hæmatometer*, (constructed on the plan of an *alkalimeter*.) This is a tube 6-8ths of an inch in diameter, marked at the height at which 1000 grains of distilled water would stand; it is then graduated by a scale of 100 degrees. Third, the quality of the serum was known by filling a smaller tube, to the line of 100 grains of distilled water. On taking the specific gravity we may judge of its density and the quantity of albumen it contains. No doubt better contrivances for the same end might be suggested; but though these instruments are simple, they are sufficient to give important indications of the qualities of the blood, and wherein there is a departure from a normal condition. To mention some select instances:—The blood of a man aged 61, of full habit of body, complaining of pain in the head, showed 91 per cent. of cruor. Let us contrast this with the blood in a case of chlorosis, in a girl of 17 years of age, who also was suffering from headache, in which the cruor was only 43 per cent. Blood taken in pleurisy, from a woman aged 39, contained 83 per cent. of cruor, 3 per cent. of fibrin in the form of inflammation and buff, and the remainder 14 per cent. of serous fluid. Without entering into details of the per centage of the physical elements of the blood under various diseases, and at the different periods of the disease, the experiments before us intimate that pathological hæmatology has just claims to our notice. Thus, from an examination of the blood in this manner, and seeing a deficiency in the normal gauge of the crassamentum, we may confidently assume there are deficient constitutional powers in the subject from which it was drawn. Moreover, these observations are of use to furnish us, at least, with general ideas of the morbid condition of the blood, with much more accuracy than is usually attempted. The number of inspections of blood in a defective state have led to the arrangement of a group of diseases which may be strictly referred to a disturbed state of the circulation, producing either a transposition or total rejection of some of the vital elements. The object of this paper is to submit to the Association illustrations, in several affections, under which this evidently occurs.

I am about to consider diseases attended by disruption of the composition of the blood, and the dispersion of some of its vital elements. Now, whether that portion which is separated remain in the system or is totally excluded, there are good reasons for supposing the origin of the disruption to be from a loss of vital affinity in the organisms. On the present occasion it is my intention to speak only of leading principles in a branch of hæmatology specially relating to privations of the blood. I have adopted the term *disintegration* as most expressive of a dissociation of a triple compound of serum, fibrin, and hæmatosin. During sound health these organic elements are retained in the vascular system. The chemical products, or some contingent or new forms of organic matter only, are excluded by means of the secretions. In fact, to have any of the organisms of the blood present themselves, ex-circulatory, is opposed to the laws of the integrity of the circulating fluid, and would at once induce suspicions of a disorganization in its composition. We might bring under review a large class of diseases which seem to originate in disturbances of the organic elements, but will confine our notice to those affections in which the vital forces expel some of these constituents. One of the most remarkable instances of this is the expulsion of serum in *morbus Brightii*. Here the blood becomes deprived of its serum; on the one hand, a part escapes into the cavities and the tissues of the body, while another part is removed by the agency of the kidneys; on the other hand, there are diseases in which the gastro-enteritic apparatus is employed in the performance of a similar task, viz., to deserumize the blood; as in diarrhœa and cholera, wherein a double process is effected—first, a portion of the blood is deserumized, and secondly, it is discharged from the constitution. In other instances the serum, after its exclusion from the vessels, is detained in close cavities in the pleura, the tunica vaginalis, or in cysts. In such situations it is liable to remain with great inconvenience to the functions of im-

portant viscera. When deposited in the areolar tissue of the limbs, I need not say that their mechanism is exceedingly impeded. This is a general view of that species of disintegration which is known by a loss of serum. Although the objection might be raised that these fluids are mere secretions or exhalations, this is altogether a verbal distinction, inasmuch as the blood is minus the quantity of albumen contained in the fluids just named. To confine myself to a limited exemplification of deserumization. It may be artificially induced by the application of a blister to the skin.

The poison of the cantharides inflicts an injury, which ends in an effusion of serum under the epidermis, the blood having been deprived of as much serum as is visible in the vesication. Superficial burns and scalds subject the locality to rapid withdrawal of serum. Certain topical injuries cause topical disintegration of the blood, and an effusion of serum. Obstructions in the veins invariably produce a disengagement of serum. Thus the pressure of the gravid uterus, or of pelvic tumours on the iliac veins, frequently occasions effusion in the lower extremities. In phlegmasia dolens, by an inflammation of the saphena and its branches, or of the femoral vein, the current of the blood being interrupted, exudations into the cellular tissue certainly follow. The fluids in œdema, hydrocephalus, hydrothorax, or of hydrocele, prove their identity with the serum of the blood, by the albumen which, more or less abundantly, they contain. The pathology of limited dropsy or abstractions of serum appears scarcely explicable without admitting a dissociation of the liquor sanguinis and the red corpuscles. In cachexia the vessels may be feeble, *per se*, and incapable of transmitting the blood unimpaired, yet in leuco-phlegmatic temperaments it is more than probable that effusions originate in excess of serosity, and the escape of serum tends to afford relief by restoring, in some measure, the hæmatic standard. This is illustrated in an early scrofulous diathesis, where, in childhood, there is a disposition in the cerebral circulation to part with serum. The fluid which distends the ventricles of the brain contains albumen. Serous apoplexies likewise are of this character, notwithstanding the attack may arise from detention of blood in the sinuses, owing to disease of the heart. Taking into account the composition of the fluid in partial dropsy, and calculating the amount of albumen detected in it, we may conclude there must be partial disintegration of the blood. Nevertheless, structural and functional derangements of the vessels, as well as their contents, may be involved in local dropsy. Hence mechanical causes, or a ligature on the femoral artery, will occasion a temporary œdematous tumefaction, in consequence of an interruption to the current of the circulation. One of the results of an impediment in the portal system is a collection of serum in some part of the body. Instances of limited disintegration of the blood could easily be multiplied, but I will only mention its manifestation in œdema of the arm, when the axillary glands are implicated.

Limited collections of serum constitute the first series of disintegrations of the blood. The second series shows an unlimited serous effusion; its remote cause is more obscure than the former, and it is by a combination of circumstances that its integrity is not maintained. Anasarca is one of the effects of a slow process of general disintegration of the blood, and general exudation of the liquor sanguinis and colourless corpuscles. Already an example of this form of deprivation of serosity has been referred to in albuminuria, where there is an excessive tendency of the serum to separate from the mass of the circulation. During the progress of this disease the liquor sanguinis is continually escaping by the kidneys, or is infiltrating into the areolar tissue, and perhaps finds its way into the pleura or peritoneum. Under these circumstances it has been ascertained that the relative proportion of corpuscles no longer continues. In one case the hæmatometer indicated 47 per cent. of serum, with a specific gravity of 1015, the healthy standard being 1030. To explain this circumstance I found, at the commencement of the complaint, the urine contained so large a quantity of serum, that when heated it was completely solid. The development of albuminuria is discovered by the unceasing circulation of the vital energies to exclude a quantity of serum from the vascular canals. Pathologists have apprehended a mutilated state of the blood; if so, it is desirable to define that state with as much precision of ideas as science will warrant. Dr. Johnson, of King's College, very properly considers that the existence of albumen in the urine is due to a disturbance in the circulation.* Dr. Ranking, with his usual clearness of judgment, after a comprehensive review of the various publications on Bright's disease, arrives at the following conclusion, that "there are diseases which attack the liver, spleen, and kidneys, which depend on an abnormal condition of the blood."† All the changes described so accurately by microscopists as taking place in the interstitial structure of the tubuli of the kidney are purely accidental, and altogether the result of "albuminous dyscrasy," induced by intemperate habits, unhealthy residence, or modes antihygienic. The tendency of the serum to become excirculatory can the more readily be accounted for by supposing that incidental circumstances have contributed to a loss of cohesion dependent on a loss of vital affinity in the sanguineous elements. While the blood preserves a perfectly healthy condition, its organic principles are inseparably retained within the boundaries of the circulatory system. There is no exception to this law. When, however, the renal organs, whose office is solely to secrete and convey the chemical material, is compelled to assume a new office, and convey a physical material of the blood, and when also we detect the latter in remote and foreign situations of the body, we may expect to find a corresponding deficiency in the circulation. As we find a low specific gravity of serum in albuminuria, so we ought to feel no difficulty in believing what some of the most en-

* *Medical Gazette*, November, 1845.

† Transactions of the Provincial Medical and Surgical Association, 1847.

lightened pathologists have conjectured, that this affection is essentially a disease of the blood. It does not appear that the kidneys are anything more than mere agents in the removal of albumen, and in the performance of that duty sustain damage from retention of fibrin and fat globules; indeed, the quantity of the urine is seldom to be attributed to an error of these organs, but is rather to be imputed to a disturbed state of organic principles in other places. The granular degeneracy is entirely the result of protracted serous disease. Dr. Prout, in his Gulstonian lecture at the College of Physicians, exhibited the kidneys of a patient of Dr. Rowe's, who died of albuminuria, which were perfectly free from disease.* They transmitted serum without injury to their capacity or structure. Albuminuria consequently arises from a lesion of the blood, capable of demonstration. There are a variety of causes, particularly in large cities, which are calculated to impair the sound state of the blood. Dr. Bright instituted a series of experiments by taking the patients promiscuously as they lay in the wards of the hospital. The whole number amounted to 130, out of which he found no less than eighteen to have coagulable urine.† I am in the daily habit of testing the urine, but I confess I do not find albumen of so frequent occurrence. In rural districts, among an agricultural population, the condition of the blood is less deteriorated. Dr. Owen Rees and others have detected albumen in the urine of persons dying from complaints quite unconnected with lesions of the kidneys. He judiciously observes, that, "it is not right to lay much stress on albumen in the urine as indicative of nephritic disease."‡ The term albuminaria would be equally applicable to every species of disorder in which there is an adventitious collection of serous fluid; it might be applied to all the diseases in the order *Aquosæ* of Cullen. Every species of dropsy, as it regards the proximate cause, belongs to this series of disintegration—namely, deserumized blood. Sometimes there may be a drain of serum through the renal organs, at other times the serum is detained in certain parts of the system; be this as it may, the discovery of serum ex-circulatory would always lead to the inference of abstraction from the blood. In cases of Bright's disease we actually detect a deficiency in almost every analysis. On the contrary, an excess of serum, as in anæmia, may probably act in the same way in causing exosmose into the tissues in consequence of a dissolution of a portion of the triple organization of the blood.

The third series of disintegration consists in a deprivation of fibrin as well as serum. The most striking illustration occurs in malignant cholera. It is unnecessary to describe all the attendant phenomena, but to consider the hæmatology of this disease. After the reception of the choleraic poison, the abstraction of both serum and fibrin takes place frequently with such sudden and extraordinary violence, that during an attack from six to twenty-four pounds of sero-fibrous fluid is expelled by the action of the stomach and bowels, in the course of a few hours. Mr. Grainger, who devoted much time and attention to investigations of this disease on the continent and in this country, in his lecture at St Thomas's Hospital last year, describes cholera as an affection of the blood. "That the best results which have been attained by the German pathologists, particularly those of Berlin, is that the first impression is aerial, acting on the blood, and thus the blood became poisoned." Dr. Wells has expressed in a short sentence his opinion of the nature of cholera—"A loss of vitality of the blood." Both of these gentlemen approach the true theory. One would imagine it impossible to overlook the destruction of a large portion of the colourless corpuscles. The alvine discharges, consisting chiefly of serum and coagulated fibrin. During health these substances are held in solution, but the vital force being withdrawn the albumen coagulates, the fibrin is precipitated, and we behold these substances in curdled floculi, floating in the dejections. There is no one who has examined the blood in algide cholera who has not remarked its altered appearance. The dark colour and thick consistence have led some to compare it to tar, others to currant jelly. Dr. Parkes believes the fibrin loses its power of combination, and is poured into the intestines in floculi, known as the solid ingredient in the so-called rice-water evacuations. Much as we may regret that the remote source of this scourge of the nations is still a hidden mystery, the immediate is patent to our inspection. We perceive the analogy there is between the action of the choleraic poison on the system, and the operation of an over-dose of tartarized antimony or arsenious acid. Indeed there is so great a resemblance of symptoms attendant on poisoning with arsenic, that it has often been mistaken for an attack of cholera. A large portion of blood has been disentegrated; this is followed by uncommon efforts to expel the affected organisms, and the spasmodic action seldom ceases until the whole of the affected corpuscles escape from the circulation, unless in fatal cases, where the organs concerned in the disengagement of the poison at length are disabled and unequal to the task. If the transparent corpuscles are very partially invaded, by timely aid of medicine and *vis vitæ* of the constitution, a reaction may be established which may neutralize the choleraic virus. To use the words of an eminent Professor:—"There are instances of the operation of the vital actions accomplishing the expulsion of noxious matter, and of that part of the animal fluid which have been corrupted by it.* This appears to be the course and determination of cholera, at least under a mild form. The dead corpuscles are excluded from the mass of the circulation. The assimilative process makes up the deficiency and restores the healthy tone of the blood.

It is not intended at this time to present tables of analysis; it will answer the purpose of the argument,

* 1831.

† Guy's Hospital Reports.

‡ Dr. O. Rees on Diseases of the Kidneys, p. 23.

* Dr. C. B. Williams' Principles of Medicine, p. 467.

in support of the theory advanced, to state that the blood of a healthy person contains of solid residue, on an average, 210 parts per 1000; but when an attack of Asiatic cholera has abstracted the transparent corpuscles, fibrin, and liquor sanguinis, the solid residuum amounts to 360 parts per 1000. In hæmatological inquiries there will be great irregularities in the results. The relative proportions of the organic principles are not so much dependent on age or sex as on habits of body and modes of life.

A fourth series of disintegrations of the blood is apparent in the separation and deposit of its fibrin. There is a frightful epidemic, well known in the West India islands, in which the fibrin becomes ex-circulatory, and eventually undergoes a slow condensation, and, as in all fibrinous deposits, it is then rendered insoluble. Such is elephantiasis. The parts most frequently affected are the lower extremities, but immense collections may be situated in the loose cellular tissue of the scrotum, or accumulated in the subcutaneous tissue of other parts. There is a class of tumours also with which we are more familiar, not only occupying the exterior of the body but invading the interior likewise; the morbid anatomy of which shews them to consist principally of condensed fibrin. The several stages of production are extravasation of serum, the aqueous portion of which evaporates by perspiration and exhalation from the lungs, leaving the insoluble fibrin under various forms. It has been demonstrated as intersecting scirrhous formations, and in such monstrous scrotal and preputial enlargements as such cases as *Hoc-loo's*, which are largely made up of fibrin, thrown out of the circulatory mass. The accretions distinguished as scirrhous, affecting the pylorus, the rectum, and the mamma, are of the same character. All these diseases are mainly composed of fibrinous exudations, in combination with, or existing as, a web containing other substances, as fat globules, cancer cells, and albuminous fluid. When fibrin is pure it often forms pseudo-membranes; as, for instance, in the adhesions of the pulmonary with the costal pleura, after a bad attack of pleuro-pneumonia. Inflammation induces a separation of fibrin; hence during inflammatory action fibrin is frequently poured into the canals lined with mucous membranes, as in croup, and in this specimen, where we have casts of the primary bronchiæ, produced by a transit of fibrin in acute bronchitis. The whole of this series are attributable to sanguineous derivations in consequence of an impaired vitalism of the blood, allowing of the exit of the liquor sanguinis by exosmose, or it may be ejected, under certain circumstances, by the energies of the animal powers. Fibrin while circulating in the system is always in solution, but when removed by disease it becomes solid.

The fifth series of cases of disintegration of the blood comprehends those affections in which effusions of red corpuscles or pure hæmatin is one of the most conspicuous features, as in scorbutus, purpura, and the petechiæ and vibices of typhus. The predisposing causes and primary sources of scorbutus have been traced to insufficiency of some needful article of diet, especially if the privation is attended by mental anxiety and alarm. Of the proximate cause there is no question. We know the blood is dehæmatized when hæmatin has visibly escaped from the circulation; when there is a deprivation of 60 or 80 per 1000 of coloured corpuscles. The deficiency of fibrin, also, in most cases, has been noticed; hence Magendie called this disorder "Defibrination of the blood;" and truly the blood from the gums does not coagulate, for the crassamentum is loose and weak—"a semi-fluid of the consistence of syrup."

As, however, a similar defective condition of the blood is present in the advanced stages of fever, and in the phlegmasiæ, scurvy is better pathologically distinguished by the evident drainage of coloured corpuscles from the mucous membranes. We obtain the most correct diagnosis from the leading symptoms, viz., by the spontaneous appearance of hæmatosin. Looking at the multitude of facts which cases of scurvy present, can we reasonably doubt the breaking up of the fabric of the blood? The nature of the hæmorrhages which penetrate the mucous surfaces abundantly prove it.

Purpura hæmorrhagica bears a close analogy to scorbutus. The blood exhibits a loss of 10 to 20 per cent. of red corpuscles; but the extravasation of hæmatosin is sub-epidermic. The specific gravity of the blood is lowered from 20 to 40 per 1000. Each case may vary, yet the deficient quantity of hæmatosin is universal.

In further illustration of the doctrine of disintegration of the blood, instances might be cited of hæmorrhagic transpirations from the skin. Although such cases are of rare occurrence, there is on record one instance most impressive. There was one man who, under intense agony, sweat drops of blood. The physical possibility of sanguineous exudations of this kind, under extreme mental excitement, is confirmed by various writers. Blainville has given a case of bloody perspiration.* Another case is related in the Philosophical Transactions† of a child who bled from every part of the surface of the body. A similar hæmorrhage from the tongue, mouth, and scrotum is described by Mr. Amyot.‡ I might refer to Mr. Howard's "History of Foreign Prisons." "On visiting the prison at Avignon, (says this great philanthropist,) the gaoler told me that he had seen drops of blood mingled with the sweat on the breast of prisoners under torture."§ It would be subject for inquiry whether there are not numerous diseases in some of their stages attended with disintegration of the blood. Severe inflammation tends to isolate the colourless corpuscles, and in one patient terminates in effusion of serum, in another in deposition of fibrin. Dr. Alison infers "that inflammation and its effects are inexplicable by any alteration of the contractile powers of the living solids concerned in it, but must imply an alteration in the vital properties by which the constitution of the blood, in its relation to the surrounding textures, and its movement through

* Course de Phisiol. Gen. and Comp., vol. iii., p. 59.
† Vol. x.
‡ *Medical Times*, June 22, 1850.
§ *Vide* Foreign Prisons, p. 52.

them is determined."* Dr. Hughes Bennett has admirably demonstrated the *modus operandi* of the capillaries in exudations.† In a valuable work of Dr. W. Addison, the power colourless cells exert in controlling the nutritive changes is, I believe, correctly explained. While under abnormal action there is frequently an excess of cells, and they are diffused among parts adjacent;‡ I mean beyond their natural boundaries.

The present communication may be considered as an humble introduction to a more extended research into pathological hæmatolgy. I am happy to say Mr. Ancell is resuming the same subject in a series of able lectures in the course of publication;§ and it is impossible to overrate the importance of this branch of morbid anatomy. On reflection, we cease to wonder that diseases arise from modifications of the blood, when we take but a distant view of the numerous circumstances by which it may be altered. Atmospheric vicissitudes, aliment, drinks, respiration, and the condition of the nervous system, by which all the secretions are governed, exert a powerful influence on the blood, and produce numberless changes in the constitution. There would be a great advantage in having a more accurate mode of gauging the serum and crassamentum, since it would furnish some index of health and its deviations. The older authors were of opinion that the source of many disorders originated in the blood, but there is a great vagueness in their notions, for they were unacquainted with quantitative, physical, or chemical analysis. It has been reserved for modern physiologists to weigh and measure those realities which were before only matters of conjecture. Further inquiries are necessary to determine what value may be attached to the theory of disintegration of the blood. Of this I feel assured, we are advanced far enough to enable us to draw the conclusion that organic changes of the solids in general are not antecedent to an isolation of the elementary organisms, but depend on the dispersed and abnormal existence of the circulating corpuscular fluids. Hence the science of hæmatology deserves our highest consideration, and must be eventually estimated as the very foundation of all pathological investigation.

The examination of the blood is often desirable while the patient is under medical treatment; and in *post-mortem* inspections it should always be attentively noticed.

* Outline of Pathology, p. 120.

† *Monthly Journal of Science*, Jan., 1848.

‡ Physiological Researches.

§ Commencing in No. I., (new series,) of the *Medical Times*.

MM. Bequerel and Rodier have lately presented a memoir to the Academy of Medicine, "On Anæmia from Diminution of Albumen, and the Dropsy consequent thereon."

CASE OF OVARIOTOMY.

By GEORGE NORMAN, Esq., F.R.C.S.,

SENIOR-SURGEON TO THE BATH UNITED HOSPITAL.

Read at the Quarterly Meeting of the Bath and Bristol Branch, Dec. 19, 1850.

Elizabeth North, aged 23, enjoyed good health until March of the present year, when she began to have a disturbed state of stomach, pains extending over the abdomen, irregular menstruation, and in May she became sensible of a swelling on the right side of her body. She became the patient of Dr. Davies at the United Hospital, who has obliged me by furnishing the following particulars:—

"Elizabeth North was admitted into the United Hospital under my care on the 7th of June, and was discharged on the 2nd of July. At the time of her admission she was suffering much from derangement of her general health, and the menstrual function had been out of order for some months. At this time the tumour on the right side of the abdomen did not appear to be larger than an orange; no doubt was entertained of its being ovarian. The treatment was addressed entirely towards the improvement of her general health, and she quitted the hospital much improved in that respect, the tumour remaining the same."

She was admitted into the hospital again, under my care, on the 19th of September. The tumour then appeared to be nearly as large as the head of a child at birth; it was quite moveable in the abdomen and appeared to be attached below by the broad ligament of the uterus, for no doubt was entertained of its being a tumour of the right ovary. It was firm to the touch and gave no sense of fluctuation; her general health had much given way; she had pain extending over the abdomen, and at times severe cramps in the bowels; a fold of vagina protruded full two inches beyond the external pudendum, even when in the recumbent position, and she had endeavoured in vain to keep this up by a pessary before her admission. It was with great difficulty the os uteri could be felt; after a considerable examination it was found under the arch of the pubes. She was kept in bed, took iodide of potassium, and used iodine frictions to the abdomen, still the tumour increased in size and the pains in intensity.

The case was considered by my colleagues and myself, to be an ovarian tumour, and that if ovariotomy were ever advisable, this patient's case was one calling for it. The prolapsed state of the vagina, the weight of the tumour, and the continued pain, rendering it impossible for her to do anything for her support; the tumour was increasing and there seemed to be no hope of its growth being arrested. It was agreed that she should discontinue all remedies for a fortnight. At the end of that time her general health had not improved and the tumour appeared to be as large as the impregnated uterus at the fourth, or between that and the fifth month. I then explained to the patient the nature of the disease, told her that an operation had in some

instances been succesful in the same disease, but that the risk was great and the result doubtful. She replied that she had expected I should make the proposal to her, that she had quite made up her mind, and was ready to undergo the operation whenever I thought proper. A delay, however, occurred from her expecting to be unwell in two or three days, and it was not desirable to operate at or near that period. She became unwell, and after ten days the operation was fixed for the 8th of November. She left off meat for a few days before, and took a mild aperient. Fires were kept for two or three days in the operating theatre, and also in a small ward adjoining it, where it was intended she should remain after the operation, and where she was directed to go to bed the morning of the intended operation.

At twelve o'clock on Friday, the 8th of November, Dr. Davies, who kindly undertook to manage the administration of chloroform, put her fully under its influence in her bed, apart from all those assembled in the theatre adjoining. In a state of perfect unconsciousness she was brought into the theatre, and kept in that state during the whole time she remained there. An incision was made in the linea alba, about five inches in length, commencing an inch above the umbilicus, and avoiding that, it was extended downwards towards the pubes. The periosteum was raised with a pair of forceps, and opened to nearly the same extent; instead of any part of the tumour appearing, several convolutions of the small intestine protruded, these with some little delay were returned into the abdomen with great adroitness, by my collegue Mr. Gore, and retained there. During that time I had ascertained that the anterior parietes of the abdomen adhered very considerably, and firmly, to the tumour on each side of the incision; also that the adhesions below were considerable, and apparently insurmountable, and it was then discovered that a portion of the small intestine, full two inches in length, adhered firmly to the anterior part of the tumour. All hope, therefore, of removing the tumour being gone, no time was lost for the purpose of ascertaining its precise nature, but the integuments were brought together by five common sutures, straps of adhesive plaster were applied, some folded lint placed over with a bandage, and she was removed to her bed in the same state of unconsciousness as when she was brought from it. I saw her four hours after; she was then recovering from the effects of the chloroform, but was suffering from sickness, and pain in the abdomen. Pulse 115, of good strength and fulness. To take one grain of opium directly, and to have nothing but toast-water.

11 P.M.—Still in pain; has vomited the toast-water; pulse 116. To have one grain of opium every four hours.

Saturday, 9 A.M.—No sleep during the night; has vomited the toast-water three or four times; complains of great pain in the abdomen, not, however, increased by pressure, and no tension; pulse the same as last night. I had the satisfaction of hearing that she had no knowledge of having been removed from her bed. or any recollection of the operation. To continue the opium.

4 P.M.—Rather better; pulse 110.

11 P.M.—Has vomited, and is in pain; pulse 116. To continue the opium every four hours.

Sunday, November 10th, 9 A.M.—Has had a little sleep; had taken a little thin gruel, which was thrown up almost directly; has passed water; pulse 112. To take the opium every six hours. She remained much the same during the remainder of the day. There was some tension of the abdomen, and the bandage was taken off. There was very little pain on pressure.

Monday, 9 A.M. (the fourth day).—Had slept a little; still complains of pain; has vomited twice; has passed urine; tension of abdomen less; pulse 110. To continue the opium.

11 P.M.—She feels better; has vomited but once; pulse 110.

Tuesday, Wednesday, Thursday, and Friday.—During these four days she has been getting better, and has only vomited twice; pain less; has only taken the grain of opium about three times in twenty-four hours; pulse from 100 to 110. Has taken barley-water and gruel.

Saturday (the ninth day).—Still better; pulse 100; no vomiting; very little pain; no tension of the abdomen; the sutures removed; the wound partly united, and looking very healthy; bowels not relieved since the operation. To continue the opium, and to have a little weak beef-tea.

Sunday.—Has slept well; pulse 100. To have two ounces of castor oil, which, not operating, was repeated in the evening.

Monday, 11 A.M.—The oil has operated freely; pulse 90; the wound healed excepting at two points, the upper and lower end of the incision. From this time she went on well without pain or sickness. Pulse generally about 80.

On the fifteenth day after the operation it was ascertained that there was no protrusion of the vagina, and it appeared to me on examining the abdomen that the tumour was not of the same size as it was at the time of the operation. The lower part of the wound still remained open, but the quantity of discharge was too small to admit of supposing it came from the tumour. The diminution was supposed to arise from the total abstinence from food for some days, the low diet afterwards, and the constant recumbent position. After this time it appeared to me that the size of the tumour was gradually diminishing, although she was taking animal food, and by the end of November it was quite evident that the tumour was not more than half its former size. An examination per vaginam was made. The vagina was perfectly natural, and the os uteri was found in the ordinary position. The patient continued to improve, she gained flesh, and her countenance regained the healthy appearance. She was, however, kept to her bed, as the lower portion of the wound was not quite healed; soon after, however, it healed, and she was allowed to get up, from which she found no inconvenience, and she was shortly able to walk about the ward with freedom.

On the 9th of December Dr. Davies and I made an

external measurement of the tumour, and of its position, with the following results:—Distance from the right anterior spinous process of the ilium, to the edge of the tumour, one inch and a quarter; from the left spinous process, to the edge of the tumour, four inches and a half; distance from the umbilicus to the upper margin of the tumour, one inch and a half, (it is to be remembered, that at the operation it was necessary to commence the incision one inch above the umbilicus); transverse diameter of the tumour four inches, vertical diameter three inches and a half; length of cicatrix five inches. The feel of the tumour was harder and more irregular than before.

On the 17th of December Dr. Davies and I repeated the measurements, and found them to be the same, but she had gained so much in flesh and fulness of the abdomen, that it was not so easy to get the exact measurement. She expressed herself as being quite well, and she left the hospital the following day.

To account for the very considerable diminution in the size of the tumour which has taken place since the operation, is a matter of difficulty, and can only be one of conjecture. It may be that a certain degree of inflammation followed the exposure and the handling of the tumour, (though there was very little of the latter,) and that the vessels of the normal structure of the ovary may have poured out fibrin, and so formed a barrier between the cysts forming the bulk of the tumour and their supply, and this ultimately may have compressed and obliterated them; but be that as it may, the fact of a most important diminution remains, and as the young woman resides in Bath, I shall be enabled to know the more permanent result.

What has occurred in reference to this tumour may throw some light on cases were such tumours have spontaneously disappeared, of which I believe there are many instances. I had an opportunity of ascertaining one recently. A lady whom I had examined several times nearly twenty years ago had an ovarian tumour full as large as the one we have been considering. I saw her a fortnight ago on another occasion, and had the opportunity of examining the abdomen; I could find no trace of the tumour, her account was that the tumour had remained for some years as when I had examined it, that in the last few years it had gradually diminished, that latterly she could only occasionally find it, and that it was very small. I did not find it, but it may be, that being small, it remains for the most part in the cavity of the pelvis, and she described symptoms which made that probable, but it was not admissible to make an examination per vaginam, to investigate it. Another case has been recently told me by Dr. Robert Ferguson, of Park Street, Grosvenor Square, of a lady who consulted him for an ovarian tumour, of considerable size, and in whom, on her returning to him twelve months after, he could find no trace of it. I know another lady, whose abdomen I had frequently examined, who had a similar tumour full twenty years ago. Sir Astley Cooper also examined it, and gave the same opinion, I had given. In this lady, who is now living, it produced nothing more than inconvenience, and if I may judge from the altered appearance of her shape, the tumour must now be very much diminished, but I have had no opportunity of examining it. I have also known an instance where a considerable tumour of the kind formed a communication with the vagina, and after a continued discharge the tumour disappeared, and this person is now living. I know another lady who had for some years a tumour in the abdomen as large as a child's head, which also produced a displacement of the uterus and other distressing and painful symptoms, but which have now entirely ceased, and the tumour became diminished in size. Another instance has been related to me by Dr. Brabent, of a lady who had a large tumour in the abdomen for many years, which always become larger at the time of menstruation, and which gradually diminished after the cessation of that function, and finally disappeared.

I apprehend the case in which I have operated must be placed as opposed to the propriety of the operation, for if in that case it was not possible to foreknow the existence of insurmountable adhesions, I do not know how anything like certainty can be arrived at; and as this patient's life was certainly in jeopardy for three days, one cannot but think such explorative operations must be attended with considerable danger. Add to this the proportion of deaths after the tumours have been removed, and it will appear probable that the balance will turn on that side. The subject, however, is now fully and perfectly under the consideration of the profession, a great mass of information has been gained, and more will no doubt, for it is to be hoped that every case, whether successful or otherwise, will be recorded, and also those cases of ovarian tumours which have remained harmless, as well as those which have proved fatal, and then we may expect from our profession a dispassionate and correct conclusion.

ON THE COMPARATIVE SIZE OF THE HAND OF THE ACCOUCHEUR AND OF THE FEMALE PELVIS.

By GEORGE KING, Esq.,

SURGEON-ACCOUCHEUR TO THE DORCAS SOCIETY, BATH.

The following observations on the *size* of the hand and arm in the practice of midwifery and the size of the female pelvis and capacity of the outlet, may to some of your readers appear rather singular, and many others may feel and think as I do, that it is also singular, when we consider and observe the vast difference in the size and development of this important and useful member of the human frame, in those men we meet with who are daily engaged in practising in that delicate and peculiar branch of our profession. It is extraordinary that it has never attracted their attention, or been noticed by the various teachers and professors of the obstetric science or the general practitioners of midwifery; and it seems also to be unobserved by all authors on this subject, for we have published

lectures and instructions, as well as manuals, for the assistance and guidance of the young beginner in the practice of midwifery, but in none of them have I been able to discover the slightest notice or reference to the size of the hand and arm, they all give a most minute description of the various deformities of, as well as the diameter of, the outlet of the female pelvis, through which the hand is to be passed, and pages are written on the size and the choice of a catheter, or an œsophagus or rectum bougie, which is to be used for dilating those natural passages; but of the only instrument that can safely be used for the purpose of dilating the vagina, in order to get at the contents of the uterus, nothing is said. From the universal silence, we may be naturally led to think or suppose that all men's hands and arms are invariably of the same shape and size, and that, therefore, any allusion to it was useless and unnecessary in any catechisms or instructions that may be published or given to a tyro on his entering into this peculiar branch of the profession. Although midwifery is considered by the *pure* surgeon to be beneath his notice, and by others as a practice detached from physic and surgery, yet it partakes of both; and those who have made the medical profession their choice, and wish to rise in it, will find they must practice midwifery, and there is no part of our profession so likely to bring them before the public and into notice, as this. However degrading or derogatory it may appear to the pure surgeon to be thus engaged, the obstetric practitioner will find that in this department of his profession, not only his knowledge of the most intricate parts of anatomy and physiology will be required, but all his skill and energies, as well as moral courage, will be brought into action, in the performance of the most distressing and perhaps the most bold and difficult operations of surgery, and the most perplexing and frightful cases of the practice of medicine, and in those surgical operations the size of the hand will be of the greatest importance; yet it is unnoticed, and no one would for a moment imagine that there was any difference or variation in the structure and size of human beings, and that all men must naturally be of one uniform form and and size, and that there was, or is, no such thing among the human race as giants or dwarfs, and large, bony, muscular men, as well as small, thin, and slender skeleton-like men. These disproportions and differences in the form of the human frame are altogether passed over or forgotten by all writers and teachers of the obstetric practice. There are also persons practising medicine, and surgery, and midwifery, with monstrous large hands and arms, (as large as a sign-post,) while others have small delicate hands, with very thin and slender arms. There cannot be a doubt as to which of these ought to be selected for the practice of operative midwifery, and I consider that the former of these ought never to study, or if they did, not to make this branch of our profession their peculiar practice, being well assured that in very difficult or preternatural labours, when the introduction of the hand into the vagina is required, they are physically incapacitated to render that assistance under such circumstances, with that dexterity and ease that the case demanded, and the patient had a right to expect; and I fear they would add greatly to the sufferings, if not endanger the patient's life, while the latter would be able to render great assistance, and effect much good, as well as to be the means of mitigating a vast amount of suffering. This being my conviction, I am induced to draw the attention of the members of the Provincial Medical and Surgical Association, and the readers of the *Journal*, to the subject, and will endeavour to show them that it is of vital importance, in a practical point of view, that a man-midwife should have a small hand. And I have no hesitation in stating, that those gentlemen who have such monstrous upper extremities as I have described, ought never to think of practising as accoucheurs, as they will be sure to fail in their attempts to relieve their patients in some of the most distressing preternatural presentations, and while they are waiting for assistance or a smaller instrument, the chances are that they would lose their patient. In order to illustrate the subject, and to prove the very great difference in the size and the measurement of the hands of some, I need only to draw the attention of the reader to a daily and familiar occurrence, which may be seen at any glove shop. In trying on gloves, what pulling and tugging, what stretching, there will be, and frequently laceration, in the many forcible and ineffectual attempts that are made in endeavouring to get a large hand into a small glove. I understand from the glovers that they keep what they call large size men's and small men's; the largest measures *eleven inches*, and the smallest *eight inches* across the knuckles. What an awful disparity and difference in the size of an instrument, which is to be used indiscriminately, and without deviation or the least caution—as a dilator, and which is to be painfully forced through those structures lining and partly forming the outlet of the parturient passage in those frightful, sudden, and urgent cases, when there is no time for reflection, consideration, or substitution, for on its prompt and immediate application often depends the life of both mother and child. In all cases of protracted presentation, when it may be considered advisable or necessary to alter the position of the child in the uterus, the hand is the only instrument applicable or that can possibly be used for the purpose; yet we have no direction for the application of it, nor have the obstetric professors thought it of sufficient importance to inform their pupils whether a large one or a small one would be the best for use; nor is there any notice of the enormous difference in the size of them. Dr. David Davis, in his valuable work "On the Principles and Practice of Obstetric Medicine," says:—"It is well known, that the hand, when properly adapted to its object, is a much safer obstetrical instrument than any instrument that can be made." We all know that it is the indicator or eye of the practitioner in midwifery, and possesses a power far above all other instruments—that is, the property of touch; by this sensibility circumstances are made known, and the situation of the parts we are in contact with is conveyed to our minds,

and by this all our movements and operations are directed, and our medical treatment regulated. Sir Charles Bell, in his "Bridgewater Treatises," gives the following description of the human hand:—"The human hand is so beautifully formed, it has so fine a sensibility that sensibility governs its motions; so correctly every effort of the will is answered so instantly, as if the hand itself were the seat of that will. Its actions are so powerful, so free, and yet so delicate, that it seems to possess a quality—instinct—in itself; and there is no thought of its complexity as an instrument, or of the relations which make it subservient to the mind." This is a vivid and beautiful description of a perfect human hand, fully and properly adapted for all natural purposes as well as art. But all men's hands are not alike: they are not so beautiful, or so delicate, nor are they all so symmetrical as the one depicted by Sir Charles. They, therefore, are not all so well fitted for all the purposes for which they may be required to be used, and it is because I believe that an enormously large hand is a highly improper instrument to be used in many of the difficult and perplexing cases of midwifery, that I have been induced to make these remarks on the comparative size of it.

In all surgical operations we have the most minute directions given us as to the instruments to be made use of, as to shape and size, &c., and in all surgical works a description is given of them, and ample rules laid down for the selection of the most proper to be used, and their exact width, as well as length, is particularly mentioned, and we have also the exact dimensions of the pelvic aperture, and we have also ample directions as to what sized fœtal head will be likely to pass through it without assistance; but the outlet of the pelvis may be considerably diminished by distortion, and the inlet contracted, nevertheless, the hand must be got through in order to find out what is going on at the brim; and it may also be necessary to put the hand up into the uterus, but whether a large hand or a small one will be best fitted for the purpose of operations in this diminished space we are not told, and we often meet with a very contracted vagina, and this is to be overcome by sheer force; for there are no muscular fibres in this part to assist distension, the first application of the hand in the practice of midwifery is in the examination *per vaginam*, or as it is called by the old women, taking or trying a pain. This is done by introducing the fore finger slowly, and if we press with some degree of firmness on one side of the vagina, there will be less pain; if it is done more timidly it produces a tingling or irritation, which we should try to avoid. But this one finger exploring does not always reveal to us all that is going on, and often at this early stage of the labour, we may be obliged to pass up the whole hand, as the part presenting may still be above the brim of the pelvis. In such a case, the idea of an accoucheur with a tremendous hand and arm, to be in attendance on a delicate young girl, about 16 or 18, with contraction of the vagina, and with a flooding or preternatural presentation, is frightful, and the very thought of it to a person who has seen or had much experience in these difficult and monstrous cases, must make him shudder. The giving birth to a child being a natural process, it is not often that we have to interfere at all till the child is born; but being engaged and in attendance we ought, in every respect, to be fully qualified to act in all cases of malformation or complex labour. We all well know what a fuss there is made when a lady is likely to require the assistance of an accoucheur, as to who she shall have, and there are lots of consultations and inquiries among old aunts and cousins old dames and washerwomen, and they all take into consideration the age, appearance, character, dress, habits, mannerism, family, &c. &c., and all they know and believe, but very little is thought of their skill and ability. It has often surprised me that these expecting ladies should never think of the size of the hand. It is a proof that they can have but little idea of what the accoucheur may have to do with them, and it is also singular that the old advisers should not think of it, as they must have known a little of the application of it themselves. I believe in cases of contraction of the vagina, when labour has been impeded in consequence of a cicatrix or any other cause, it has been recommended, and it may be sometimes necessary as well as proper, to divide it by a knife, in order to allow the child's head to pass, but I have never heard it recommended to reduce or shave a little of a man's hand or arm off, in order that it might with more ease pass; but if any obstetric practitioner, with a very large hand, and a great monster arm, in cases of contracted vagina or deformity of the pelvis, was rash enough to attempt to turn a child in utero, or detach an adherent placenta, he would in my opinion be a very fit subject for such an operation. We do not always find uniformity in the parturient passages of females; there is a vast difference in the capacity of the vagina and dimensions of the pelvis as well as in the size of the hand and arm In some women we find the vagina large, loose, and flabby, and the outlet of the pelvis very large; such women will generally have very quick and easy labours, and we can be hardly ever in time to be present at the birth of the child. The place and the situation we occasionally find these patients in, would, if we did not know they were prudent and married women, lead us to suspect that they had some idea of concealment or evil attempt. I have always thought that those unfortunate females who commit infanticide, or had been guilty of concealing the birth of their child, must belong to this class of women, having a large and well-formed pelvis, and a lax and capacious vagina, and consequently must have very easy and quick labours. With the first child it is not easy for a woman to distinguish actual labour-pains, with the pressing or bearing down of the child, from an inclination to have a motion; and the attack may be sudden and rapid, without intermission, till the child drops from them without the possibility of their having the power of controlling or stopping its exit, or of being collected enough to give an alarm until it was all over, the child being born, and they having got rid, as they suppose so nicely, of what had for so many months caused them so much trouble and anxiety, and

so suddenly and unexpected, which was contrary to all their anticipations, that they could think of nothing but the pain and difficulties connected with labour. After recovering the shock and surprise produced by the birth of the child, which had annihilated from the mind all recollections of the past, and rendered them incapable of thinking of the future, they would only think of the present, and in a moment of the greatest excitement and fright, finding themselves alone and thus far undisturbed, and the child quite prostrated in a state of asphyxia from the fall or want of proper attention, they for the first time think of the unnatural crime of the destruction or concealment of the child, with minds in a state of the greatest agitation and excitement, and vacillating between shame, hope, and fear, and in this confused and frenzied condition, they are led to commit a most frightful and inhuman act, which had by them never been contemplated, and the very thought of such a deed half an hour before, in their calm moments, would have been the most revolting and horrifying to their feelings.

And I am disposed to believe that the size of the pelvis, and the capacity and structure of the parturient passages, are circumstances considering the intimate connexion, and action and reaction of the body and immaterial principles on each other, that have had much more to do with these tragical scenes than the organ of destructiveness or concealment. Women with a small pelvis, and a rigid contracted vagina, and perhaps a large child, must naturally be a long while in labour, which will allow time for the disquieted mind to compose itself, and an opportunity for reflection on their condition and the consequences connected with it; and I have no doubt that then the moral and finer feelings will overcome the brutal. These poor creatures, long before their trouble, must have been told that the passage of childbirth were awful and terrible to bear, and also have learnt, or had been given to understand, that the process of labour must be long, as well as painful and difficult; they, therefore, could not ever expect to give birth to a child without its being known, and charity would lead us to hope that no female would premeditate the death of her own offspring. I have long determined never to give such evidence, in any case of prosecution, as would be likely to convict a woman of infanticide, unless it was very clearly proved to me that it had been premeditated, and that *no* preparations had been made for it before the birth of the child!

I believe there is no rule of law that can prevent or restrain a professional man, when in the witness box on such momentous occasions, from taking into his consideration probabilities as well as facts, of which *he* is, professionally, best able to judge. But the indecision of medical witnesses is so generally known by juries, that verdicts are frequently returned in direct opposition to their testimony.

There is a case related in the *Lancet* some years back, of a medical man being requested by a magistrate to examine a young woman who had been suspected of giving birth to a child. She was examined by him six days after the child had been born. His evidence was, "That he found her vagina rather relaxed, so as to readily admit the whole hand," and this evidence was brought forward and intended to convict the woman instead of, as I think, acquitting her. The vagina, if not immediately, very shortly after delivery contracts to its natural state and calibre, and if six days after the giving birth to a child there was room to admit the whole hand, there must have been the usual capacity of the vagina, and no proof of recent delivery.

The following cases will tend to illustrate the latter part of this subject, and will show, as well as prove, how quickly and suddenly some women will give birth to a child. Those who have been engaged much in obstetric practice, must have been called to many sudden and rapid labours, and have, no doubt, witnessed some curious and frightful scenes, and have been, like myself, surprised and astonished with what rapidity the parts which are engaged in exppelling the child yield and dilate. As facts are generally valued above hypothesis, I will just name two or three out of the several cases of easy parturition that have occurred in my own practice, in order that they may be understood. I must also relate some of the circumstances connected with them.

Some years since a young man called on me to know at what hour in the evening a female friend of his could see me. I fixed the time, and at the appointed hour a very respectable-looking young woman, about 20, called on me. She was living in a family as lady's maid. She introduced herself by saying that she believed a friend of hers had called on me, and knowing the object of her visit, I put such questions to her as I then considered necessary, in order to ascertain the situation she was in. She did not seem to be very well versed in such matters, and I had some difficulty in getting out of her what I wished to know; from what I did elicit, I thought her to be about eight months gone in the family way, and this I told her, which appeared to surprise her much, and she became much affected, sobbed out she had hoped it was not so, and left my surgery very much depressed, without telling me where she lived or who her friend was. Early on the following morning her young man called on me to say that I was quite right, his friend was in the family way, and that she had had a child in the night, and he came to know what they were to do with it, as it was dead, without entering into any particulars as to what had happened in the night. I gave him directions as to how still-born children were usually buried. He was also to tell me that the young woman would call on me in the evening, which she did, and from her I got the following account of her labour, which, from her manner and natural simplicity, I believe was the truth:— After she left me the preceding evening she went to bed at her usual time, had no pain except of mind from what I had told her; her bedfellow was the housemaid, and she slept with her that night. She thinks she had slept about three hours, when she awoke up with great pain in the lower part of her bowels, with an urgent desire to make water; she got out to

the po and could not get off again till the child was born; she thought that she was on it about ten minutes. I asked her if the child cried; she replied no, but it had a good deal of hair on its head. Not being a coroner or a judge I did not consider that I had a right to ask any more questions. I gave her an anodyne mixture, and advised her to take very great care of herself. She ad that day waited on her mistress at dinner; she did very well, and got through it without being detected, in a house where there were several other female servants. Her milk was very troublesome for some weeks. She had been seen almost daily by her lady's medical man, and he has frequently prescribed for her without discovering what was the matter with her. The most astounding part of this affair is, that the birth of a child should have taken place by the side of the bed without rousing her fellow servant, no means having been used to prevent her knowing what was going on; mesmerism and chloroform were not so much in vogue then as they are in the present day. This woman is now married and I have attended her with six children since, and out of the six I was only in time to be at the birth of one, although I was always sent for directly she was taken in labour, the distance not being far, and the messenger generally found me at home. With the first after her marriage she was taken in the kitchen, and had but one pain and the child was born before she could be got up stairs.

The second case, a young girl about 18, called on me late on a Saturday evening, to tell me that she thought that she was taken unwell. I had not seen her before for several months. She had then consulted me on the subject of the suspension of the menses. While talking to me she complained of a sharp pain at the lower part of her stomach, with rather a queer look, which plainly portrayed what was going on; and although I am not a physiologist, I think I have practice enough in midwifery to understand the physiological signs of the face during labour-pains, so as not to be mistaken; I therefore gave her to understand that she was in labour, and soon packed her off home, as I clearly saw that there was a chance of my having an increase in my family, and a possibility of both doctor and patient being suspected of having contemplated the concealment of the birth of a child, not having made any preparation for such an event. About an hour after she left my house I was sent for in great haste. Her young man let me in, and then set off for a friend. I found her alone, sitting up in bed, hushing a baby, which she had laid across her abdomen; it was crying lustily, with the placenta still in the vagina, and the umbilical cord not divided. I separated the child, and removed the placenta. While I was dividing the umbilical cord, she said "I did'nt have much pain when the child came into the world." I remained with her till a neighbour came in. This young woman was living with her uncle; the poor old man could think of nothing but the cholera, and was below puffing away with the bellows to get some water hot. The old man's auditory nerve was not so sensitive as it had been fifty years before, therefore he did not hear the crying of the little brat. It was removed in the morning, and he knew nothing of what had taken place in the night. The girl did very well, and got married directly she was able to go out. The first child after the marriage also came into the world in a hurry. I was not in time. With the third, she had been out for a walk, and on her return went up stairs to the po, and the child popped into it; the po being half full of water, the child was suffocated. Although there were two or three females in the room with her, they were too terrified to lift her off and remove the child, but kept her in that situation till I came to her assistance.

The third case. One night last winter I was called, unexpectedly, to a married woman in an adjoining street, who had had two or three children. I found her sitting on the edge of the bed, very faint, and a child and the placenta attached, lying on the floor, and a large pool of blood across the room. The women who came in to her assistance were so aghast at the sight, that they became powerless, and could do nothing, as they said, till the doctor came. I did what was necessary. The account this woman gave me was, that she was aroused up from her first nap with a pain and an inclination to make water, and she was stooping down to get at the po, when the waters broke, and the child and the after-birth came away together, with one slight pain. Her husband was in bed; he immediately got up and ran for me, and left his wife by herself.

Such instances as these are numerous, and they most clearly show that women who have such quick and easy labours must have a large and well-formed pelvis, and the vagina and external parts must also be very relaxed, and easily dilated, which is a most satisfactory and convincing proof that during the act of parturition such women can have but little or no contracting or controlling power over the outlet, and this is, I believe, the cause of so many children suddenly passing through life into a fæcal repository.

There is a remarkable instance of easy delivery published a few years since by a French physician, that occurred at Arras, in France. A woman, 22 years of age, in the last month of her pregnancy, was suddenly affected in the night with acute pains in the abdomen, and considering it was what is called a bowel complaint, she immediately proceeded to the *garde-robe*. She had scarcely taken her seat, when the child was expelled *without any pain*, and she declared *she was totally ignorant of what had happened till she heard the child cry*. This is the only case that I have met with recorded of a woman having a child *without pain*. Children that come into the world so rapidly do not generally cry.

I have related these cases of sudden delivery with the humane view of showing, that at least some of the instances of children having been deposited in privies might have been accidental, and the parturition being nearly free from pain, the female might not have been aware of what had happened. I believe that many a poor girl has been overtaken with labour unexpectedly, and from not having been prepared for such an event, and the child dead, she is at once suspected of infanticide,

and dragged into a criminal court of law, and arraigned before a jury for an act of supposed crime, over which she had not the least command or power of controlling.

Although this is a subject that belongs to the obstetric department only, it may sometimes become a medico-legal question, and is I think, well worth the notice of professors of medical jurisprudence, for in some cases of infanticide and concealment of the birth of a child it may be very properly adduced as mitigating evidence.

Should you concur with me that this, as well as the size of the hand and arm, in the practice of midwifery, are subjects that have been neglected or overlooked by teachers and obstetric practitioners, you will perhaps allow their attention to be directed to it by the insertion of my remarks in an early number of the *Journal*.

Bath, September 24, 1850.

CASES OF FEVER, WITH REMARKS.

By MICHAEL FOSTER, Esq., Huntingdon.

It may not be uninteresting to give a brief report of the outbreak of a fever of a fatal character at the Huntingdon Union Workhouse, in January, 1847; more particularly as a fever of the same type, with various modifications, has just now prevailed at Heringford Abbotts, a village four miles north-east of Huntingdon. I will give the first case in detail, then a copy of the minutes, as reported to the Board, then a summary, with remarks.

Mary Archer was admitted into the lying-in ward about a fortnight ago, in the family-way by a man named Joseph Martin, of Great Catworth. During this period she was observed to suffer from a depression of spirits, but never complained of being in any way ill. Had been very sick on the Sunday week previous to her confinement, and afterwards occasionally, and on each occasion had brought up a darkish green-coloured fluid.

On Tuesday, the 5th of January, 1847, at one o'clock in the afternoon, the attention of the medical attendant was first drawn to her. He found her very feverish; tongue brown in the centre, with reddened tip and edges; pulse small and weak, not unusually quick; the bowels had been relieved the evening before; had been sick frequently during the day, vomiting dark coloured fluid. At six P.M. was sent for to attend her in labour. Found the head pressing on the perineum, which was very turgid, especially just anterior to the anus, where its colour was almost black; the bag of the membranes protruded, which were also of very dark colour; the head was lying a little across, the left ear being easily felt at the back of the pubes. Learnt that she had been just in this way two hours. At nine P.M. she was delivered of a dead male child, about the full period, (according to her reckoning wanting a week.) The placenta came away immediately. Uterus contracted; no hœmorrhage; had had no strong pains at any time during the labour; she was sick every now and then afterwards; seemed restless; had constant alternating cold and hot perspirations; and complained of fainting sensations; drew her breath short, and moaned slightly occasionally. Took a cup of tea and toast about ten o'clock; in half an hour afterwards was free from sickness, and appeared more comfortable, and remained so for three quarters of an hour. From this time (eleven o'clock) she was tolerably comfortable, taking a little brandy and water occasionally to allay the sickness, which continued at intervals. Later at night she became restless, breathing short and quick; the neck, face, and lips became very blue; and having rested quietly three quarters of an hour, she raised herself and suddenly expired, at two o'clock in the morning.

Post-mortem, twelve hours after death.—Abdomen contained a large quantity of bloody serum; uterus natural; liver healthy, larger than is usual; stomach much disturbed with flatus; contained a dark coloured fluid, showing patches of inflammation here and there. There was serous fluid effused into the pericardium. Heart healthy and of natural appearance; the right ventricle and auricle were full of very dark coagulated blood; the left were also full of blood, but fluid. Lungs were healthy. The œsophagus and the cardiac orifice of the stomach were dark coloured. There was much venous congestion of the body generally, but especially in the neck. The contents of the stomach were analyzed. Rheinsch's process for arsenic, protochloride of tin, for corrosive sublimate, and other tests, were tried, but no signs of any poison were discovered.

Minutes reported to the Board of Guardians.

"Monday, January 11, 1847.

"I beg to call the attention of the Board to the sudden appearance of fever in this house of a very severe and dangerous character, partaking of the type of bilious remittent at the onset, rapidly leading on to typhoid disorganization of the tissues. The first case was that of Mary Archer, aged 25, who was taken ill, with severe vomiting of dark brownish-green coloured fluid, extreme prostration, premature delivery, and died in the course of twenty-four hours. The *post-mortem* examination showed extensive effusion of turbid fluid into the peritoneal cavity, great enlargement of the liver, and much distension of the stomach (flatus;) its internal surface very red in some parts, and of a dark slate colour in others. The right side of the heart was loaded with blood, quite black, as also were the vessels of the neck and throat. The next case, that of George Bell, aged 12, exhibited the same severe vomiting violent pains of the head and belly, and who died in three days. Since then, and up to this day, nine more cases of greater or less degree of severity have taken place. I have recommended these to be separated as much as possible from the other inmates; chloride of lime to be put into most of the rooms, and large quantities of unslacked lime in all parts of the drains; also the pregnant women to be removed from the house.

"15th.—Six more cases have appeared since Monday.

Three have died, viz., Savage, Howe, and Baram; the last was a weak epileptic patient, quite unable to withstand further illness. Three or four of the other cases are of mild character, and going on favourably; Bond, Rowell, and Selby are still very ill, and upon the whole the fever spreads, but the more recent cases are less severe in their character. No men have been attacked. I reported to Sir John Walsham, according to his request, 'that although there was some room to suspect the fever might have been brought to the house by a Dutch sailor boy (a tramp), yet the evidence was not satisfactory; but when the drainage throughout the whole of the workhouse, and the open and overflowing state of the cess-pools are examined, I have no hesitation in saying there is quite sufficient to generate fever of the worst kind.'

"January 22nd.—Since last week there have been only two new cases of fever. Elizabeth Wright and Martha Bell, both nurses. They are going on well. There have been three deaths—viz., Ann Saunders, an old debilitated female, Ann Whitehead, a blind person, very weakly, who had suffered long from scrofula, and Lydia Jackson. All the other cases are doing well and promise recovery.—"29th. No new case of fever.

"February.—The state of the workhouse as regards fever is much better. No new cases.

"March 5th.—I think pregnant women may now be admitted."

SCHEDULE A.

Name and age of Patient.	Nature of Disease.	Duration of Disease.	Treatment and Diet.
Mary Archer, aged 26 ...	Childbirth. Bilious fever, severe vomiting, extreme prostration, short rapid respiration, venous congestion, abdomen distended with flatus, effusion into peritoneum, gastritis	Died in 18 hours after seizure	Salines
George Bell, aged 12 ...	Symptoms the same as last, gastritis two days, meningitis one day	Died in 4 days	Ant. Tart. et Mag. Sulph., &c. Hyd. c. Cretâ, Pulv. Doveri; cold lotions
Rebecca Baram, aged 50	All her life subject to epilepsy. Symptoms as the last	Died in 4 days	
Sarah Savage, aged 23	Remittent. Premature delivery after 6 days, peritonitis 3 days, delirious 2 days before death	Died in 9 days	Leeches, blisters, calomel, and wine
Eliza Howe, aged 17 ...	Confinement, followed two days after by fever. Peritonitis	Died in 3 days	Treatment as the last
Ann Whitehead, aged 23	Blind. Scrofulous ulcers, fever, and erysipelas. Delirious	Died in 8 days	Wine during two days
Ann Saunders	Debility and old age. Fever	Died in 4 days	Wine, &c.
Lydia Jackson, aged 35	Remittent. Gastritis, meningitis two days, severe	Died in 7 days	Leeches, blisters, wine, calomel, ointment, lotions
Mary Bond, aged 23 ...	Remittent fever followed by miscarriage after 1 month. Recurrence of fever, mammary abscess, extreme debility, vomiting, &c.	Ill altogether 6 wks. Died three weeks after abortion	
George Gillson ... } Frederick Eates ... }	Attacked mildly	Recovered in 3 or 4 days	Milk, wine, and medicine
Sarah Leach, middle-aged	Bad constitution, fever and severe diarrhœa	Cured in 14 days	Hyd. c. Cretâ, Pulv. Doveri, &c., as the others
Hannah Selby, aged 20	Had gonorrhœa. Attacked severely, peritonitis, delirious	Recovered in 20 days	Leeches, blisters, wine, ammonia, Hydrarg. cum Cretâ, and Dover's powder, &c.
Sarah Hall	Fever ran its course, not severe	Recovered in 14 days	
Ann Johnson	As the last.	Recovered in 14 days	
Emma Heddens	... ...	Recovered in about 14 days	
Elizabeth Wright, (Nurse)	... ...	Recovered in about 9 days	
Sarah Rowel, aged 14	Attacked severely. Peritonitis	Convalescent in 14 days	Leeches, blisters, &c.
Martha Bell (Nurse) ...	Attacked severely. Erysipelas	Convalescent in 10 days	Wine, &c.
Maria Hall (Hired nurse)	Attacked very severely. Peritonitis, erysipelas, inflammation of the glands of the neck.	Ill from 18 to 20 day	Leeches, blisters, calomel, sinapisms, Hydrarg, c. Cretâ and Dover's powder, ammonia and opium.

SCHEDULE B.—*Summary of Deaths and Recoveries.*

Date.	Name and Duration of Disease.	Nature of Disease.
Jan.	6th.—M. Archer died in 18 hrs.	Confinement
	9th.—Geo. Bell ... 4 days ...	
	,, 14th.—Eliza Howe ... 3 days ...	Confinement
	,, 15th.—R. Baram ... 4 days ...	Old epileptic
	15th.—S. Savage ... 9 days ...	Premature delivery
	,, 17th.—A. Whitehead ... 8 days ...	Blind. Very scrofulous
	,, 19th.—A. Saunders ... 4 days ...	Weak and old
	,, 20th.—L. Jackson ... 7 days ...	
Feb.	9th.—Mary Bond ... 1 mth. ...	Abortion fifth month

Of the eleven who recovered, two were boys who were only mildly attacked and soon recovered.

Name.	Duration of Disease.
Elizabeth Wright	Recovered in 9 days
Martha Bell	,, in 10 days
Sarah Rowell ...	,, in 14 days
Sarah Leach ...	,, in 14 days
Sarah Hall	,, in 14 days
Ann Johnson ...	,, in 14 days
Emma Eddens ...	,, in 14 days
Hannah Selby ...	,, in 20 days
Maria Hall	,, 18 to 20 days

The remaining nine females had the fever more or less severely.

REMARKS.—*The type* may be considered bilious-remittent, great derangement of the biliary system, rapid and destructive action of the serous membranes of the brain and abdomen; the latter, particulary in pregnant women, who seemed especially susceptible, and in some cases erysipelas appeared.

Cause.—No doubt gaseous exhalations from the overflowing drains and open cess-pools in several parts of the premises. So closely did the first case resemble poisoning, that I analyzed the contents of the stomach with the view of ascertaining whether any poison had been administered, and it was whilst musing upon what could be the cause of death that a second case (G. Bell) appeared with analogous symptoms. The same causes in operation at Huntingdon. When the drains were cleansed the fever subsided DIRECTLY. Whether infectious or not, three of the nurses, previously in good health, were attacked, and the fever was confined entirely to the *female* side of the house.

Four pregnant women were seized; all died.* Of the twenty cases (out of seventy-three females in the house) nine died.

Such was the fatality that much cannot be said for treatment. In the earliest stage the tartrate of antimony, in full doses, was the most beneficial; if not much allayed by this nothing very useful. The most satisfactory steps were the removal of all the inmates that could be moved, and the *non admission* of *any others.*

Huntingdon, Sept. 19, 1850

* One pregnant woman was removed and she escaped; the two others were attacked before measures could be taken to remove them, and it was not known that the third was pregnant.

Hospital Reports.

QUEEN'S HOSPITAL, BIRMINGHAM.

REPORTS OF CASES ADMITTED UNDER DR. DAVID NELSON.

Extracted from the Clinical Records,

BY W. J. MOORE, ESQ. M.R.C.S., AND L.A.C., RESIDENT MEDICAL OFFICER.

CASE XV.

Case of Thomas Sheridan, aged 20. *Temp. nervous. Affected with Phthisis, terminating in death. Admitted March* 4.

HISTORY.—This patient stated that he was only conscious of being ill three months before. At Christmas he caught cold, and had since that time been troubled with cough, which had at first been moist, but had become drier under medical treatment. He had of late become pale and lost flesh.

Symptoms.—On examination, the tongue was found red at the point and edges; bowels were costive, and the discharge dark, and the urine was scanty and high coloured; the expectoration was sometimes thick and yellow, and at other times thin and tenacious; he had not sweated since he began to wear flannels; the chief dulness was observable over the right side, anteriorly; pulse 140, respiration, 36.

Diagnosis.—That there was tubercular deposit, chiefly in the right lung, and afterwards excavation and cerebral effusion.

Treatment.—He was a quiet but spirited young man, and was ready to submit to any treatment. The plan decided on was to employ derivatives, expectorants, tonics, and alteratives; and the orders were:—Hab. Hydrarg. Chlorid., gr. v., statim et Ferri. Carb., gr. iij.; Pulv. Aloes, Pulv. Ipecac. utrq., gr. j., omni nocte. Ol. Aselli, dr. j., ter die; Tinct. Opii Camph., dr. j., ter die; Acid. Sulph. Aromat. gtt. xxx.; Sulph. Quinæ, gr. j., omni nocte. Ap. ves. lat. dext.

7th.—The cough was much easier, and the expectoration profuse; he had had no sweating, but his tongue was coated, and he felt his throat so enlarged as to impede his breathing and excite cough from time to time; he was also hoarse. On examination of the chest, again the dulness was observed to be most apparent under the centre of the right clavicle, where there

was also pectoriloquy; while a peculiar reverberation, noticed by Dr. Nelson in many other patients, was also elicited under the stroke of the hammer against the pleximeter. Pulse 120, respiration 40. He continued the medicines, and had two leeches applied to the throat.

12th.—Cough had been rather easier, though he was now afraid he had caught a fresh cold; the throat felt better; the expectoration was muco-purulent, with a quantity of loose granular matter; pulse 140. Continue medicine.

18th.—Cough was easy and appetite good; but he complained much of the action of the heart. Pulse 160, respiration 48. As bleeding was inadmissible, digitalis was now added to the pectoral mixture.

19th.—He continued free from perspiration, and the appetite was still good, and he bore the oil well, but the expectoration was still profuse and muco-purulent; the action of the heart was violent, and pupils much dilated; pulse 120. Continue medicine.

22nd.—His perspirations had returned; expectoration was less, but the cough much the same; the appetite had diminished, and he was confined to bed by severe headache, always increased on rising; the pupils were still much dilated; pulse 148, respiration 38. He was advised to keep his head low, and continue his medicines. He died that same night, about twelve o'clock, having just before got out of bed and visited the water-closet. He died without the slightest noise which could have excited the notice of any one present.

Post-mortem.—The right lung had four large caverns and numerous smaller excavations; the largest was in the site where the pectoriloquy was heard. The left lung was also infiltrated, but not to the same extent. There was some degree of inflammation in different parts of the lungs, surrounding and apparently produced by the tubercular deposits. The abdominal viscera were healthy, but there was a great quantity of fluid in the ventricles of the brain.

Observations.—It may be fairly concluded that this case was of much longer standing than what the patient stated. Except in acute tuberculosis, it was very improbable that so much havoc could be effected in three months. It is much more probable that the difficulty of breathing, slight cough, &c., had come on so gradually that the young man paid little attention to them, which illustrates again what may be the condition of many people who pass one cheerfully in the street. Until softening commences there may be very few alarming symptoms; as we also find that those peculiar symptoms depart as soon as we may have arrested the progress of softening, although the dulness on percussion may remain the same as ever. The respirations and the pulse were here high from first to last, the lowest degree of the former having been 36, while they had risen as high as 48; and the lowest degree of the latter having been 120, while they had mounted as high as 160. The medicines were borne very well, and there was no lack of hopeful spirit on the part of the patient. The immediate cause of death was obviously effusion into the ventricle, arising from the anæmic condition, as he was like a wand, full six feet high, pale, and bloodless. The effusion was indicated during life by the highly-dilated pupils; but local blistering in such a case would not have reached the original cause.

Provincial Medical & Surgical Journal.

WEDNESDAY, JANUARY 8, 1851.

It has not been the custom for the Editors of this journal to comply with the usual practice, at the commencement of the year, of putting forth a review of their past proceedings, or a prospectus of their plans for the future; but circumstances have occurred within the last few months which render this proceeding desirable at the present juncture.

It cannot be unknown to the members of the Provincial Medical and Surgical Association, that in our Editorial capacity we have given offence to a section of our Society, in consequence of certain views which we have taken of medical politics, and though it is not denied that those views were in accordance with the sentiments of the great majority of the Association, it is maintained by some members of our body, for whose opinions we have the highest respect, that however we may have aided the cause we espoused, we have done injury to the Association by sowing the seeds of discord among its members. This opinion is backed by the assertion, that the Provincial Medical and Surgical Association was established for several specific purposes, one of which is the promotion of harmony among its members, and that, consequently, it is better to avoid altogether such topics as may in any way militate against the interests, or interfere with the prejudices, of the individuals composing our readers.

We have in this manner been compelled to consider the propriety of avoiding all discussion of medical politics, since it is impossible to enter upon the subject in such a way as to avoid bringing in any matter bearing upon the interests of some parties; and if we are to express any opinion at all, we can scarcely avoid the risk of giving offence. Our own impression upon the question is, that in rejecting medical politics from the editorial articles of this journal, we should most assuredly impair the efficiency, and diminish the interest, of its pages, for there are

many readers of our columns who see no other medical periodical, and who at the same time wish to be kept alive to the proceedings of their *confréres* who may be so situated as to have the reins of power in their hands; but, at the same time, we think it due to those who have expressed their opinions to us as adverse to our own, to take a middle course, at all events until the next annual meeting, to be held at Brighton, and thus to avoid, as much as possible, the discussion of any irritating or political subjects.

In making these few observations upon our future proceedings, we have studiously avoided any reference to the past, because we should not wish to incur any risk of raking up differences, which we trust are now gradually subsiding. We would simply repeat what we have previously declared, that we have, in all we have inserted, studied as much as possible to avoid personalities, and have only written what we considered ourselves bound to put forth, viz., our honest convictions upon the point to be discussed.

In coming to this determination we have been somewhat influenced by the fact, that in the forthcoming crisis, there is a much better chance of free and fair discussion among our contemporaries than was the case at the corresponding period of last year. At that time we were alone in our opinions upon the subject of the Reform of the College of Surgeons, as the grand desideratum in medical politics, whilst at the present time this view is supported by the Editors of the *Lancet* and *Medical Times*, and is only opposed by the Editor of the periodical recently established for the specific purpose of defending the propriety of establishing a new or third incorporation. The subject will thus have a chance of being fairly investigated, and for the present, at least, we leave it to the tender mercies of the gentlemen conducting these several periodicals. In conclusion, we have only to lament that from the peculiar circumstances in which we are placed, we should have a responsibility, divided between our numerous associates, (who claim to be also our directors,) and the profession at large. We think most decidedly that the latter should have the preponderance; but if our opinion should not meet with the general accordance of our fellow-members, then we would suggest the propriety of altering altogether the form of the *Journal*, and of converting it into a periodical *sui generis*, since its leading articles will otherwise appear to many in the same light as that frequently-propounded illustration of inanity—the tragedy of Hamlet, with the part of Hamlet omitted.

At the request of Dr. Robertson we beg to draw attention to the distressing case alluded to in the advertisement on our wrapper; it is that of a gentleman, aged 44, residing at Bedford, properly qualified, highly educated, and of irreproachable character, who is disabled by paralysis, and, with a wife and eight children, is in great distress.

A few of his friends have determined to appeal to the sympathy of his professional brethren, in the hope of being able to raise such a sum as shall place him above the want of the necessaries of life, and we sincerely hope that the appeal will be responded to by all who can spare the small sum which may be required for such a benevolent purpose.

Reviews.

Hydrocephalus Reconsidered; and its Relations to Inflammation and Irritation of the Brain defined, with Cases from Hospital and Private Practice, &c. By Thomas Weedon Cooke, M.R.C.S. London: Highley, 1850.

In this little work we have laid before us in a brief manner, the record of the author's experience in children's diseases. His chief object in the present publication is to call attention to the importance of distinguishing between *inflammation* and irritation of the brain, but he also endeavours to show that when the pathology of the disease, improperly called hydrocephalus, is correctly understood, its treatment is not so hopeless as is commonly represented.

The three first chapters may be considered as introductory, and consist of general observations on the physical peculiarities of the brain in infancy, and on the anatomical characters of inflammation and irritation. In the fourth chapter the author points out the error of calling the disease "hydrocephalus," a term which only expresses one, and that not an absolutely constant, symptom. He next devotes two short chapters to the description of acute cerebritis, which, contrary to the received opinion, he maintains to be a frequent disease, and of cerebral irritation, under which title he includes those conditions which have received the names of subacute

hydrocephalus, tubercular meningitis, erethism, &c. His treatment of the former is actively antiphlogistic, giving mercurials in the first stage, with iodine in the stage of collapse. In the latter class his treatment is sustaining, with iodine and chlorate of potash, and on this plan it appears that his success far exceeds that generally experienced. The author has done well in criticising the common habit of confounding all the cerebral diseases of infancy under one term—hydrocephalus, which induces too many to adopt an injuriously depletory line of practice; but it appears to us that he has not been sufficiently precise in defining the several pathological states of the brain, which are manifested by symptoms properly denominated those of irritation. In fact, under this latter form of cerebral irritation should be classed two distinct cerebral conditions—one, that of simple nervous exhaustion, which may be likened to delirium tremens in the adult, and readily curable, the other an asthenic condition, associated with tubercular deposit in the membranes, and softening of the cerebral centres, which is known as strumous meningitis, and which, with deference to Mr. Cooke, we maintain to be the most fatal of infantile diseases. We can only explain the author's alleged success on the supposition that, as would frequently be the case in London, he has met with the former class of cases, arising from dentition, diarrhœa, &c., and has confounded them with the other. In stating this to be our opinion, we do not, however, intend to speak slightingly of Mr. Cooke's diagnostic powers, for we believe that the symptoms of the two condtions alluded to, are often so similar as to preclude a positive diagnosis during life, excepting as it may be afforded by the results of treatment.

Mr. Cooke has entered upon a very interesting subject of research, and we trust that one day we shall find him treating it greatly more in detail.

On the Management of Infancy, with Remarks on the Influence of Diet and Regimen. By CHARLES HOGG, M.R.C.S., L.A.C., &c. London: John Churchill.

WE regret that it is not in our power to speak in favour of Mr. Hogg's volume. As a guide to parents it was needless, while Coombe's writings are extant; and as regards professional readers we do not for a moment suppose that the author himself could imagine that it contains any available information. That he never contemplated other than nursery admirers is, however, probable, or he would not have been at the pains to inform us that *hepatic* meant "*liver*" disorders, and that struma was also known as "king's evil." Infantile pathology offers an extensive field for original observation, and we think Mr. Hogg might in this be employed more creditably to himself, as well as more profitably to others, than he has been in producing the present compilation.

Proceedings of Societies.

READING PATHOLOGICAL SOCIETY.

THE RETROSPECTIVE ADDRESS,

DELIVERED AT THE NINTH ANNIVERSARY OF THE READING PATHOLOGICAL SOCIETY, JULY 24TH, 1850.

By CHARLES H. GAMBLE, Esq.,

DISEASES OF THE REPRODUCTIVE SYSTEM.

Continuing the same subject, and after adverting to the preceding cases, Mr. WALFORD, on the 30th of January, 1850, related the following case :—

Puerperal Peritonitis.—Mrs. B., aged 35, was confined on January 2nd, of her sixth child. Her previous history was not very favourable, as she had had two miscarriages, and for a long time had been subject to leucorrhœa, with pain at the bottom of the back, puffy eyelids and hands, and a general anæmic condition, urine normal. Her labour was very easy, and she continued to do well to the 5th, (the fourth day from delivery,) when she complained of slight pain at the bottom of the abdomen over the right side of the uterus, with tenderness on pressure. There was not a sign of constitutional disturbance. A laxative had been taken, so a linseed poultice was simply ordered.

On the 6th, at 10 A.M., her local symptoms were in every respect the same, but in the night she had experienced a slight chilliness, and her pulse was quickened. Four leeches were ordered, and a small dose of grey powder and Dover's powder every four hours.

At 4 P.M. the abdominal pain and tenderness were both extended and increased greatly; her legs were drawn up, and a deep inspiration was painful. Pulse 120, small, not wiry, but intermitting. Her countenance was anxious, and the lochia and milk secretion diminished. Mr. Walford, remembering the former cases, now "determined on bleeding until the pain and tenderness were lessened, the pulse lowered, and a

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* Continued from page 713 of last volume.

nearness to syncope indicated." A quart of blood was taken away, eight grains of calomel immediately administered, and eight leeches applied to the abdomen. In the evening she was rather easier. An aperient and injection, if necessary, were ordered, and two doses of three grains of calomel, and a grain and a half of opium, once in four hours.

On the 7th, at 10 A.M., Dr. Woodhouse saw her in consultation. She was then better, but the bowels having but imperfectly acted, an injection was ordered. The bladder was emptied, the vagina washed out with a weak chloride lotion, and two grains of calomel, and half a grain of opium, every four hours prescribed. In the evening she was improving. Lotion and catheter again used.

On the 8th still improving, and gums slightly tender. The mercury was continued in diminished doses, and a blister to the abdomen ordered. With the exception of some mental excitement, which came on late this same evening, and which was quieted by half a grain of morphia, she from this time gradually improved.

Mr. Walford then said he was aware the nature of the case might be fairly disputed, but to those who attended her there seemed no doubt of its being puerperal peritonitis, and if that were not puerperal fever, he did not know what puerperal fever was. Seeing the success of active treatment in this case, he regretted its non adoption in the former ones, and he felt inclined to recommend its more general adoption in cases of a similar nature. He thought also the constitutional symptoms should not be allowed to interfere with the physical evidence of local inflammation, at least during the first few hours from attack. Dr. Wells differed from Mr. Walford in some points—passing from peritonitis to puerperal fever was passing from a part to a whole. There might be cases of peritonitis and of phlebitis, but in these latter he could not agree in the general application of blood-letting, which would only promote a more rapid absorption of purulent matters and render the debility greater.

Mr. PAYNE had had large experience in these cases; and the one just related by Mr. Walford he considered pure peritonitis, and distinct from puerperal fever. There were great varieties in the symptoms of peritonitis, which, perhaps, more than from any other cause, arose from the difference of constitution of individuals. There might be peritonitis without pain. He did not approve of bleeding in all cases, yet he found it and mercury very successful in the early stages; but he would caution practitioners against the use of purgatives by which he had often seen the disease produced. He had not seen much of puerperal fever in his own practice, but he saw it when it prevailed in Oxford, and he thought it quite a different disease from that described by Mr. Walford; but he believed the condition of the atmosphere had much to do in determining the nature of the malady.

Puerperal Fever, (Phlebitis).—On the same evening Mr. YOUNG related a case of fever, which had lately occurred to him. The labour had been complicated by hour-glass contraction of the womb and slight adhesion of the placenta. She seemed doing well at first, but about eighteen hours after delivery she became delirious, and complained of great abdominal tenderness. On the following morning, or about thirty hours from delivery, she was found with an anxious countenance, a quick and rather full pulse, the tongue coated with a white fur, great thirst, abdomen tense and tender, lochia scanty and fœtid; bowels relaxed. Ordered—vaginal injections, ten leeches to the abdomen, and the grey and Dover's powder every four hours. The next day Dr. Wells saw her in consultation, when she appeared very drowsy, breathing heavy and sighing; the pulse 160 and very feeble; tongue dry, coated with a brown fur; abdomen very tympanitic; and lochia dark-coloured, purulent, and most offensive. She was ordered camphor and grey powder, with turpentine fomentations, and a blister to the nape; also brandy frequently. She died on the fourth day after confinement.

Mr. HARRINSON then said that he agreed with Mr. Payne that puerperal fever was of much less frequent occurrence than was commonly supposed; for out of six or seven hundred cases of labour he had only met with two genuine cases of the disease, both of which he was the innocent cause of inducing, from having been attending a case of phlegmonous abscess before being called to the labour. He believed that many cases of the so-called disease were mere intestinal irritation, in which the pain was more intense than in pure puerperal peritonitis, and where the secretions were all unhealthy, and required three or four days for their correction.

On the 27th February Dr. WELLS read a paper on *puerperal fever*, with the object of disproving the idea that all cases of puerperal fever would be benefitted by bleeding. He followed Dr. Fergusson in dividing these cases into four classes, viz., the *peritoneal*, the *gastro-enteric*, the *nervous*, and the *complicated*. He considered them, however, all to arise from one source—vitiated blood; and that, in every epidemic, one form was liable to run into another, and to assume its characteristic features.

Dr. Wells then proceeded to give the following cases, as instances of these forms of the disease, commencing with the complicated, characterised by deposit into the pleural cavity:—

Mrs. H. was confined on the 1st of August. For six days she did very well, when she was attacked with pain and tenderness in the left iliac region, which subsided under the use of leeches and sedatives, but in two days returned, with severe cephalalgia, quick pulse, and furred tongue; and the abdomen generally became tender and tympanitic. On the twelfth day from her confinement the respiration became accelerated and painful, and dulness was discovered at the base of the left lung. The lochia, which up to this time had been free from fœtor, now disappeared, and the breasts became flaccid. The bowels were relaxed, probably from the use of calomel; the tongue furred and brownish; the pulse 120—130; the urine high-coloured; and the countenance anxious. The intelligence was throughout

perfectly clear, which the author remarked was a peculiar feature in this class of cases. After this the abdominal tenderness somewhat decreased; but the pleuritic symptoms greatly increasing, she became gradually exhausted, and died on the sixteenth day from confinement.

The next two cases were considered instances of the *nervous form*. In the first, after doing well for some days after labour, the patient began to be irritable, perverse, and desponding, and on the seventh day her speech became affected, and she was unable to articulate. The abdomen became tympanitic, but not painful; the bowels were confined; the pulse quick and feeble; the tongue clean and moist; the lochia slightly fœtid. The next day she was worse, the breathing being hurried and somewhat stertorous; and she refused all food and medicine. Low typhoid delirium set in, and she died comatose on the tenth day from her confinement.

In the second case the patient was taken ill on the eleventh day, with shivering, restlessness, and feverishness. The symptoms afterwards were great wakefulness; delirious rambling, but answering rationally; tympanitic abdomen; costive bowels; and a weak tremulous pulse; the tongue being pale and moist; no vomiting; and no complaint of pain. She gradually sank into a comatose state, and died at the end of a month from her confinement.

As an instance of the peritoneal form the author mentioned the case of —— whom he had attended with Mr. Young, and which has been already detailed. The author then said that he had brought forward these cases as instances, that under the generic term of puerperal fever different species of that disease were comprehended, and that no one line of treatment could be applied to the various forms of that affection. He had no doubt that in the peritoneal form, bleeding was an important item in the early stage; but in the others he thought it very questionable whether much bleeding would not tend to promote the absorption of a larger proportion of those noxious animal matters, whose existence in the uterine cavity is most probably the source of the majority of puerperel fevers.

Moreover, in order to bleed it was necessary to have a pulse which warranted such a measure, and this he believed was seldom the case in this disease; it certainly had never existed in the four cases related.

Experience had also shewn that in the nervous or atonic form, large bleeding, and indeed depletion to almost any extent, was very liable to be followed by immediate sinking, while a sedative treatment would frequently subdue the disease.

In the gastro-enteric variety which appears to depend partly on irritating matters in the large intestines, much more relief will follow the removal of those matters by mild aperients guarded by sedatives, than will result from the free use of the lancet, which by needlessly lowering the strength would convert a generally manageable form of the disease into one of uncontrollable and complicated malignity.

Mr. Payne then said that from his experience in Dublin and Oxford, he believed there was a disease in which inflammation was merely accidental, and where bleeding could not be attempted. Local depletion might sometimes be useful, but it ought to be used early.

Mr. Jeston, sen., after the experience of thirty-five years' practice, could corroborate Mr. Payne's opinion in regard to bleeding. He then read a case of *puerperal fever*, arising in a woman who had been in attendance on her father, labouring under erysipelas of the legs, which attacked herself in the foot, travelled up to the thigh, premature labour came on, and she died in a week from the commencement of the erysipelas; all treatment was useless, but warm turpentine fomentations gave great relief.

In relation to this case, Mr. Harrinson at a subsequent meeting mentioned as a fact of some interest that the nurse who attended this woman was seized with acute rheumatism with pericarditis, and died in a few days.

Dr. Gosset, repeated his observations in favour of bleeding. Mr. Walford said it was difficult to define what was truly meant by the term *puerperal fever*. He thought contagion might be taken as a test of the genuineness of the disease, and judged in this way; he was doubtful whether some of the cases reported by Dr. Wells were true puerperal fever; and he thought there was some inflammation in every genuine case.

At the next meeting the discussion was re-commenced by Dr. Gosset, who read some remarks from an esteemed author, (Mr. Hey, of Leeds,) strongly advocating bleeding and the antiphlogistic treatment.

Mr. Payne said Dr. Gooch had done the same thing, till from his ill success he was compelled to change his treatment.

Dr. Wells said that epidemics differed, one might require and bear bleeding, while another would not.

It was unanimously agreed that if bleeding were useful or necessary, it should be performed early.

On the 24th of April Mr. Shoreland read a lengthened and able paper, in which he endeavoured to prove the non-existence of puerperal fever as a specific disease. He said he had been led to doubt its existence in consequence of never having met with a case of it in the course of an attendance upon more than 500 women. He considered that after parturition females were liable to three distinct diseases, originating in extremely dissimilar causes, and he thought there was great impropriety in classing them under one denomination, to the confusion arising from which he attributed the varieties of opinion held upon the best mode of treatment, he therefore proposed to dispense with the term *puerperal* fever altogether, or to limit its application to one of the three. He considered the causes of these maladies were under our own control and easily obviated, and consequently that the very dangerous and frequently fatal effects ascribed to the puerperal fever, might be in a great measure, if not altogether, prevented.

Mr. Shoreland then described his first form as an infectious or typhoid fever, originating in a vitiated atmosphere, from overcrowding in lying-in hospitals, and a want of cleanliness in individuals in private

dwellings; but he did not conceive this to deserve the peculiar appellation of "puerperal," as it might attack other women, and even men. It was also obvious that its prevention was under our control.

His second form he described as a febrile affection, arising from irritation of the internal surface of the womb, and in a higher degree giving rise to inflammation of the substance. In extreme cases also the peritoneum became affected, frequently having a fatal termination. He proposed to call this *uterine fever*.

The third form had its origin in an irritated and subsequently inflamed state of the mucous coat of the intestinal canal, and might, with propriety, be denominated *enteritic fever*.

The causes of the last two were mechanical, and with proper care were easily avoided, and it was to the precautions which he used in his practice, (with a slight sketch of which he Mr. Shoreland favoured the Society,) that the exemption of his patients from this most formidable malady was to be ascribed.

Mr. Shoreland's plan was to remove the placenta early, within twenty minutes after the expulsion of the child, whereby he thought the pain of removal, and the chances of leaving any portion either of it or the membranes behind, to act as an irritant, were very much lessened. On the morning after delivery also he gave a dose of castor oil, and on the following day the action of the bowels was to be maintained by the following mixture:—Magnes. Sulph., dr. vj.; Pulv. Jalapæ, scr. ij.; Aquæ Menth. Pip., oz. vj., three tablespoonfuls to be taken every four or five hours. In this way the overloaded intestines were completely and easily cleared out, and the occurrence of irritation in them altogether avoided.

Before adopting this mode of practice the author had had his share of uterine febrile diseases, but since then, although he had attended many hundred women in the course of a very few years, no case had occurred to him.

Dr. Wells thought *puerperal fever* was the best term that could be employed as a *generic*, of which there were many species.

Mr. Payne persisted in his original idea of a *specific* disease, which was communicable from one to another.

Dr. Cowan said it was impossible to deny the existence of contagion, which was the inoculation of a morbid poison, and that every fever occurring in the parturient woman, and to which she was liable, from her peculiar condition, might be called *puerperal*.

Mr. Vines agreed in the notion of an independent form of the disease, which might arise from general conditions of the atmosphere or other circumstances. I do not think this the time to enter into an examination of the different views and opinions that have been held, but perhaps it may be thought, that to leave the subject where it is, is to leave it in rather an imperfect state; I will, therefore, simply add the opinion of Professor Murphy, of University College, in reference to the principal points at issue:—

First, then, in regard to the *identity of puerperal fever* and *puerperal* peritonitis, Dr. Murphy says:—"It is just as absurd to call puerperal fever attended with inflammation of the peritoneum puerperal peritonitis, as to name every case of pure peritonitis that is met with after delivery puerperal fever;" and after explaining the differences between them he says, "neither in the manner of attack, nor in the symptoms, nor in the morbid appearances, are puerperal fever and peritonitis perfectly alike."

Secondly. With regard to the *propriety* of bleeding he says, "Pure peritonitis occurring in the puerperal state must be treated on the same principles as when occurring at other times—antiphlogistically. Puerperal fever, with or without peritonitis, is to be treated by *evacuants* or *stimulants*, according to the dose of the poison, as evidenced by the pulse and system generally. if these warrant depletion, he considers it, when performed early, as a very efficacious remedy, regarding it in the light of an evacuant—as a means of getting rid of so much poisoned blood, rather than as an antiphlogistic; and where bleeding cannot be resorted to perhaps the other evacuants, as purgatives, emetics, diuretics, &c., will be of service. But where the dose of the poison has been excessive, evidenced by great prostration, *stimulants* alone will save the patient. Among these he enumerates camphor, eight or sixteen grains every four hours, opium to any extent short of narcotism; but the most efficacious he considers turpentine.

Thirdly. Dr. Murphy entertains a decided opinion that puerperal fever is a *specific* disease, arising from a specific poison, and as belonging to the class of zymotic diseases; arguing from its contagiousness, its epidemic and endemic influences, from its sudden approach and departure, its specific action on the serous surfaces, from its observing a tolerably regular course, and other analogies to recognised zymotic diseases; and that although analagous, yet that it is distinct from these diseases he proves by referring to its well-known characters, and to the fact that two of these diseases are often known to be in operation at the same time, while their individual identity is plainly preserved.

I beg to direct particular attention to the two following cases of albuminuria in the puerperal state, read November 28, 1840.

Puerperal Convulsions.—Mr. Harrinson first saw A. B., aged 31, October 20, 1849, being then eight and half months advanced in pregnancy. She had been seduced, and lately had suffered much distress of mind. She was slightly made, short, well formed, and was considered delicate. Since the period of quickening, had suffered from œdema of the legs without other inconvenience; but within the last two days the face had begun to swell, which was the reason of Mr. Harrinson's being sent for. The swelling of the legs and thighs had also increased to a great extent, and the urine had become scanty and high coloured. The urine on examination was found highly albuminous.

The next morning the convulsions commenced with a fit of fifteen minutes' duration, and was followed by insensibility, in which state Mr. Harrinson soon after

found her. The face appeared red and congested with livid spots, and there was a *tucking* of the eyes.

She was bled to twelve ounces, and a mixture of senna, tartarized soda, and antimonial wine, ordered every two hours. The convulsions, however, recurred, each lasting fifteen minutes, and between 10 A.M. and 2 P.M. she had five of them. Mr. Harrinson at this time finding the os uteri dilated to the size of a shilling ruptured the membranes and labour proceeding naturally, terminated in eight hours. During this proceeding she was slightly conscious and partly obedient to directions.

The next morning she was found in the same half conscious state, having passed a quiet night with no return of the fits. Pulse 120; the bowels had not been moved, nor urine passed since it was drawn off during labour. To continue the senna mixture.

Being much the same in the middle of the day, with the skin hot and dry, the tongue loaded with a white fur, the lochia though abundant, thick, and dark-coloured, and the general œdema but little abated, ten ounces of blood were taken from the loins by cupping, and the purgative continued.

In the evening the skin was moist, and three quarters of a pint of urine, thick and dark coloured, were drawn off. She was ordered three grains of calomel directly, lemonade with a little gin, and a mixture of hydriodate, bitartrate, and acetate of potash.

On the morning of the third day the bowels had acted freely, urine had been passed, and her expression and consciousness were improved, but by mid-day these secretions had begun to be passed unconsciously, the pulse had risen to 140—150, and the skin was very hot. In the evening she was low, restless, and muttering. Brandy and gin alternately, were ordered, and twenty *black drops* directly.

On the fourth morning she was found to have slept some hours; the skin was moist, and the pulse 100—120. No return of consciousness. In the course of the day there was incoherent muttering; the bowels were opened twice; and a pint and a half of urine drawn off by the catheter. Towards evening a severe pain in the bowels occurred, which was relieved by a profuse watery evacuation; the brain became much more confused, and the pulse very rapid. Opiate draught repeated.

On the fifth day she was reported very restless till three A.M., when she turned on her back, and still remains so. Eyes turned up, pupils contracted; tongue dry; face of a cyanosed lividity; subsultus; breathing stertorous; perspiration of an offensive urinous odour; slightly conscious. These extreme symptoms continued, more or less; slight epistaxis occurred; and the next morning she died.

Autopsy, eight hours after death. Abdomen only examined. Skin generally of a very dirty yellow colour, interspersed here and there with petechial spots and livid blisters. On opening the abdomen a very offensive penetrating odour escaped. There was about a pint of straw-coloured fluid in the abdominal cavity; peritoneum, intestines, &c., unaffected; uterus well contracted; no trace of inflammation; liver pale, mottled to some extent; external appearance of kidneys pale and mottled. On a section the cortical substance was found of a pale yellow colour, of homogeneous texture, and encroaching greatly on the tubular portion, which was also paler than natural. The veins were much loaded. A dirty yellowish fluid filled the infundibula and calices.

(The child was born asphyxiated; and, notwithstanding the persevering use of remedies, whereby he was somewhat recovered, ultimately died.)

Mr. HARRINSON then stated that he was not satisfied with the result of the treatment in this case; he thought bleeding was contra-indicated. He thought the convulsions, *per se*, had nothing to do with the fatal termination; she had only half a dozen, neither severe nor lasting. She was found stupified, and she continued more or less so till she died. It was not the stupor of congestion or coma, but of a *toxæmia*. After referring to the acknowledged ignorance of the profession of the pathology of this disease, Mr. H. proceeded to make some lengthened and most valuable remarks, the object of which was to prove that the blood in this disease was poisoned, at least in those cases accompanied by albuminous urine. He would not assert, however, that the albuminous urine, and consequent retention of urea, comprehended *all* the morbid elements of the disease. On the contrary, he was, I believe, rather inclined to the opinion that in the blood itself during pregnancy, especially during first pregnancies, there was generated a poisonous agent, of which the albuminous urine was perhaps only one of the occasional effects.

He considered, also, that, like other animal poisons, it may give rise to different effects in different individuals, under different circumstances and conditions. Thus, in one case giving rise to puerperal fever, in another to puerperal convulsions, in a third to puerperal mania. In confirmation of this view he referred to a case of Mr. Walford's, brought forward at the same meeting, in which a woman died of puerperal fever, who, on a previous labour, had had puerperal mania.

The inflammations arising in puerperal fever he thought analogous to those occurring in the course of Bright's disease, in purulent infection, in the latter stages of fever, in rheumatism, in syphilis, &c.; it was the same in puerperal convulsions. These so-called inflammations were "unhealthy inflammations," or rather irritations set up by the irruption of offending matters.

In considering how to guard against the effects of this poison, it was necessary first to be able to distinguish your cases. He was not prepared to say that albuminous urine necessarily accompanied this disease, but this condition of the urine was at present our only guide. Instead of short thick-necked women being the most liable to this disease, he was rather inclined to believe weak and cachetic constitutions as predisposing to it. In the treatment, therefore, he thought bleeding was not *the* remedy—in opposition to the uniform practice of all authorities, whatever their opinion of its pathology, the patient was struck with death by the puerperal poison, and to depress the powers by bleeding

was only to hasten the fatal end; however, he would not altogether condemn a moderate bleeding in some cases, and cupping to the loins was decidedly indicated. He was afraid of calomel; antimony seemed the most promising medicine; but laxatives, diaphoretics, and diuretics, were indispensable. Opium used judiciously was a *sine quâ non*. Nutriment and stimulants towards the end must not be forgotten. In short, the rationale of the treatment was to endeavour to eliminate the poison by every means short of exhausting the vital energies of the patient.

Mr. Walford thought there was no occasion to look for a general poison or one *sui generis* in this case; he considered the condition of the liver and kidneys sufficient to explain the toxic state of the blood, from the inability of these organs to perform the elimination allotted to them He did not disapprove of the treatment adopted.

Dr. Woodhouse did not think it correct to treat all cases of puerperal convulsions alike, and to say they all, *auctoritate medicorum*, are to be treated by bleeding. The condition and constitution of the individual should be taken into consideration. Puerperal convulsions occurred in the young, the robust, and the plethoric, as well as in the feeble and the anæmic. It could not be right to treat all these cases by copious bleedings. Dr. Woodhouse thought Mr. H.'s notion of poisoning a very valuable one, if proved.

Puerperal Mania.—Read March 27, 1850.—The subject of the following case had been a cook, and had been seduced. She was in the 40th year of her age; a strong, stout, full-blooded woman. For some weeks before her confinement Mr. Walford had been in attendance on her, and had detected that her urine was albuminous; there was also a tendency to excitement of the brain, evidenced by some slight convulsive fits, usually at bed-time, her mind, on account of her unfortunate condition, being extremely depressed.

Labour commenced on February 19th, 1850; its progress was very slow; the pains were lingering and tedious, and at the end of forty-six hours altogether disappeared, and violent mania supervened. Bleeding, tartar emetic, and other antiphlogistic means were resorted to, and in a few hours she was quieted. In consultation with Dr. Cowan, secale was then agreed on to be given, as the pains were returning, and the forceps to be used as soon as the perineum admitted of their application. After waiting three hours, Mr. Walford applied the forceps, but the mania soon returned, with great physical excitement, so that they were withdrawn, from the impossibility of keeping the patient still a moment. No advance being made in the labour, Mr. Walford, assisted by Mr. Harrinson, proceeded shortly afterwards to perforate the head, and the delivery was accomplished without further hinderance, within fifty-four hours from the commencement of labour. The child had been apparently dead some hours. The maniacal symptoms, however, continued unabated; and, notwithstanding the most diligent and attentive treatment, no impression was made on them, and she died on the eighth day.

Post-mortem. Brain large; vessels turgid with black blood; chest not examined; intestines healthy; kidneys large, and in the first stage of Bright's disease; left round ligament contained a fibrous tumour the size of a walnut; uterus soft and flabby; the placenta had been attached to the fundus; and here the lining membrane was in a sloughy state; the rest was healthy.

In reviewing the case Mr. Walford regretted the use of the secale, and that the perforator had not been used at an earlier period, so that the patient might have had the chance of escaping a fatal degree of cerebral excitement, so plainly reproduced by the labour pains.

Mr. Payne thought that after antiphlogistic treatment in these cases we should not interfere too soon, but give a dose of opium and tartar emetic, and be quiet for some time.

Mr. Harrinson said that this case supported the opinions he had advanced in a paper, read before the Society some months before, and which have just been detailed.

The two preceding cases of convulsions and mania have so many points of similitude, that although read at very different periods I have thought it well to class them together. Both had suffered much distress of mind; both had albuminous urine; both were advanced in years; both were first pregnancies; and both, I believe, died much in the same way: but in the one, convulsions was the leading feature, in the other, mania. How far the lesion of the kidneys is to be considered the primary or exciting cause of these various phenomena is a point which I must leave to the judgment of the Society. One thing seems certain, that the same predisposing causes, taking them altogether, produced very varied phenomena; neither am I myself inclined to separate any one cause from another as the most effectual; they are essentially a whole. That they are ordinary cases also we can scarcely allow; the second, indeed, is very exceptional to the usual setting in and course of puerperal mania; we should not, therefore, be justified in imputing all cases of mania and convulsions to one source; nor is it Mr. Harrinson's wish, I believe, to do so; but simply to establish the fact that the combination of albuminous urine with the noxious matter generated in the system in the puerperal state is a fertile source of convulsions, of mania, and of fever; the reason of the election in one case of one set of these phenomena, and in another of others, not being at all clear.

[To be continued.]

General Retrospect.

PRACTICAL MEDICINE AND PATHOLOGY.

Detection of Iodine in the Urine.

Dr. Dalton, (U.S.,) has experimented on the urine of patients who are taking iodine in medicinal doses. Becquerel concludes that it always appears in the urine, and detects it by mixing an emulsion of starch with

the urine, and afterwards adding chlorate of potass and sulphuric acid, by which process chlorine is set free, and, liberating the iodine from its compounds, allows it to strike a blue colour with the starch. In ordinary cases the addition of starch and nitric acid will suffice. The conclusions to which Dr. Dalton arrives, are :—

1. That iodine may appear in the urine thirty minutes after being taken, and may continue to appear for a period of twenty-four hours.

2. After a large dose taken for a long period, the time necessary for complete elimination is not proportionably increased.

3. It is, therefore, probable, that iodine does not accumulate in the system.—*American Journal of the Medical Sciences*, August.

On the power of the Cold Douche in promoting Absorption.—By Dr. Sloan.

The author's wish, in publishing his cases, is to call attention to a neglected means of treating tumours. The cases are three in number.

The first was one of encysted tumour in a male, situate on the sacral origin of the left gluteus maximus. It had existed for a long time, and was increasing in size. The douche was commenced September 6th, 1849, and continued till the 6th December of the same year. At this date the tumour was reduced to one-fourth of its original size.

The second case was a bronchocele, in a girl aged 20. After a long-continued treatment by iodine, it was submitted to the douche. Under this it diminished rapidly, but did not entirely disappear.

The third case was one of scirrhous mamma. The disease was in this case also partially absorbed.

The douche is applied by means of a gutta percha tube, applied to a water-main, or leading from a cistern.—*Edin. Month. Journ.*, December.

SURGERY.

Spina Bifida—Rupture of the Sac—Cure.—By Dr. Hance, (U.S.)

The subject of the case was a girl, aged 13. The tumour was situated at the juncture of the lumbar vertebræ with the sacrum, and when seen was as large as a quart measure. It was oval in shape. In 1848 the girl became the subject of measles, as a result of which the dependent portion of the tumour inflamed, and the integument sloughed, allowing the escape of the fluid. On the occurrence of the accident the general health suffered severely, the pulse became weak, and there was partial paraplegia. Soon the sac burst entirely, and its walls collapsed, after which they sloughed off, and healthy granulations sprung up under a tonic treatment and liberal diet. Eventually the discharge ceased, the sac gradually contracted until a semi-cartilaginous lump was all that was left to point out the former existence of the tumour. The girl has now become a woman, and is healthy and strong.—*American Journal*, Oct., 1850.

Ovariotomy.

The feasibility of the operation has again become the subject of discussion, having been mooted at the first meeting of the Medico-Chirurgical Society. It originated in the detail of the following successful case by Mr. Duffin :—

A woman, 38 years of age, having her abdomen enlarged to the size of the eighth month of pregnancy, this size having been attained in seven or eight months, and her general health appearing to be good, applied to the author for relief by operation. The rapid growth of the tumour, which appeared to be connected with the left ovarium, had been accompanied by neuralgic pains in the right thigh, in consequence of pressure on the sciatic nerve of that side. The tumour was very moveable, indicating the absence of adhesions. The patient was very urgent in her desire for the operation, and very confident that it would be successful, and it was accordingly performed on the 27th of August last by the author, assisted by Messrs. Fergusson, Ure, and Henry Smith, chloroform having been previously administered by Dr. Snow. The incision, at first of only sufficient size to admit the fore-finger for exploration, afterwards enlarged to three inches, was made in the linea alba, midway between the umbilicus and the pubes. The absence of adhesions having been ascertained, the sac was punctured by a trocar, and 130 ounces of a viscid, ropy fluid, of a light-brown colour, were let out. The collapsed cyst, containing a smaller cyst, the size of an orange, was drawn through the incision, and its pedicle secured by ligatures. The tumour was then separated, and the pedicle and ligatures were prevented from receding into the cavity of the abdomen by other ligatures attaching them to the wound. The ligatures came away on the fifteenth day, and the wound was healed on the twenty-second, the abdomen resuming its natural shape and size. The patient was kept on a light diet, took opium in sufficient doses for six successive nights, and the bowels were opened by enemata. On the eighteentth day she was able to get about a little. Her recovery is complete, and she has been able to resume the occupation of dressmaker.

This case was followed by a paper by Dr. Lee, giving an analysis of 108 cases of the operation. Dr. Lee commenced with the history of a case of ovarian dropsy successfully removed by a surgical operation, and reported in the *Edinburgh Medical and Surgical Journal* for 1822, by Dr. Nathan Smith, Professor of Physic and Surgery in Yale College, Connecticut. He then gives an account of an operation performed by Mr. John Lizars, of Edinburgh, in 1823, when *no* ovarian disease was found after the abdomen had been opened, and of three other operations by the same surgeon, when the diagnosis was more accurate, in 1825 and 1826; and of two operations by Dr. Granville in 1826 and 1827. He then refers to an operation performed in 1833 by Mr. Jeaffreson; and to three operations by Mr. King in 1834 and 1836. During the last twenty-seven years the operation has been attempted or

performed more than 130 times in Great Britain. Of 108 cases, of which authentic reports have been received, in 37 cases either no ovarian cyst or tumour to remove existed, or there were present ovarian cysts and tumours, the removal of which was found to be impracticable, and the operation was abandoned. Of these 37 cases, 14 died. The analysis given of 108 cases of ovariotomy, shows that in 37, or about one-third of the whole number, it was impossible to determine *previously* whether ovarian disease actually existed, or, when it did exist, whether its removal was practicable. Of the 71 cases in which ovarian cysts and tumours were removed, 24 proved fatal, in 14 of which the operation could not be completed. In the tabular analysis of the 108 cases appended to the paper, it appears that 45 cases are reported by Dr. Clay, and 11 by Mr. Lane; and to both these gentlemen the author expresses his thanks for the manner in which they have communicated to him the entire results of their experience of the operation.

Of the numerous speakers who recorded their sentiments on this occasion we select a few for notice.

Mr. Cæsar Hawkins had long doubted the propriety of extirpating diseased ovaries, and regretted that the profession, while fully aware of the successful cases, had not honestly been made acquainted with the failures. He also mentioned the significant fact, that ten hospital surgeons had performed the operation once, but none of them had done it a second time. Of these ten operations his own was the only successful one.

Mr. Phillips likewise condemned the practice of withholding the records of unsuccessful cases.

Dr. F. Bird spoke in favour of exploratory incisions, having made fifty such without bad results.

Fracture of the Thyroid Cartilage.—By Dr. Gibb.

The following rare case is published in the *British American Journal*:—

On the 1st of September, 1845, a healthy-looking man, aged about 30, was seen by Dr. Gibb, at the Montreal General Hospital, for symptoms connected with his throat. He stated that two or three days previously, when getting out of a carriage, he fell, and struck one of the steps near the wheel with the "bone of the neck," and ever since his voice has been imperfect, with, at the same time, a strange feeling about the throat. On examination Dr. Gibb found a longitudinal fracture through the pomum adami of the thyroid cartilage, the two ends of which could be moved upwards, and downwards, and in a direction from before backwards, producing a cartilaginous or soft crepitus. The deformity produced during this manipulation was trifling, and when the parts were untouched, the fractured ends were in the proper position. There was no swelling observable, and deglutition was not interfered with, although he had this peculiar indescribable sensation in the throat. There was not even any tenderness on a rough examination, and no appearance whatever of supervening inflammation. When speaking the voice was slightly rough and hoarse, and now and then whispering. In the treatment Dr. Gibb recommended the neck to be kept quite loose, and free from the use of a tight cravat or kerchief, a fluid diet, to abstain from conversation, and to maintain perfect rest and quiet.

Excision of the entire Uterus for Cauliflower (?) Excrescence.

The patient was a negro woman. The operation was performed by Dr. Eve, and successful, *quoad* the immediate result, but unfortunately a portion of the disease had been left behind, from the extension of which she died after four months.—*American Journal*, Oct.

Dislocation of the Great Toe from Bunion.—By Mr. Coulson.

At a meeting of the Medico-Chirurgical Society. Mr. Coulson called attention to the condition of the parts in this lesion. He showed that in some cases of bunion the great toe is twisted over or under the next to it; the ball of the toe becomes larger, the deformity increases, and the foot generally loses power. After a time the internal lateral ligament yields, then dislocation occurs, the bursa enlarges, inflammation and even ulceration follow, and the internal condyle of the metatarsal bone may pe exposed. On examining the joint the enlargement is found to be more apparent than real; the inner condyle of that bone always, and the outer often, project beyond the articulating surface of the first phalanx, the extent of the latter not being proportionate to that of the former. The articular surface of the metatarsal bone represents a pulley, with an elevated ridge in the centre. The axes of the bones do not coincide, so that a slight displacement induces great deformity. In very bad cases the articulating surface of the phalanx remains in the outer portion of the metatarsal bone; the synovial membrane is in some degree absorbed, the cartilages become thin and disappear, and the ends of the bones are eburnated. The specimens on the table illustrated these changes. The internal lateral ligaments were thinner than usual, and spread out, and absorption of the cartilages had commenced. With respect to the cause, Mr. Coulson stated, that wearing shoes had nothing to do with it; and he cited in proof the case of a mulatto who was nearly lamed by it, yet had never worn shoes. It has been said that the inner plantar ligament is pressed by the projecting downwards of the head of the astragalus, and that the ligaments of the toes, chiefly of the great toe, are thereby weakened, the bone itself being forced outwards by the oblique movement of the foot on the inner plantar surface; but Mr. Coulson could not see why the ligaments of the toes should yield, even if the calcaneo-scaphoid ligament were pressed upon, but was inclined to refer it to a giving way and weakening of the muscles acting on the great toe and metatarsal bone. The transverse and oblique muscles, he said, lose their power, the ends of the bones are not held together by them, the foot spreads and is deformed, the inner condyle projects, and the phalanges are carried outwards.—Reported in *Medical Times*, Nov. 16.

MIDWIFERY.

Hints on the Treatment of Lacerated Perineum.—By Dr. Horner.

Dr. Horner having a case in which the usual operation by paring the edges of the fissure had completely failed, determined on endeavouring to close the aperture by a plastic operation. He, accordingly, after placing the patient under chloroform, made two flaps from the perineum and vulva, one on the right and the other on the left, the base of the right flap being below, that of the left above. Upon crossing these flaps a partition was formed between the rectum and vulva, which was rendered permanent by fixing the flaps *in situ*, by interrupted stitches. For the first ten days success appeared certain, but subsequently it was found that the left flap had shrivelled, the right flap had also diminished, but still remained as a barrier between the two canals, and with a linen compress introduced into the vagina, so as to keep it in its place, the discharge of fæces was regulated so as to give but little inconvenience. On a later examination of the parts, they were found to be much improved. The traces of the operation had subsided, and there appeared to be a perfect division between the anus and vulva. The completeness of the union was, however, only external, as there was a small recto-vaginal fissure internally, which the author expected to overcome by a protracted use of caustic.—*American Journal of Medical Science.*

[This is the only instance, to our knowledge, in which autoplastic surgery has been made available in lacerated perineum, but it strikes us as a very feasible operation, and likely to be a good substitute for the tedious method of revivifying the lacerated edges in old cases.—Ed. P. J.]

On Chloroform in Midwifery.—By Dr. Beatty.

Further information on the value of chloroform in obstetrical practice has been afforded by Dr. Beatty. The result of his inquiries appears to be entirely confirmatory of the opinions put forth by Dr. Simpson, and he especially states, that when properly exhibited, no danger accrues either to mother or child. The reason why the parturient woman so seldom suffers from the use of chloroform in comparison with surgical patients, he states to be, in his opinion, that the former inhales it in the recumbent position, in which a minimum quantity produces the desired effects; and, secondly, that her stomach is seldom in a state of repletion—a condition which is now known to facilitate the occurrence of unfavourable symptoms. The grand desideratum, however, is the purity of the agent.

As regards its administration, Dr. Beatty informs us that he always uses a handkerchief. In ordinary cases he commences the inhalation when the os uteri is nearly dilated. In ordinary labour he never produces insensibility, but removes the handkerchief as soon as the breathing becomes sonorous. In this way the patient is never deprived of consciousness, but she is relieved from the severity of the pains.

The main object of Dr. Beatty's communication is, however, to show how chloroform may be used with advantage in lingering labours with inefficient pains, by combining its use with that of ergot. He narrates several cases in point, in which he first gave ergot to rouse the uterus to action, and then nullified the attendant pain by ordinary anæsthesia.—*Dublin Quarterly Journal*, August, 1850.

A BILL

FOR THE INCORPORATION OF GENERAL PRACTITIONERS IN MEDICINE, SURGERY, AND MIDWIFERY.

[Note.—The words printed in *Italics* are proposed to be inserted in the Committee.

Whereas, there are many persons practising the medical profession in England and Wales, not being of the degree of physicians, who combine the practice of medicine, surgery, midwifery, and pharmacy; and whereas all persons, other than physicians, who are desirous of becoming duly authorized by law to practice medicine, surgery, and pharmacy in England or Wales, are required to present themselves before the Royal College of Surgeons of England, for examination as to their fitness and capability "to exercise the art and science of surgery," and such persons (if they were not actually practising as an apothecary on the first day of August, one thousand eight hundred and fifteen, or have not acquired the right of practising as an apothecary by virtue of an Act passed in the sixth year of the reign of King George the Fourth, intituled "An Act to amend and explain an Act of the fifty-fifth year of his late Majesty, for better regulating the "practice of apothecaries throughout England and Wales)," are also required to present themselves before the Court of Examiners of the Master, Wardens, and Society of Apothecaries of the City of London, for examination as to their "skill and abilities in the science and practice of medicine," and their fitness and qualification to practise as an "apothecary," and such persons, upon obtaining the diploma of the said College of Surgeons, are "authorized to practise the art and science of surgery," and, upon obtaining a certificate of qualification to practise as an apothecary from the Court of Examiners of the said Master, Wardens, and Society of Apothecaries, are entitled to practise as an apothecary: and whereas very many persons who have obtained such diploma and certificate of qualification practise the art or science of midwifery; but no adequate provision has hitherto been made by law for ascertaining the skill and abilities of those who practise the said art or science: and whereas persons, not being of the degree of physicians, who have obtained such diploma as aforesaid, and have also obtained such certificate of qualification as aforesaid, or are otherwise authorized by law to practise as an apothecary, are known to the law as surgeons and apothecaries, and have also been heretofore commonly known and designated as "surgeon apothecaries," and have been of late years better known and distinguished by the name and title of "general practitioners:" and whereas the necessities of a large portion of the population of England and Wales imperatively require the existence of a

well-educated and numerous class of persons competent to practise all branches of the medical profession, and to minister to the sick in all emergencies: and whereas, in order the more effectually to promote and encourage the study of medicine, surgery, and midwifery, and to provide an adequate supply of such well-educated and well-qualified medical and surgical attendance for all classes of the population in England and Wales, it is expedient that the surgeon apothecaries or general practitioners should be united into one body politic and corporate, with power to appoint a Court of Examiners to examine all persons who shall hereafter desire to practise as "surgeon apothecaries" or "general practitioners," as to their competence to practise in that capacity, and to grant or withhold letters testimonial of the fitness and qualification of such persons to practise as surgeon apothecaries or general practitioners: and whereas there are now practising in England and Wales as surgeon apothecaries or general practitioners, divers persons who have obtained the diploma of the College of Surgeons of England, but who have not obtained a certificate of qualification to practise as an apothecary from the Court of Examiners of the Master, Wardens, and Society of Apothecaries, and are not otherwise authorized by law to practise as an apothecary in England or Wales, and divers other persons, who have obtained such certificate of qualification as aforesaid, or are otherwise authorized by law to practise as an apothecary in England or Wales, but who have not obtained the diploma of the College of Surgeons of England, and are not otherwise authorized by law to practise the art of surgery in England or Wales, and divers other persons, who are not authorized by law to practise either as surgeons or apothecaries in England, or Wales, but who are legally authorized to practise either as physicians, surgeons, or apothecaries, in some other part of the United Kingdom; and it is expedient that such several persons should, under certain restrictions, be admitted into the said body corporate: and whereas such incorporation whould tend materially to improve the status of the general practitioners, to supply the medical wants of a very large proportion of the rural population, and improve the sanitory condition of the working classes generally, by sending forth practitioners duly qualified by a general examination in all the several branches of medicine, surgery, and midwifery: be it enacted by the Queen's Most Excellent Majesty, by and with the advice and consent of the Lords Spiritual and Temporal, and Commons, in this present Parliament assembled, and by the authority of the same, that the whole of an Act passed in the fifty-fifth year of the reign of King George the Third, intituled "An Act for better regulating the practice of apothecaries throughout England and Wales," except so much of the said Act as confirms such parts of the Letters Patent granted by King James the First, to the Master, Wardens, and Society of the Art and Mystery of Apothecaries of the City of London, as were not repealed by the said Act, but so as not to revive any Act or Charter repealed by the Act, be hereby repealed.

II. And be it enacted, that and now lawfully practising as surgeon apothecaries or general practitioners, and every person qualified as hereinafter provided, who, within the times respectively for that purpose hereinafter limited, shall cause his name to be enrolled as a member of the College hereby constituted, or who shall at any time hereafter be chosen as hereinafter mentioned, shall be incorporated into one body corporate and politic by the name of "The Royal College of General Practitioners in Medicine, Surgery, and Midwifery of England," and by that name shall have perpetual succession in all time coming, and shall and may sue and be sued, plead and be impleaded, in all courts, and before all justices and others.

III. And be it enacted, that the said body corporate or College shall and may have and use a common seal for their affairs, with full power from time to time, at their will and pleasure, to break, alter, or make anew the same.

IV. And be it enacted, that the said College shall provide and have a Common Hall in London or Westminster, or elsewhere, in the county of Middlesex, and shall at all times hereafter be capable in law to buy, take, hold, and enjoy, for their own use, any hereditaments, so that the yearly value of the whole thereof do not exceed five thousand pounds sterling at the time or several times of acquiring the same, and from time to time to sell, exchange, demise, and mortgage such hereditaments, at their will and pleasure.

V. And be it enacted, that the said College shall consist of an unlimited number of members, and shall be governed by a President and a Council.

VI. And be it enacted, that every person who was actually practising as an apothecary on the first day of August one thousand eight hundred and fifteen, or who before the passing of this Act shall have acquired the right of practising as an apothecary, by virtue of the Act of the sixth year of the reign of King George the Fourth, hereinbefore mentioned, and also every person who before the passing of this Act shall have obtained a certificate of qualification to practise as an apothecary from the Court of Examiners of the Society of Apothecaries of the City of London, and also every person at the time of the passing of this Act actually practising as a surgeon or apothecary, or practitioner in medicine, surgery, or midwifery, in England or Wales, being a fellow or licentiate or extra licentiate of any of the Royal Colleges of Physicians of England, Scotland, or Ireland, or a fellow, member, or licentiate of any of the Royal Colleges of Surgeons of England, Scotland, or Ireland, or a member of the Faculty of Physicians and Surgeons of Glasgow, or a doctor or bachelor in the Faculty of Medicine of any University of the United Kingdom of Great Britain or Ireland, shall be entitled, at any time within twelve calendar months next after the passing of this Act, if at the passing thereof he shall be resident in the United Kingdom, but if not resident therein at such time, and not of the class hereinbefore required to be actually practising in England or Wales at such time, then at any time within two years after the passing of this Act, to cause his name to be enrolled as a member of the said College, on payment to the said College of the fee of for the use of the said College, and on being so enrolled he shall become a member of the said College and Body Corporate.

VII. And be it enacted, that the names of all the persons entitled to enrol themselves as members by virtue of any of the foregoing qualifications who within the first calendar month next after the passing of this Act shall severally signify, in writing under their hands addressed to the registrar of the said College at the Common Hall thereof for the time being, their desire of becoming members of the said College, shall within the calendar month next ensuing the end of such first month be set forth on a schedule and one general diploma under the seal of the said College, which diploma and schedule shall be enrolled in the High Court of Chancery within *two* calendar months after the seal of the said College shall have been affixed thereto, and the order of the names contained in the said schedule shall be according to the priority of the dates of the several qualifications by virtue of which each person shall have been admitted a member of the said College, without discrimination of the several kinds of qualification hereinbefore enumerated; and in all cases in which the order of precedence of any names shall appear to the Council of the College to be doubtful, according to the foregoing rule, the doubtful matter shall be settled by the Council, either by lot or in such other manner as to the Council shall seem expedient; and the names of all the persons entitled to enrol themselves as members by virtue of any of the foregoing qualifications who in the course of the second and every following calendar month, until the end of the *twelfth* calendar month after the passing of this Act, shall signify their desire of becoming members as aforesaid, shall, within *one calendar month* from the end of each such month, be set forth in like manner in schedules to successive general diplomas of the like kind, each containing the names of all the applicants of that month, and each of which shall be enrolled in like manner in the High Court of Chancery within *two* calendar months after the seal of the College shall have been affixed thereto, and the order of the names contained in each schedule shall be settled in like manner as is provided respecting the names in the schedule to the first general diploma; and the admittance of every other member shall be by separate diploma under the seal of the said College, in such form as the Council of the College shall from time to time think fit and direct, which several diplomas shall bear date respectively at the time when the same shall be granted, but as respects those granted during the first two years before mentioned, shall only take precedence according to their respective priorities next after the general and special diplomas; provided always, that the special diplomas of every person entitled to enrol himself as a member by virtue of any of the foregoing qualifications who shall apply to be enrolled after the expiration of the said *twelve* calendar months, under favour of the extension of time hereinbefore granted to certain persons not resident in the United Kingdom at the time of the passing of this Act, may recite the date of the qualification by virtue of which such person shall be admitted a member, and the cause of postponement of the grant of such diplomas, and for all purposes of precedence or standing among the members of the said College all such members shall rank next after those mentioned in the said last general diploma, according to the date recited in such respective separate special diplomas.

VIII. And be it enacted, that, except as hereinbefore and hereinafter mentioned, no person shall become or be admitted a member of the said College until after he shall have attained the age of twenty-two years, and shall also have complied with such rules and regulations as the Council of the said College shall from time to time consider expedient, and by a bye-law or bye-laws direct, nor unless he shall have passed such examination or examinations as the said Council shall from time to time by a bye-law or bye-laws direct to be undergone by candidates for admission into the said College; but every fit and proper person, having attained such age, and having complied with such rules and regulations, and passed such examination or examinations, shall be entitled to be admitted a member of the said College.

IX. And be it enacted, that the fee to be paid on the admittance of every such new member as last aforesaid shall be any such sum not exceeding the sum of as the Council of the said College shall from time to time fix by a bye-law.

X. And be it enacted, that the Council shall have full power from time to time to admit into the said College as members thereof, without examination, but on payment of such a fee as they shall from time to time think fit, but which shall not exceed that which shall be payable by those admitted after examination; any person who shall have attained his age of *twenty-two* years, and shall be able to adduce evidence satisfactory to the Council that he has a medical or surgical degree, diploma, certificate, or license, from some University, College, or licensing body of the United Kingdom, duly authorized for the granting thereof, and that he has been engaged for at least *five* years in the course of professional study, embracing all the subjects on which an ordinary candidate for admission into the College would be examined, and also that the examination which he underwent was of a standard as high as that of the examination imposed by the College of General Practitioners on ordinary candidates.

XI. And be it enacted, that a register shall be kept by the Council of the said College, in a book or register to be kept for that purpose at the Common Hall of the said College, or at such other place for the time being as the said Council shall direct, of all persons who from time to time shall be so enrolled or admitted members of the said College as aforesaid, in alphabetical order, with their several places of abode and dates of their diplomas or letters testimonial, and also such other particulars, if any, as the said Council shall from time to time think it desirable to register; and as soon as conveniently may be after the expiration of *six* months from the passing of this Act the Council shall cause a copy of such register to be printed and published, and shall also in every subsequent year, in the month of January, cause a similar copy of such register to be printed and published, except as hereinafter restricted.

XII. And be it enacted that every person whose name shall have been so registered and published, and who shall be desirous that his name shall be continued in the public register, shall, in the month of November in every year, send to the Council of the said College

his name and place of abode, and change of residence, if any, with the date of his diploma or letters testimonial, or in default thereof his name shall be omitted by the said Council from the next published copy of the said register; and a printed copy of the said registry for the time being so published by or under the direction of the said Council shall be evidence in all Courts, and before all Justices and others, that the persons therein specified are duly registered under this Act; and the absence of the name of any person from such printed copy shall be evidence, until the contrary be made to appear, that such person is not registered under this Act.

[To be continued in our next.]

Medical Intelligence.

CHOLERA IN THE WEST INDIES.

Dr. Hector Gavin has been despatched by the Colonial Office to Barbadoes, to assist in the application of preventive measures against the spread of cholera. A better selection of a medical officer could not have been made.

HAGYARD *v.* COATES.

On the 19th instant, in the County Court, Bridlington, Mr. Hagyard, Surgeon, of Hunmanby, brought an action against J. Coates, for 15s., for attendance in midwifery upon his wife. The defendant pleaded his inability to pay this amount. His Honour, Judge Raines, inquired the usual amount paid by the Board of Guardians in cases of midwifery; and was informed that 10s. 6d. constituted the sum paid for confinements, without regard to distance, which induced his Honour to give a verdict of 10s. 6d. for the plaintiff. Although the plaintiff, a most respectable man, swore that Coates was able to pay the amount at once, the Judge directed him to pay 2s. a month; thus the profession will perceive that County Court law professes to regulate the charges of medical men by the "*penny wise*" folly of the Board of Guardians, and crowns the insult by the miserable and unnecessarily tedious manner in which the payments are made. It is high time that some legislative measure should be enacted to restrain the oppression which is daily victimising the honest practitioner from east, west, north, and south.—*Med. Times.*

PARISIAN MEDICAL SOCIETY.

At the meeting of this Society, held on Friday evening last, the following gentlemen were elected office-bearers for the next twelve-months:—J. W. Begbie, M.D., President; George Fleming, M.D., Vice-President; W. R. Sanders, M.D., Secretary; R. Sarell, Esq., Treasurer.

ROYAL COLLEGE OF PHYSICIANS.

At the quarterly meeting of the Comitia Majora, held on Monday, December 23rd, the following gentlemen, having undergone the necessary examinations for diploma, were admitted members of the College:—Dr. Roberts, Brook Street; Dr. Rutherford Ancram, Valparaiso. The following gentlemen were admitted extra-licentiates:—Dr. Brett, Southampton Street Mornington Crescent; Dr. Sullivan, Chili; Dr. Alexander, North Audley Street.

ROYAL COLLEGE OF SURGEONS.

The Council have appointed Mr. Highley, the eminent medical bookseller, of Fleet Street, to be the publisher and bookseller to this College.

Gentlemen admitted Members on Friday, December 13th, 1850:—John Craven, York; James Charles Dickinson, London; Joseph Earle, Grosvenor Street, West; Edmund Lord Hudson, Bacup, Lancashire; John Phillipson Langham, Forest of Dean, Gloucester; Henry Maund, Bromsgrove, Worcestershire; Ashley Greenough, Northampton; Francis Henry Plumptre, Queen Square, Bloomsbury; Alex. Myall Robinson, Newbury, Berkshire; Robert Rygate, Colet Place, Commercial Road; John Davis Weaver, Chester; George Webster, Dulwich, Surrey.

Gentlemen admitted Members on Friday, December 20th, 1850:—James Backhouse Bindloss; Thomas John Eames, Dorchester, Dorset; Alexander Carson, Colerain, co. Derry; John Gibson, Hackney; Fred. Hudson, Stockport, Cheshire; Nathaniel Walton Jones, Chichester, Sussex; Thomas John Jones, Amlwch, Anglesea; John Meane, Brighton, Sussex; Robert Roberts, Dyffryn, Arduduy, Merionethshire; Robert Sproule, Brockagh, co. Donegal; Robert Wall, Cork.

SOCIETY OF APOTHECARIES.

Gentlemen admitted Thursday, Dec. 19, 1850:—Alfred Beekitt, Thorne; Robert Bolton; John Gabriel French, Burton-on-Trent; James Jerwood, Hereford; Robert Bohun Kidd, Norwich; John Morton, Norfolk; Robert Rooke Piance, Adelande; William Sutherland; Nathaniel Clement Wood, Norfolk; Nathaniel Stenson Wood.

OBITUARY.

In October last, at Peshawur, Dr. Lucas, assistant-surgeon of the 61st Foot.

December 6th, at Dunsford, near Exeter, T. N. Froom, Esq., surgeon, aged 35.

December 13th, at Edinburgh, John Philip, Esq., assistant-surgeon, R.N., the only surviving son of John Philip, Esq., surgeon, of Kirkcaldy.

December 14th, at Portobello, Dr. John Squair, late surgeon of the 8th Hussars.

December 24th, at Great Marlow, Bucks, William Hickman, Esq., in the 94th year of his age. The deceased was a pupil of the immortal Hunter, and had been in the active practice of his profession upwards of half a century; he died universally respected.

Lately, at Malvern, after a long and painful illness, in the 31st year of his age, T. S. Lee, Esq., formerly of Gordon Place, Euston Square. Mr. Lee was well known to the profession as the author of a work on "Uterine Tumours," which received a Jacksonian prize of the College of Surgeons.

Lately, in Jamaica, of the epidemic cholera, Drs. Bailey, Murcott, Tabois, and Tait, and Mr. Fagden.

ERRATUM.—In the report of the cases admitted under Dr. Nelson, at the Queen's Hospital, Birmingham, inserted at page 707 of last volume, line 33, for the "greatest bore," read the "greatest *bar*" that can present itself, &c.

TO CORRESPONDENTS.

Communications have been received from Mr. Stockwell, Dr. Robertson, Mr. Haggett, and Mr. Banks.

It is requested that all letters and communications connected with the *Editorial department* be sent to J. H. Walsh, Esq., Foregate Street, Worcester. Parcels and books for review may be addressed to the care of Mr. Churchill, Princes Street, Soho.

REMARKS UPON A

CASE IN WHICH THERE WERE EVIDENCES OF DILATED BRONCHI,

AND WHICH WAS COMPLICATED BY OCCASIONAL EXPECTORATION OF THIN, FIBRINOUS, CUP-SHAPED, FALSE MEMBRANES.

By P. MARTIN DUNCAN, M.D.,

PHYSICIAN TO THE ESSEX AND COLCHESTER HOSPITAL.

JOHN CLARK, aged 35, bricklayer, has always lived in Colchester, and has never had any serious illness before the commencement of his present malady. He has never had croup nor chronic cough, and he states that he has always lived steadily and soberly. Six years ago he had a bad cold, which confined him to his bed for five or six weeks; he has distinct recollection of having suffered from dyspnœa and difficulty of speaking, but antiphlogistic remedies do not appear to have been used with any degree of severity. A month after his convalescence, during which his lung symptoms appear to have left him, he was suddenly seized with pain in the right mammary region, cough supervened, and during a paroxysm of it he expectorated a light-coloured fibrinous mass, cup shaped, and much resembling in thickness and shape, the top of the thumb of a good-sized kid glove. During his illness, which lasted three months, he expectorated thirty of these false membranes; occasionally three or four were ejected simultaneously, but generally but one at a time was produced. For five years after this attack his health was good, neither cough nor expectoration of any kind were complained of, and he followed his usual avocations. At Christmas, 1849, he caught cold, and has not been well since. In April of the following year he experienced great pain in the right mammary region, it was attended by cough, considerable fever and dyspnœa. After suffering for several days repeated paroxysms of coughing, he suddenly spat up five of the before mentioned cup-shaped false membranes and immediately after a considerable quantity of scarlet blood. His urgent symptoms were immediately relieved, but in a few days they returned, and he then came under my care.

He is a tall well-formed man, thorax well developed, and measuring thirty-four inches in circumference beneath the clavicles. The general expansion during deep inspiration is deficient, his breathing being chiefly abdominal. The mammary and infra-axillary regions of the right side expand less than those of the left, but in no part is there perfect loss of motion.

Beneath the clavicles the percussion-sound is healthy, but on the right side, over the mammary, infra-mammary, and infra-axillary regions, there is considerable dulness. The left side of the chest is resonant throughout. The natural bronchophony is heard considerably to the right of the sternum, and in all parts of the chest, except in the right mammary, infra-mammary, and the infra-axillary regions, the true and healthy vesicular murmur is audible. In these regions there is a Babel of stethoscopic sounds. Tubular breathing, almost at certain spots taking on an amphoric character; loud, sibilant, and occasionally sonorous rhonchi, are heard low down posteriorly. In a spot little external to the right mamma, there was loud and tubular breathing during inspiration; a sharp "click" preceded the expiratory effort, which was accompanied by a distinct "burr." (After a fit of coughing which caused the expectoration of a very large false membrane, the sounds altered considerably in this spot. The tubular breathing was better developed, but the click and burr sounds were no longer heard. The voice, which was previously transmitted tolerably distinctly, now jarred the ear and produced perfect pectoriloquy.) The variations of the intensity with which the voice is transmitted through various parts of the infra-axillary region are very curious. In some spots the voice hardly strikes the ear at all, in others there are various degrees of pectoriloquy. There is no gurgling to be heard, and the expectoration is mucoid. He suffers slightly from dyspnœa and cough, but is never troubled by fœtid breath or disagreeably tasting sputa.

The cup-shaped false membranes vary in size from that of half a pigeon's egg to that of half a filbert. Their thickness is tolerably uniform, being about one-sixth of an inch; of a pale straw-colour; they are singularly elastic and resistent to the finger, their cohesion being as great as that of a pericardial false membrane of some weeks standing. Pure fibrin appears to be their principle component. The microscope discovered a few of the colourless cells of the blood, a few blood discs and numerous refractile granules, which, when aggregated, form the exudation corpuscle of Glüge.

These cup-shaped membranes were shrunken by the influence of dilute alcohol. The sputa usually expectorated, consisted of a glairy albuminous fluid holding ciliated and pavement epithelium cells, in mechanical suspension. He was ordered low diet Pil. Hydrarg., gr. iij.; Extr. Coloc. Co., gr. v. Fiat pil. ij,, o. n. sum. —R. Potass. Bicarb., gr. v.; Tinct. Hyoscy., min. xv.; Mist. Camph., oz. j., ter die.

May 11th.—Is better; stethoscopic signs the same. No expectoration. Pergat.

14th.—Has suffered from pain in the axilla for some hours. He has considerable dyspnœa, slight cough and much anxiety of countenance. No breath-sound is to be heard in the greater part of the infra-axillary region of the right side, and in those spots where tubular breathing was heard, neither it nor any other sounds any longer exist. Believing that one of his larger bronchial tubes was plugged up by one of the false membranes, I was about to order him an emetic, when a paroxysm of coughing set in, and five fibrinous cup-shaped membranes were coughed up. The tubular breathing and breath-sounds returned and were audible in the infra-axillary region, immediately after the expectoration of the membranes. In the evening he coughed up a little scarlet blood, and complained of much pain in the chest. Cont. Mist.—R. Pulv. Opii, gr. ½; Plumb., Acet., gr. ij., sextis horis formâ pil.

15th.—Is better.

16th.—Hæmoptysis stopped. Bowels constipated. Cont. Mist. Omit. Pil.

R. Hyd. Chlor., gr. j.; Pulv. Rhei, gr. x. Ft. Pil. iij. statim sumendæ.

17th.—Very much better. Bowels relieved. From this time he progressed towards health, gradually lost his cough, got flesh, and soon had appetite for full diet.

June 11.—His chest was examined before his discharge from the hospital. The dulness on percussion continues, but is more circumscribed; the tubular breathing is lessened in extent; all rhonchi and wheezing sounds have disappeared; pectoriloquy is audible here and there in the infra-axillary region of the right side, when a stethoscope with a small end is used.

August 1st.—Is in perfect health; the physical signs are still the same; he has neither cough nor expectoration.

It would appear, then, that our patient, a man of sober habits and apparently without any predisposition to chest affection, caught cold about five years ago and suffered for some weeks from bronchitis and some inflammatory attack about the larynx. A month after his convalescence he was seized with pain in the right mammary region, and during a fit of coughing expectorated a cup-shaped false membrane; his cough continued to annoy him for three months, and he occasionally expectorated three, four, or single false membranes, all cup-shaped and of different sizes. After the cessation of these symptoms he enjoyed nearly five years good health. At Christmas he caught cold, and after it had remained on him for four months he had another attack of pain, dyspnœa, fever, and cough, and expectorated numerous false membranes and scarlet florid blood. At the present time he is in good health, has neither cough, dyspnœa, nor expectoration of any kind. The physical signs determined that the lung in the mammary, infra-mammary, and infra-axillary regions of the right side was suffering from an altered state of its air-passages. Tubular breathing, almost at certain spots, taking on an amphoric character, was heard, and the voice jarred on the ear in those spots so as to give the notion of defined pectoriloquy. The normal bronchial sounds were heard far to the right of the sternum; and large sonorous rhonchi were audible low down in the infra-axillary region.

From these signs it is to be inferred that the main bronchial tubes of the lower and middle lobes of the right lung were more or less dilated; and that the more remote tubes were also dilated and occasionally sacculated. We have good evidence to the effect that the dilated bronchi were, and are now, sacculated. The cup-shaped fibrinous false membranes were evidently casts of the sacculi, and were analogous to, and probably formed in the same manner as, those tubular bronchial false membranes which occcasionally are seen by everybody. The false membranes ôccasionally were unable to pass through the lesser dilated bronchi, and impeded the passage of air into the air vesicles and bronchial tubes remote from the obstruction. It is to be noticed also that there was considerable disturbance of the bronchial mucous membrane during the illness, characterized by the expectoration of false membranes; for much mucous was secreted; and occasionally after the violent expulsion of the cup-shaped casts of the sacculi some blood was brought up. It would appear that the mucous membrane of the bronchial tubes secreted its normal product, whilst the sacculated dilatations eliminated a layer of pure fibrin. Before remarking upon the pathology of dilatations of the bronchi, it must be noticed that the stethoscopic signs of increased calibre of the bronchi, and of occasional sacculated projections from their interior, are still in existence, although the man's health is good, and he does not suffer from the cough and stinking expectoration of those affected with dilated bronchi.

Remarks.—The case recorded above presents several points of interest, amongst which those of dilatation of the bronchial tubes and fibrinous exudation from mucous surfaces are pre-eminent. Dilatation of the bronchial tubes, or bronchiectasis, appears to have escaped the notice of all writers before the great Laennec, whose history and pathology of the disease has been the thema upon which the variations of Andral, Stokes, Corrigan, and Hasse, of Zurich, have been founded. It appears to be a disease of tolerably frequent occurrence, and is well studied in children who have died from hooping cough; sufficiently rare for many years after puberty, it is occasionally found in the bodies of those dying from chronic lung diseases. The diseases upon which bronchiectasis is consequent are—chronic catarrh, bronchitis, tubercular disease, and pleuro-pneumonia. It appears to assume three forms; the first which I shall describe is a sequence of the last-named disease; the two other varieties follow after the three first diseases.

The first form of dilatation is that which is usually a sequence of pleuro-pneumonia; in it numerous bronchial tubes, sometimes every one in a lobe, are dilated along their whole extent; and the dilatation is greater towards the extremities of the tubes, where their structures are less dense and unyielding; the calibre of the tubes is greatly increased, occasionally to eight times its usual extent. The mucous membrane of the affected tubes is hypertrophied, thickened, and turgescent; it is occasionally elevated into highly vascular folds, and is usually covered with a thick muco-purulent secretion. The lower lobes of the lungs are those affected by this form; and when incisions are made into them the parallelism of the cylindrically-dilated bronchi is singularly evident. The proper parenchyma no longer exists; the air-cells in the neighbourhood of the bronchial tubes, which are nearly in close apposition, are obliterated, and a pale, flabby, soft tissue remains, being impervious to air and incapable of inflation. The dilatations end in blind sacs; the small twigs immediately supplying the intercellular spaces and the remote air-cells are obliterated. The cause of this obliteration is partly mechanical and partly attributable to vital changes. An old standing pleurisy may be cured, the fluid may be absorbed; but the lung may be found to

be unable to fill up the space occupied by the fluid, its power of expansion being lost on account of the alterations in the air-cells, consequent upon the pressure of the effusion and the loss of the exercise of their functions. One of two things, or both, must now occur; either the walls of the chest must be dragged in, or the calibre of the bronchial tubes must increase and gradually tend to the filling up of the vacant space, or both of these changes may happen. Inflammatory action in the mucous membrane would accelerate the bronchial dilatation by its paralysing influence upon the muscular fibres of the tubes. In long standing pneumonia the destruction of air-cells, consequent upon their infiltration by exudation of fibrin, is the first step towards the production of cylindrically-dilated bronchi; the subsequent contraction and atrophy of the infiltrated tissue produces a space which is required to be filled up by the neighbouring healthy air-cells, and if there be none, by the bronchi; in the one case emphysema, in the other bronchitis is the result. This kind of bronchiectasis is accompanied by excessive secretion from the mucous membrane of the tubes, generally speaking of a viscid tenacious mucus, and Laennec ascribes the production of the disease to the efforts employed for its expulsion. There can be no doubt but that when the remote causes of the dilatation are at work, such an excitant would greatly enhance the progress of the disease.

Hasse gives the following summary of the two other kinds of bronchiectasis; the first of these "exhibits a single point of one or another bronchial tube, mostly of the third or fourth order of magnitude, dilated into a cavity of more or less regularly spherical shape. In the majority of cases the walls are at the same time attenuated, the cartilages and the fibrous texture being for the most part stretched asunder, if not made to disappear altogether, and the mucous membrane changed into a thin, smooth, almost transparent pellicle. In the second form we find a *series* of these cystic dilatations, occupying the course of one and the same bronchial tube, which in the intervals retains its natural width. The attributes of this form, and especially the manner in which it originates, prove it to be but a variety of the first form; for in neither instance does the dilatation constitute the extreme end of a bronchial tube—that is to say, a *cul-de-sac*, but either allows the cylinder to issue from it again, in its normal calibre, for further distribution, or else opens with small orifices into the lesser bronchi beyond." These two kinds of bronchiectasis are the result of long continued bronchial inflammation; they are not attended by that destruction of the air-cells which is found in the form described as following pleuro-pneumonia, for the degeneration of the vesicular structure is only found in immediate contact with the cystiform dilatation. There must be a peculiar idiosyncracy in those who suffer from dilatation of the bronchi, for it does not follow upon hundreds of cases of chronic bronchitis, or upon the great majority of those diseases said to tend to its production. In the ordinary course of inflammation of the mucous membrane of the bronchial tubes, the capillaries in the areolar tissue beneath the basement membrane, which supports the epithelium, become distended, the current of blood is retarded, and the calibre of the vessels is irregularly increased; their office is suspended, they no longer give to the epithelium cells the wherewithal to produce the natural mucus. The air passages are speedily stripped of their epithelium and further changes ensue, exudation of the blood from the walls of the capillaries of the colourless pleura occurs, (occasionally blood corpuscles are set free,) owing to the aberration of the nutrition of the sub-basement tissues, the growth of the epithelium is rapid and irregular, and in those places where these cells are not reformed, a cell growth of a lower nature is produced—pus; or, owing to some peculiarity, no cell forms are produced, and the fluid whence they ought to have been formed is simply poured out, it is by nature spontaneously coagulable and consists of fibrin and more or less albumen. It is tolerably evident that an exudation of such a fibrinous mass would tend to plug up a smaller bronchus, and that it would be assisted in doing so by the mucus and pus also secreted. A certain amount of bronchial tube would be then exposed to the distending effects of muscular action upon retained air, and bronchiectasis may ensue; or the plug might simply cause the collapse of the neighbouring air-cells and consequent partial dilatation of a near bronchial tube.

These mechanical cases are, however, only the stimuli to a series of perverted vital actions; simple distension by accumulation of secretion will not of itself cause dilatation of gland-ducts; for instance, it merely acts as a stimulus to an irregularity of growth; the dilatation may be accompanied by hypertrophy or by atrophy of the structures implicated. In the case before us there was a series of sacciform dilatations, and the calibre of the bronchial tubes between the dilatations was also increased, so that there was a combination of the varieties of the bronchiectasis—an union of that variety characterised by simple cylindrical, and of that characterised by a series of cystic dilatations. It is tolerably evident that in this case the dilatations were occasionally cylindrical, and that at other spots the dilatation did not affect the whole bronchial calibre, but that a lateral dilatation occurred constituting a greater or less lateral cul de sac. The physical signs and the negative evidence proved that the fibrinous, cup-shaped, false membranes, came from the lateral sacciform bronchial dilatations, and the long attacks of bronchitis from which the patient suffered accounted for the formation of the alterations in the calibre of the bronchial tubes. It would be out of place to do otherwise than simply mention, that bronchitis is met with, in all its forms, in the lungs of those dying from phthisis pulmonalis, and that it occasionally effects a cure.

The subject of bronchial false membranes—polypi as they were formerly called—is one of great interest; for an excellent sketch of the bibliography of the disease I must refer to a paper by Dr. Ranking in this journal, (June 13th, 1849, p. 316,) but I am not aware that a case in which the false membranes were cup-shaped has been recorded, unless the case of Phericides, mentioned

by Hippocrates, in which γαλακτωδεα were expectorated, was one. We are all familiar with the false membrane of croup, and the exudations of certain forms of laryngitis, such as occasionally occur in measles and scarlet fever. False membranes are also found, under certain circumstances, in the fauces, on the schneiderian membrane, in the œsophagus, stomach, certain portions of the intestinal canal, biliary passages, tubuli uriniferi, ureters, urinary bladder and urethra. Exudative processes in the uterus, fallopian tubes, and vagina, are constantly presented to our notice.

Were we to say that all mucous membranes are capable, under certain circumstances, of producing false membranes, we should be pretty well correct. They are most commonly seen in the throat and air passages. Rokitansky gives an excellent description of the disease as found in the other mucous membranes. But as Dr. Ranking remarks at the conclusion of his capital paper:—"But why fibrinous rather than mucous secretion should take place, remains a mystery." In one organ, the kidney, simple inflammation invariably produces casts of the uriniferous tubes—transparent, fibrinous, microscopic effusions, which exactly correspond with the inside of the affected uriniferous tubes—in no other organ is this the case. There is more required than that aberration of nutrition which we call inflammation, to replace the mucous secretion by a fibrinous exudation.

An experiment by J. A. Albers, does not really, although it seems to do so, militate against the opinion. He excited artificial inflammation in the air-passages of animals, and produced fibrinous false membranes. It must be noticed, however, that brute pathology is hardly to be identified with, or to be argued upon like, that of man; and the manner in which he produced his inflammatory effects, tended to cause great effusion of blood into the parenchyma and into the smaller bronchi. Its coagulation would account for what he describes as spurious membranes. It is also notorious that acute bronchitis, or in fact any simple inflammatory attack of a mucous membrane, excepting in the kidney, is very rarely indeed accompanied by the formation of false membranes. But during certain epidemics of measles, and not in those characterised by great malignancy, tubular expectoration from the air passages is common. There is a note to a passage in "Hasse's Pathology":—"The most strongly marked case I ever met with of tubular expectoration from the trachea and bronchi, occurred during the prevalence of a very mild epidemic of measles." In mild cases of scarlet fever, however, membranous exudations on the fauces and larynx do not occur; they are only found in cases characterised by their peculiar malignancy. The tough plugs found in mucous canals after their exposure to corrosive agents, are not fibrinous exudations, although if these masses of mucus, coagulated serum, and blood, be removed, and the patient recover from the immediate effects of the injury, the damaged mucous membrane is very liable to produce fibrinous layers instead of mucus, (epithelium, &c.,) for some time. Many forms of croup and of exudations in the œsophagus, stomach, and intestines, never occur as primary affections, but according to Rokitansky as *sequelæ* of exanthematic processes, in variola, in typhus, in the absorption of pus into the circulation, and particularly in puerperal inflammation of the uterine veins. He has also observed, with great care, the varieties of exudation in the uterus in puerperal fever, and describes with his usual minuteness the exudative processes in the mucous membranes consequent on the puerperal poison.

It would appear, then, that certain diseases which originate by the absorption of a poison from without, or by the formation of noxious matter within a cavity, and their consequent absorption, predispose to fibrinous exudation from mucous membranes, and that certain poisons produce false membranes in the bronchial and tracheal mucous membranes, whilst others affect the genito-urinary and digestive mucous tracts.

Where we cannot trace the presence of a poison, and where there are structural changes in the mucous membrane affected with the the fibrinous exudation, it must be admitted that structural changes tend to the production of false membranes; but the absence of these in most cases, where the calibre or the nature of the mucous tube has undergone a change, forces us to believe, that either idiosyncrasy or a peculiar state of the mucous membrane with which we are unacquainted, has much to do with this production.

Cases occur in plenty where idiosyncrasy appears to be the cause of the replacement of a mucous by a fibrinous secretion.

The circumstances under which mucous membranes pour out a fibrinous product, which coagulates and forms a false membrane, exudation or polypus, are when the system is influenced by—

1. Idiosyncrasy.
2. Idiosyncrasy; structural changes.
3. Morbific agents in the circulation, (pus, typhus, measles, scarlet fever, poisons.)
4. Simple inflammation.

It is, of course, implied, that there is an exciting cause to enable the two first influences to act, as hyperæmia, of greater or less intensity. The toxic agents carry with them the power of inducing certain kinds of inflammation.

I may here remark, that in my experience cases in which bronchial false membranes, (I allude especially to those which plug up the various ramifications of a third or fourth rate bronchus,) have been expectorated, run a very peculiar course, and rarely terminate fatally. Death generally is caused by the effects of occlusion of the affected bronchi, and need not happen for many years, the patient being carried off by emphysema and dilated right side of the heart. Intensity of inflammation does not seem to have any thing to do with the production of false membranes, nor can we take refuge under the explanation of its occurring as an effect of some peculiar irritation, for by doing so we only transfer our difficulty.

We know nothing concerning the state of the blood in this disease, and cannot imagine that even a highly fibrinous condition of it could produce aught but a tendency to the exudation. From what I have noticed,

I am inclined to believe that before a fibrinous exudation can occur, the epithelium of that part of the mucous membrane covered by it, is destroyed, and that the basement membrane, and the vessels of the areolar tissue beneath it, are all that remain of the mucous membrane. The areolar tissue is invariably infiltrated with serum, and the whole tissue is softer than usual. This is notably the case in the exanthemata. Occasionally the fibrinous exudation extends from one spot, whence it arises, and covers the surrounding mucous surface.

As a rule, when the epithelium is removed from a mucous membrane, the vessels of the areolar tissue beneath the basement throw out the colourless blood plasma as usual, and pus cells are formed for a while in it; subsequently the normal mucous cells are developed. We must account for the production of false membranes instead of mucus or pus, by supposing there is an inability on the part of the blood plasma to develop cell life; it coagulates rather, and forms a fibrinous mass. The circumstances producing the above inability, and tending to the primary destruction of the epithelium, are those, then, which I have mentioned as being of four kinds.

In the case recorded at the commencement of this paper, the formation of false membranes covering altered tracts of mucous membrane was constant; and as now, none have been expectorated for many weeks, it may be supposed that epithelial cell growth is formed from the blood plasma, and that the sacculated dilatations are now covered by a healthy mucous membrane. Nature seems to have done everything in this case; the few doses of acetate of lead were required to control a slight hæmorrhage from the bronchial tubes, excited as much by the presence of passing false membranes as by the exertions employed to get rid of them.

CASES OF OVARIAN DROPSY.

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Read at the Quarterly Meeting of the Bath and Bristol Branch, Dec. 19, 1850.

The attention of the medical profession being at this time much directed to the subject of ovarian disease, and many of the leading men amongst us appearing still to differ in opinion as to the extent of surgical interference admissible in such cases, I consider it the duty of every surgeon to record those cases which have occurred in his practice, where operations have been attempted for the radical cure of ovarian dropsy, and to report faithfully the result of each case, whether favourable or unfavourable.

Influenced by this consideration I have thought it right to lay before this meeting a brief account of four cases of ovarian dropsy, treated by me since October, 1849, and to detail a mode of operating which differs, in some important respects, from any hitherto described, and which, unless I am mistaken, will be found to be attended with less risk than any hitherto made public.

Previous, however, to describing this particular operation, I will briefly notice my first case, in which a cure was effected by the formation of an oviduct, (as this process has been called) by means of a caustic issue. The case stands thus in my note book:—

Elizabeth Antrobus, aged 38, spinster, consulted me in October, 1849, with an ovarian tumour, which had reached an inconvenient size, and which she wished to have tapped. I had tapped her twice before—the first time in October, 1840, when three and a half gallons of opalescent dirty-looking fluid were evacuated. The cyst refilled slowly, not requiring to be emptied again till May, 1845, at which time a smaller quantity, (not quite two gallons) of similar looking fluid was drawn off. The cyst again filled slowly. An interval of four years and seven months had occurred between the first and second tappings, and now an interval of four years and five months passed before she again sought relief in that way.

As her health had been remarkably good during the whole of both intervals already named, much better indeed than it had been previous to the first tapping, I thought it a fair case to try to effect a radical cure, and, having been favourably impressed by the reasoning adduced by Dr. Tilt, in recommending the treatment of these cases by caustic issue, I proposed that proceeding to my patient, and having obtained her consent, proceeded to carry it into practice on October 29th. Selecting a spot about two inches below the umbilicus, in the median line, a stick of potassa fusa was rubbed upon it, over a space about the size of a shilling. A portion of Vienna paste was then applied to the same surface, and confined by lint and plaster, and allowed to remain until the next day, by which time an eschar was formed, not much less than half a crown in size. The eschar proved very deep, and did not require to have the caustic renewed, but it was eight weeks before it separated sufficiently to discharge the water. At first no injection of any kind was used, but in three or four weeks from the evacuation of the water the discharge became purulent and fœtid, and my patient's health declined so rapidly that I feared I should lose her. Under a generous diet, with quinine internally, and the repeated injection of the cyst with warm water, she rallied, after having lain a month or six weeks longer, in a very precarious state. At that time a weak solution of iodine, (one drachm of the compound tincture to six ounces of water,) was occasionally used, without producing any ill effect, and a portion of gutta percha tubing was fitted to the opening of the wound. This was fitted with a wooden plug, so that the discharge could be drawn off at stated times. Before this the wound showed a disposition to close permanently, and required to be opened by a probe, to evacuate the fluid that accumulated, the patient always suffering until this was done. From the time the gutta percha tube was introduced, and the iodine injection used, the cyst began to contract, and the patient to improve

steadily, and this continued until she has now got quite well. The tube remained in four or five months, and was then removed. I have recently seen her, and there is still a small fistulous opening, not quite closed; through this you may pass a small probe, to examine the cyst, which may be said to be quite contracted, as the probe will pass in no direction beyond half an inch, and as she has gained flesh and strength, and has been enabled for some time to resume her usual habits, I think I am justified in calling it a cure, though I should scarcely be disposed, except under peculiar circumstances, to recommend a repetition of the treatment, as it was not wholly free from risk, and the progress of the case was very slow.

My second case occurred in August last. The patient, Mary Ann Pidwell, aged 24, had been a lady's maid, and, during the illness of her mistress, four years before, had lifted her, and felt at the time, as she describes it, a strain on the right side of the bowels; an enlargement soon showed itself, which had, latterly, very much increased. At the time of consulting me she measured forty-four inches in the girth at the umbilicus, was thin, but not emaciated, and the characteristic shrinking about the shoulders and the upper part of the chest, was very marked. The fluctuation was very distinct, and equally perceptible over the whole tumour. She had never been tapped, had menstruated regularly, her general health was good, her habits regular and simple, and she had had no inflammatory attack during the whole time. These circumstances induced me to consider this a favourable case for attempting a radical cure by an operation which much thought and a careful consideration of all the published cases of ovariotomy I had met with, had suggested to my mind, as being likely to effect the purpose at much less risk than those I had seen described; accordingly, having stated the case fairly to my patient, setting the risks on one side, and the advantages on the other, and having obtained her consent, I performed the operation on the 20th of August, assisted by my friend and former colleague Mr. Lang, Surgeon to the Bristol General Hospital, Mr. Martin, Surgeon to the Bristol Dispensary, another professional friend, and my own pupil. The principles of the operation were—

1st. To make as small an incision as possible.

2nd. To draw out only as much of the cyst as could be extracted readily, and without displacement of the other contents of the abdomen.

3rd. To endeavour to keep the wound always filled with the cyst, so that neither *air* nor *fluid* should be admitted into the cavity of the abdomen.

4th. To cut off the cyst, *not* close to the wound, but from one and a half to two inches beyond it, so that when the portion of cyst has been removed, the cut margins could be carefully examined, and the vessels secured.

5th. To secure each vessel on the cut margin of the cyst separately by a fine silk, and to cut off both ends close, so as to have no ligature hanging from the wound.

6th. To close the external wound as quickly as possible.

According to these principles I proceeded to operate. The patient was brought to the foot of the bed, opposite a good light, and placed under chloroform. I made an incision two and a half inches long, commencing two inches below the umbilicus, and half an inch to the right of the median line, to which my incision was parallel. I carefully dissected through the rectus muscle and its sheaths to the peritoneum, which was opened and divided on a director. The white shining cyst was then laid bare, and each respiration showed such free and independent movement of the parietes over the cyst as to confirm my hope and expectation that no adhesion existed.

The next step was to introduce a long needle through the cyst at right angles to the wound, so as to keep the cyst up to the upper angle, whilst the fluid was evacuated by introducing a trocar at the lower angle of the wound. This was done and thirty-one pints of remarkably clear, limpid, and colourless fluid were drawn off. The effects of the chloroform had now passed off, and were not renewed. A portion of the cyst, forming a bag eleven inches long and fifteen inches wide, was then removed by the scissors; there was free bleeding from various small arteries at the surface, each of which was separately tied, care being taken that the ligatures included both layers of which the cyst was composed. The number of the ligatures was as many as thirteen. The remainder of the cyst was then returned into the abdomen, and the wound closed with three sutures; and a circular bandage having been applied, the patient was placed in bed.

During the evening of the operation there was frequent sickness and vomiting, and opiates given by the mouth seemed rather to increase this. There was very little tenderness on pressure, and the pulse was moderate.

21st.—(The day after the operation) the sickness and vomiting continued, with flatulence. Creasote mixture seemed to control the sickness for a time, but it returned.

The 22nd was also an anxious uncomfortable day. She had obtained little or no sleep since the operation, and the sickness recurred at intervals; still the pulse was moderate, the urine not high coloured, no great abdominal tenderness existed, and the countenance was not bad. The marked features of peritonitis were absent. Small doses of sulphate of magnesia were ordered in a weak infusion of gentian; this seemed to allay the sickness for a time, but the bowels acted rather too freely, and the creasote was renewed, with small doses of tincture of opium.

23rd.—Has had a restless night, but as the day advanced she became more composed. Pulse 96. The wound appeared healed for two-thirds of its extent. Towards evening much uneasiness returned, with vomiting, and the bowels seemed irritated. An opiate injection was given, with forty minims of the tincture of opium; this produced a good night, and the vomiting ceased.

24th.—Appeared much better. The opiate injection

was repeated, and continued for several nights. She took more food and retained it.

25th.—A purulent discharge took place from the lower part of the wound, which was ordered to be poulticed. This continued for several days; but she seemed in other respects improved.

29th.—The discharge had ceased, and she had improved greatly under a more generous diet and small doses of quinine.

September 3rd.—There seemed a swelling about the wound, and some uneasiness. The pulse rose to 110. Upon opening the adhesion at the lower part of the wound, by a probe, a discharge of pus took place, which at once relieved the symptoms. Poultices were again ordered. The discharge continued four or five days, the abdomen again became flat, and the wound finally healed on the 8th of September, after which there was no untoward symptom to report. She was able to leave her bed fifteen days after the operation, and at the end of three weeks she took exercise in the open air. She has continued quite well ever since, and has gained flesh, especially about the neck and shoulders, and upper part of the chest. She says her health is better and she can do more than she has done for many years.

My next case is as follows:—

Sabina Adams, aged 39, spinster, has had ovarian enlargement for six years, commencing first on the right side. She has never been tapped, and although not robust has never had any inflammatory attack, or serious fit of illness during the growth of the tumour. She measured forty inches round the abdomen. She consented to submit to the operation for radical cure, which accordingly was performed on the 25th of November, in the presence of Dr. Budd, three of the surgeons of the Bristol General Hospital, and Mr. Martin. Chloroform was administered as in the previous case, and the steps of the operation conducted precisely as on the former occasion. The fluid was equally clear and limpid, a smaller portion of cyst was removed, and ten ligatures were used to secure the small bleeding arteries. The remainder of the cyst was returned, and the wound, (which was even smaller than the last,) closed by three sutures. From the very first there was no bad symptom; opiates were well borne and acted admirably in soothing; flatulence was the only thing that caused annoyance. The wound quite healed on the sixth day, there never was any purulent discharge from it, or anything to interrupt the favourable progress of the case. About the ninth day some little feverish disturbance took place, the exciting cause of which did not seem very apparent, at all events it subsided on the eleventh day, and her convalescence was uninterrupted, although slow. She is now quite well.

My last case, I am sorry to say, was not so fortunate in its termination, although to me it has been a most instructive one, and though fatal in its termination has tended still more to confirm me in my preference of the principles of the operation I have previously detailed.

Mrs. Maria Gibbons, aged 45, wife of a farmer, had been married twice, had had seven children and one miscarriage. She first perceived the ovarian enlargement after the birth of the fifth child; the two last children she carried whilst the tumour was in progress. She was tapped in March, 1848, nearly two years after the birth of her last child. The quantity of water drawn off was not known; it was believed that the tumour was entirely emptied, and no swelling was perceptible after the evacuation of the fluid. She was a tall woman, with large bones, but with little flesh. She measured forty-five inches round the body at the umbilicus. She had formerly attended the Bristol market, and although the fact was concealed from me till after her death, I have since learned that she was addicted to drinking spirits—not to excess, but habitually.

As there did not appear at the time any reason to prohibit the operation, which, from hearing of the two former cases, she was very anxious to submit to, I determined to accede to her wishes, and on the 25th of November, in the presence of Dr. Symonds, Mr. Bartrum, my friend Mr. Lang, and three other surgeons, I proceeded to operate. Chloroform was administered, which, however, did not act well, making her restless, and after the first incision it was not continued. The early steps of this operation were the same as the two former cases. The length of the incision was two inches and a half. The cyst was exposed. No adhesion were detected anteriorly, and the needle being introduced at the upper angle of the wound, the trocar at the lower, as before, twenty-eight pints of clear limpid fluid were drawn off. During the evacuation of the water she became very faint, although pressure was carefully kept up by the abdominal circular bandage. This faintness continued, and obliged us to give her brandy, and in the efforts to tighten the bandage, the needle at the upper part of the wound was displaced; however, the cyst was easily drawn forth by a hook forceps, although it did not come out so readily and evenly as in the two former cases. Although no adhesion existed anteriorly, yet the cyst was bound down at the posterior and upper portions; when, therefore, the necessary traction was used in drawing it through the wound, the lower portion connected with the broad ligament was disproportionately drawn up, and this, from losing the needle, which serves as a land-mark, I could not so well perceive.

As soon as the cyst began to be drawn forth two remarkable bands were perceptible on its anterior surface, seeming to be duplicatures of the external layers. These (as it was afterwards found) contained many considerable blood vessels. As soon as I had drawn out as much of the cyst as would readily come forth, although that was a much smaller portion than had been removed on the former occasions, I placed a temporary ligature around the whole, to prevent the portion of the cyst which was not to be removed from slipping back into the wound when the separation of the other portion took place. Although this precaution was used, as soon as I divided the cyst, that portion where the two bands already alluded to were situated, slipped from the temporary ligature and escaped into the

wound, and the vessels it contained gave rise to hæmorrhage; for it was a considerable time before this cut portion could be found and brought again out of the wound, so as to enable the vessels to be secured; and as there was great difficulty in arresting the bleeding by putting ligatures on each vessel separately at this part of the cyst, I was compelled to deviate in this instance from one of the principles I have considered essential in my operation, and to apply a strong ligature around the whole of that portion. This thick portion might at first sight have been taken for the pedicle, but it was not so in reality, as will be shewn presently.

The strong ligature, applied as I have above stated, was effectual in restraining the bleeding. The remaining portion of the cyst was carefully examined along the whole margin, and each bleeding point secured by separate ligatures, including both layers of the cyst, as on the former occasion. These were cut close, but the strong ligature around the thick portion was left long and brought through the wound. The operation was then concluded as in the preceding cases, care being taken to press out from the wound all the blood that had escaped into the cavity of the abdomen, previous to the insertion of the sutures; a broad bandage was then applied, and the patient put to bed. She was very faint and low; she had never fully recovered the faintness which came over her when the water was drawn off, The loss of blood and the weariness of so tedious an operation had depressed her so much that nearly twelve ounces of brandy were administered to her during the operation. Immediately on her being placed in bed an anodyne draught, with forty minims of tincture of opium, was given, and she was left. Four hours afterwards I again saw her. She was lying in a state of stupor, though she replied when spoken to; she complained of no pain. At ten at night I found her much in the same state. Pulse about 100; surface warmer; still complaining of little or no pain. A smaller opiate was given her.

26th.—In the morning she appeared better than could have been expected; she had slept nearly all night. She had lain a good deal on her side, and some serous discharge had taken place from the wound, but not to any extent. She complained very little, but had passed no water. Pulse 110. It was still deemed advisable to keep her under the influence of opium; and in the interim a draught was given, containing one drop of Fleming's tincture of aconite.

Middle day.—She had passed water; complained a little more; pulse about the same; had taken very little since the operation but a little gruel and a cup of tea; countenance looked sunk and somewhat anxious.

Evening.—Pulse 90, and she appeared rather more composed, but looked haggard; less weeping from the wound.

27th.—She had again slept much, and made little or no complaint; her pulse was moderate, ranging all day rather below 90; she was thirsty, but did not care to take any nourishment—it was difficult to induce her to take even gruel and tea; her countenance did not look comfortable, but she had no positively bad symptom; no sickness, no shivering, and very little pain; she passed water more freely.

28th.—She has not passed so good a night; looks more anxious, and complains of more general uneasiness; pulse in the morning still moderate, about 90. An enema of warm water was given to move the bowels, but returned without effect. As the day passed on she complained of sickness, and brought up her medicine; she also complained of shivering, but no decided rigor. A discharge of bloody serum took place from the wound in the evening, and she vomited some dark coloured fluid from her stomach. A castor oil enema was given, which also failed, and three grains of calomel were then administered and the opium suspended.

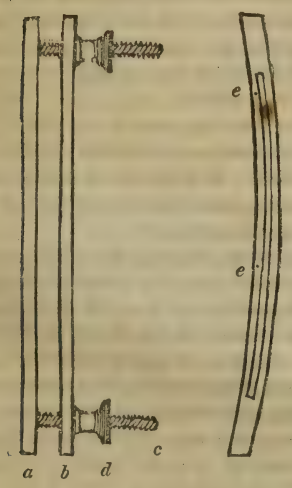
29th.—She passed a restless night, and was certainly worse this morning. No motion; vomiting of dark fluid still continued; pulse 120. The calomel was repeated, and small doses of Epsom salts given. Towards evening there was a small motion, and the vomiting was checked for a time, but the pulse increased in frequency; the bowels became distended and tympanitic; and she was evidently losing ground fast.

She died on the 30th, and twenty-three hours after death I examined the body in the presence of Mr. Lang and Mr. Martin. The abdomen was distended with air, and there was also a considerable quantity of bloody serum in the cavities of the abdomen and pelvis. Extensive peritonitis existed over the whole contents of the abdomen and pelvis, and this was especially manifest in the course of the strong ligature, its track being also marked with pus. The thick portion was seen to be an offset from the broad ligament, close to the fundus uteri, but was not the main pedicle of the cyst, being connected only with the anterior wall. The cyst was attached along the remainder of the right lateral ligament, and had adhesions posteriorly to the mesentery and meso-colon. That portion of the cyst where five ligatures were applied, was certainly less inflamed than any of the parts concerned.

There can be no doubt that death in this case resulted from peritonitis, brought on partly by the hæmorrhage which took place into the cavity of the abdomen at the time of the operation, and partly by the large ligature, which was obliged to be applied round the root of the anterior bands already described, and which I was obliged to leave suspended through the external wound. It is true that, added to these causes, my patient was addicted to the habitual use of ardent spirits, and therefore it is probable I might have lost her, had I even been able fully to carry out the principles of my operation in her case; still, as I was compelled by unforeseen and untoward circumstances, to deviate from those principles, I have no doubt that inasmuch as I did so, insomuch did I lessen the chances of success. However disappointed and mortified, therefore, I may feel at the result of the case, I am not disheartened, for I cannot consider it otherwise than a confirmation of the views which, from the first, I entertained concerning the principles of the operation, and which I so fully verified in the two former cases.

The case, moreover, has taught me many useful lessons, whereby I hope to profit, should I again be called upon to perform a similar operation; and I will now describe an instrument which I would strongly recommend to be used in all operations of the kind, as a means not only of effectually preventing the cut portion of the cyst from slipping back into the wound before the vessels are secured, but of facilitating all manipulations which may be necessary to be performed on the remaining portion of the cyst previous to its being returned into the abdomen. A sketch of the instrument is given below, which, on inspection, will render the use at once evident. *Fig. I.* *a b* are two semi-cylindrical pieces of box-wood, seven inches long; these, when placed in apposition, form a slightly-curved cylinder, the end of which is half an inch in diameter. A brass screw *c*, furnished with a thumb-screw *d*, is fixed to each end of *a*, and passes through a corresponding hole in *b*. The branches of the instrument can thus be entirely separated, or they can be screwed closely together, so as to hold anything between them very firmly. *Fig. II.* gives another view of the instrument, which shows that it is slightly curved to adapt itself to the convexity of the abdomen, and there is also a slit *e e* on the side of the branches, which adds to their lightness, and gives them a firm grasp of any soft slippery body like an ovarian cyst.

Fig. I. *Fig. II.*



When the water is evacuated, and the cyst drawn forth from the wound, one of these branches should be applied on each side of the cyst, and then screwed up so as to hold the cyst firmly between them. The cyst thus secured may be next cut off with a pair of scissors, an inch beyond the part where it is embraced by the instrument; the cut margin may then be carefully examined, and each bleeding point secured with great ease, the instrument in every respect serving the office of a tourniquet, and by preventing anything like slipping, enabling you to include both layers of the cyst in the ligatures, which I consider important, as the two layers will then most readily unite, diminishing the cut surface exposed, and thereby lessening the risk of inflammation.

In conclusion, I think I am fully justified in recommending this operation as one simple in its nature, and easy of performance—as one more free from risk than any hitherto performed, and applicable to all cases where the contents of the ovarian cyst are fluid only, uncomplicated with solid enlargement of any kind, whether malignant or not, and, fortunately, these constitute the majority of cases we meet with. Should even adhesions exist to an extent which renders it impracticable to remove more than a small segment of the cyst, this plan of operation will enable that segment to be removed with comparative safety, and with every prospect of perfect success; I therefore cannot but hope that it will be sanctioned by the approval of many who object to the more formidable operations hitherto proposed, and by becoming more generally known and practised, it may be the means of saving the lives of many whom the fear of greater danger would cause to sink, *unrelieved*, into an early grave.

THREE CASES OF OVARIAN DISEASE.

ONE OPERATED ON—FATAL.

By THOMAS G. STOCKWELL, Esq.,

SURGEON TO THE EASTERN DISPENSARY, BATH.

Read at the Quarterly Meeting of the Bath and Bristol Branch, Dec. 19, 1850.

Hannah Hiscox, aged 20, unmarried, a servant, had always enjoyed good health until the age of 16, when she suffered severely at each menstrual period. About September 12, 1848, she perceived a tumour in the right iliac region, which caused no pain, but increased rapidly in size, and she became unable to use any exertion without becoming immediately faint. She applied for admission into Guy's Hospital, where the tumour was pronounced to be ovarian, and the operation of extirpation was proposed, which her friends dissenting from, she left the hospital. A very severe attack of pain occurring in the right side, she was admitted into the Bath United Hospital, under Dr. Clarke. This attack was of long continuance and the pain very severe; upwards of fifty leeches were applied, but she was discharged still increasing in size. She then came under my care as a patient at the Eastern Dispensary. Her general state of health was then good, although she suffered from severe pain, accompanied by evident enlargement of the tumour at each menstrual period. The abdomen measured about forty-four inches at the umbilicus. The tumour appeared moveable, and could be slightly drawn upwards without affecting the uterus, which was but little displaced, the os being directed a little more backwards than usual; it was uniformly globular; its contents evidently fluctuated, and the skin of the abdomen moved freely over its anterior surface. Mr. Crouch, of Bruton, saw the patient at

this time and was of opinion that the operation could be undertaken with a very fair prospect of success. The patient herself earnestly requested its performance although perfectly aware of its danger, as she was unable to earn her livelihood, or even move at all without great exertion and distress. On Thursday, November 14, the operation was performed, with the assistance of Dr. Davies, Mr. Stockwell, sen., Mr. Bartrum, and Mr. Brace. The patient being under the influence of chloroform, and the room heated to about 75° Fahrenheit, an incision was made from immediately below the umbilicus to about an inch and a half above the pubes, the peritoneum divided to about the same extent, the tumour punctured and emptied with a large catheter. As it decreased in size it was withdrawn from the abdomen, the walls of the cavity being pressed together prevented any exposure of the intestines. There was no adhesion whatever, and the pedicle, which was very small, was transfixed by a double ligature and tied, the ends of the ligature were fastened externally, the wound closed by two sutures and some adhesive straps; there was scarcely any blood lost. In the course of the afternoon she suffered a good deal of pain at intervals, which was quieted by two grains of opium. The pulse rose to 120; she had passed water, had some sleep, and in the intervals between the pains was perfectly easy. At night the pulse was down to 100.

15th.—Has had a good night; was sick once; pulse 110; tongue moist; skin perspiring; pains much less frequent during the night. Seven P.M., has only had one attack of pain to-day, which came on when passing water; pulse 130; tongue moist; no general tenderness of abdomen.

16th.—Has had a good night; this morning a little feverish; pulse 120; tongue moist; skin perspiring; no pain on pressure of abdomen, except immediately over the pedicle; complains of much inconvenience from flatulence, which is confined to the stomach. Through this day the pain continued, and sickness came on, which at five P.M. was almost constant; she became very restless; pulse 160; countenance pinched; whole abdomen distended with air; general soreness; not increased on pressure. At eleven P.M. the sickness ceased for about an hour, when it returned and continued without any intermission until about three A.M. During the vomiting about two or three ounces of dark-coloured fluid escaped from the lower angle of the wound; the pulse rapidly became weaker, and she died at ten A.M. on the morning of the 17th.

Post-mortem examination twenty-six hours after death.—The wound was united throughout its whole extent sufficiently firmly to prevent the escape of the air with which the peritoneal cavity was distended. The peritoneum was found inflamed for about half an inch on either side of the incision, and upon the anterior surface of the uterus a thick layer of lymph was deposited, the posterior surface was only slightly reddened; this membrane in every other part was healthy, and there was no fluid whatever in its cavity. That which escaped from the wound during the act of vomiting, had come from a cavity formed round the pedicle by the adhesive inflammation, glueing the uterus and pedicle to the abdominal parietes close to the wound, and completely separating the pedicle from the general cavity of the peritoneum. The tumour arose from the anterior and inferior part of the ovary on the posterior surface of which was a recent corpus luteum. It was composed of a very thick fibrous coat, covered by peritoneum, loosely attached, so that it moved very freely over the inner fibrous layer; it contained one smaller cyst about the size of a walnut, and in the pedicle a great number of smaller cysts about the size of peas were found. The sac contained about eleven pints of thick yellowish fluid.

During the last year and a half two other cases have come under my care; the first, which was fatal in about four months, occurred in a woman, aged 48, married, having had four children, she had suffered from dropsy of the ovary nearly two years. She was tapped four times, an interval of about six weeks intervening between the first and second tappings; on both which occasions about eighteen pints were evacuated from a single cyst. An equal quantity of fluid collected in a shorter period previous to the third tapping. At the last tapping I was not present, but was called to her a few nights after, and found a portion of the sac, about four inches long, and one in thickness, hanging from the small wound made by the trocar, and a large quantity of fluid was escaping through this accidentally-formed oviduct, and continued to do so until her death, which occurred in about three weeks. The fluid was not purulent but always of exactly the same character as that withdrawn from the cavity by the trocar, she dying of the exhaustion consequent on the continuous albuminous secretion.

The second case was also a married woman, aged 54, with a family, who had been dropsical three years. The abdomen was of an enormous size. She was only tapped once, the fluid collected again in less than a month, and the patient died.

On examining the body, the ovarian cyst was found to have a few not very extensive adhesions to the abdominal parietes, and to two or three folds of the small intestines. The sack was in some part of its anterior portion an inch and a half thick, in the posterior portion not quite so thick. It consisted mainly of one cell, with the exception of two smaller ones in the posterior inferior part, containing the same yellowish fluid as the larger sac. The pedicle was large and broad, and from the weight of the attached ovary had dragged out of the pelvis the uterus and other ovary, which was natural. This patient died from exhaustion, caused by the disease, not from any surgical interference. The rapidly fatal termination of these two cases, had much weight in deciding me on the admissibility of the operation in the first-mentioned case, as I thought that she being only 20, and otherwise of good constitution, was justified in encountering the risk.

[The two last cases were not mentioned at the meeting.]

Provincial Medical & Surgical Journal.

WEDNESDAY, JANUARY 22, 1851.

ALTHOUGH, as we have stated in our last number, it is not our habit either to glorify ourselves upon past proceedings, or to offer a tempting bill of literary fare in reference to the future, for which, were we so inclined, we have the precedent of several of our cotemporaries; we do not think it inconsistent with our position as Editors of a journal, untramelled by trade, to pause awhile on the threshold of the new year, and ere we consign to oblivion that which has just closed over us, to glance backward upon the career of the medical profession in its various aspects, during that lengthened period.

The first topic which courts a retrospective notice might naturally be that of Medical Reform; but on this point we must not dilate, as anything like a discussion of the subject is considered to be unsuited to our pages. We may, however, remark, that as regards any satisfactory adjustment of the several grievances, real and imaginary, under which we labour, the final event seems to be as distant as ever. The miserable class jealousies which disgrace our ranks appears to act as an effectual barrier to any legislative interference.

Quackery stalks throughout the land with as unblushing a front as ever. As if there were not "pathys" enough already in existence to fool Her Majesty's lieges to the top of their bent, the past year has been distinguished by the introduction of another under the name of "kinesopathy," which professes to cure all diseases by exercise and gymnastics. There is at least this to be said in favour of the new system, that it is not like its cousin German homœopathy, altogether opposed to common sense.

Something has been done during the year that is gone to enhance the social position of medical men, a thing in truth very much needed. The military Order of the Bath has at length been conceded, or rather wrung out of those in authority, who should not have needed agitation to induce them to gratify the justifiable pride of men upon whom depends the health and lives of our country's defenders. Most cordially do we congratulate our military brethren upon this acknowledgement of their rights, although certain kind friends at one time thought fit to insinuate that we were luke warm upon the subject.

To our naval friends also we beg to offer our modicum of felicitation. There appears at length to be some prospect that men of education, as Naval Assistant-Surgeons now claim to be, will in future be emancipated from the cockpit and its nuisances. The mistaken self-importance of superior office may at first render this concession almost nugatory, but we doubt not that naval medical men will be ere long treated as gentlemen, in spite of quarter-deck vulgarity.

In matters of science, the past year has not much to boast. We have had no discovery to emulate that of chloroform. One of the most striking circumstances which has transpired has been a crusade against the use of the speculum, as subversive of good morals, and as a mistake as regards uterine pathology. We have already expressed our opinion on this extraordinary movement, and therefore need not repeat it. Similar and more reasonable criticism has been brought to bear upon the operation of ovariotomy, to which, since chloroform has been introduced, there seems to be too great a proclivity among those who think to *cut* their way to the Temple of Fame. Our last number contains a record of a case by Mr. NORMAN, which we would commend to the careful consideration of the chivalrous incisors of the female abdomen. If such men as our talented and experienced associate are foiled in their diagnosis, younger surgeons may well pause before they undertake so formidable an operation.

The only subject of interest in the department of pure surgery during the past year, is that of the perineal section in urethral stricture. The question of the propriety of this operation seems still to be *sub judice;* and we therefore refrain from expressing an opinion on the matter. We only venture to hope that any further discussion between gentlemen occupying a high professional position, will not be defaced by the outpourings of personal animosity.

Our therapeutical resources have been but little added to. The introduction of the "kousso" in the treatment of tænia, being the only novelty we can call to mind, which has fully realised the character with which it was brought before the profession.

We may thus observe that the past year has not been signalised by any marked results, either as to medical science or medical politics. We

are told, however, that during the present year the bright dreams of Medical Reform are destined to be accomplished. It may be so, but we doubt the fact. In the mean time, there is a reform equally necessary to the welfare of the medical republic, which each of us may accomplish—that of his own heart. We can all find something more to learn ourselves—something that should claim our charitable consideration in others; we can all endeavour to stifle the jealousy, the love of detraction, the "envy, hatred, malice, and all uncharitableness," for which our profession is proverbial. If we do this, our individual happiness, and our collective prosperity will be more advanced, than by clutching at the moonshine of professional titles, and hoping upon such flimsy advantages alone to achieve a social position, which, after all, the discerning portion of the public will accord only to *integrity* and *knowledge*.

Reviews.

Of Happiness in its relation to Work and Knowledge. An Introductory Lecture delivered before the Members of the Chichester Literary Society, October 25th, 1850, and published at their request. By John Forbes, M.D., F.R.S., Physician to Her Majesty's Household. London: Smith, Elder, and Co. pp. 75.

We are always glad to meet Dr. Forbes in print, as we never miss finding that freshness and originality which spring from an honest, vigorous, manly, outspeaking, and fully-accomplished mind. He tells you what he has actually thought, observed, practised, felt, not merely what he thinks ought to be thought, done, and suffered, so that, agree with him or not, you still have the conviction that a real man is before you. On this account his style is excellent, as he knows what to say, and expresses it in the clearest, simplest words. There is neither dulness, affectation, nor pedantry in him. This essay is one of particular interest, as it is autobiographical. One who has had a happy life, looks back with an honest self-satisfaction at his own prosperous career, and out of his long experience he points a moral for the benefit of his juniors. He has actively employed his mind, and he tells the young that there is a great happiness in this work. The argument he uses is, that, the due exercise of every faculty of the body is, (owing to the goodness of God,) a source of pleasure, and the same holds good of the mind, so that by duly employing the intellectual faculties, we insure ourselves a large amount of enjoyment. We must refer our readers to the work itself for the manner in which this is worked out. They will find it full of matter, well and closely and convincingly argued, copiously illustrated, abounding in that practical wisdom which is the fruit of a life both active and contemplative, and, withal, relieved from dryness and dreariness by its spirit, and by that light with which the cultivated imagination illuminates and beautifies whatever it touches. For, amidst the practical duties of our unimaginative profession, Dr. Forbes has not neglected the due culture of his imagination.

His conclusion is so full of true feeling and affection, and so admirably and tersely expressed, that we should quote it, did we not wish, for their own sakes, to make our readers procure the essay for themselves. The substance is, "I have had a happy life, so happy an one that had I the option I would live it again willingly, with Franklin's proviso, of correcting in the second edition a few errors of the first; and I attribute my happiness to my healthy frame and sanguine temperament;—to my want of patrimony compelling me to exert myself;—to my birth in a country where education was valued;—to my profession, which diligently exercised my mind;—and to my father, who had the wisdom, the courage, and the exceeding love, to bestow all that could be spared of his worldly means, to purchase for his sons that which is beyond price—education."

The thought which arises on reading such a fair picture of health and prosperity is,—But how is this example applicable to the unhealthy body, or to the dark side of life;—to those born with melancholic or nervous temperaments, with irritable nerves, with weak solar plexuses, with vile cachexias, with black bile corrupting their crimson blood, who are so organized that they rarely know what that pleasure and comfort means which is the rule of healthy sanguine natures;—or, what is more, who have shattered their bodies by their own vices or imprudencies;—or, again, to those who have failed in life, who are suffering from the *res augusta domi*;—or to those who are the martyrs of spiritual combats, of whom Luther, Bunyan, Baxter, and not Franklin, are types? Will it even apply to the sanguine happy man when laid aside by disease, when withdrawn by old age from the activities of life, when

robbed by circumstances of all outward means of pleasure? For to him is specially applicable the wise caution:—"Call no man happy until he is dead." The letters of Southey, *the* man of this century, who most assiduously cultivated his intellect throughout his life, and who gained much happiness from it, show that in his sorrows he could not rely on work, but on his hope of immortality.

Happiness is, after all, the principal object in the life of every man. If present comfort and enjoyment in this life is alone intended, then the due and normal use of the faculties of the body and of the mind produces that enjoyment, and the individual has his immediate reward. But the happiness which embraces this world and another, and which is the only happiness worth seeking by a being endowed with the power of looking before and after, is alone to be procured by regulating the normal exertion of the bodily and mental faculties, according to the laws of Christianity, by submitting the human will to the divine will, as revealed to us. Otherwise the man may be merely an epicurean, living for the largest amount of immediate bodily or mental gratification, with no reference to another stage of being. Dr. Forbes, of course, alludes to this, but passes it over as belonging to the province of the divine. Happiness however is, we conceive, one of those subjects in which there is no marked decision between the provinces of the physician, the moral philosopher, and the divine; and it seems impossible to treat it satisfactorily, unless we regard it as embracing the whole man—physical, intellectual, and spiritual.

We cannot conclude without expressing our earnest wish, as well as expectation, that Dr. Forbes will continue to enrich our literature, and in this way to elevate and adorn our profession. He is one of those who, by occupying waste minutes and half hours, have always time, even in the busiest periods of life; and with a healthy and vigorous body, and an active mind in the fulness of its mature powers, he has none of the excuses for rest which so often cripple the deeds of feebler organizations.

Proceedings of Societies.

READING PATHOLOGICAL SOCIETY.

THE RETROSPECTIVE ADDRESS,

DELIVERED AT THE NINTH ANNIVERSARY OF THE READING PATHOLOGICAL SOCIETY, JULY 24TH, 1850.

By CHARLES H. GAMBLE, Esq.,

Diseases of the Reproductive System.*

Hysteritis, &c.—On the 27th February, Mr. Jeston, jun., read some notes of a case of diseased uterus, accompanied by violent hysterical symptoms, in a young woman. There was feebleness of pulse throughout. The hysterical movements on attempting to touch the abdomen were so violent, that no examination of the belly could be made. The hysterical paroxysm he had reason to believe was sometimes feigned, and there were grounds of suspicion that drugs had been given to produce abortion. The case was afterwards the subject of a coroner's inquest.

After death the small intestines were found inflamed, the peritoneun covering the uterus was gangrenous, the right ovary had been converted into a complete bag of pus, and the fallopian tube and body of the uterus as well as its walls contained pus. The fundus was enlarged and the neck shortened, and the uterus was considered to present all the appearances of having been impregnated.

Mr. Jeston, sen., said the symptoms were so peculiar and violent that they gave him the idea of an overdose of colchicum having been taken.

Mr. Vines said that he had lately had a case somewhat similar, where there had been violent hysteria; the symptoms were at length all relieved by the discharge of pus from the vagina. There had been no suspicion of pregnancy.

Retention of Dead Ovum.—On the 27th March, Mr. Walford related the case of a woman aged 40, and the mother of a large family, healthy and active, who had experienced symptoms of pregnancy for four months, when they ceased; the catamenia, however, did not return; and she went on some months longer ere a discharge took place from the vagina, which continued some time, an entire ovum being at length expelled. The embryo was that of about four months, the placenta was rounded, the size of a pear, dense, and hard in structure.

Mr. Walford believed the state of the placenta to have been the cause of the death of the fœtus. In an answer to a question to Mr. Harrinson, he said he believed the ovum to have been retained *nine months*.

* Concluded from page 22.)

Tedious Labour.—On the same evening Mr Jeston, jun., related a case of tedious labour occurring in a woman, aged 33, with her first child. The pains were frequent but inefficient, and some doses of secale that were given had no effect. The discharges became very offensive, and by introducing a tube into the uterus he drew off about a pint of a very offensive fluid, and a quantity of fœtid air, which expelled the liquid some feet from the side of the bed. Delivery was at last accomplished by the forceps. The child was dead, but the mother made a good recovery.

Polypus Uteri.—On the 31st October, Mr. May presented a specimen of fibrous polypus of the uterus, which he had lately removed from a lady. The usual pathological symptoms had been exhibited, and the tumour presented the (common) anatomical characters. Its removal had been effected by the scissors, in the same way as one which he placed in the museum some time ago, and which was of a precisely similar character. This was the seventh case Mr. May had seen, two of which he had removed by excision. Mr. May then alluded to the mode in which these tumours affect the system, and described their varieties. The two specimens then on the table he considered identical with fibrous tumours of the uterus. There was another form of vascular tumour, generally growing from within the os, easily broken down and bleeding very much, which usually yielded to *caustic*. There was also a third variety of tumour, which could scarcely be called polypus, as it was not pedunculated, and this kind was generally intimately connected with the vascular system of the uterus, exhausting the patient by hæmorrhage if not removed.

Mr. May thought the pedunculated tumours most easily removed by the scissors or knife, and the operation was rarely unsuccessful. The cases treated by ligature ran the risk of putrid absorption.

Surgical Diseases.

Inflammation of the Longitudinal Sinus.—On the 6th June, 1849, the late Mr. Dunn presented a portion of the calvarium of a young woman aged 21, who had come into the hospital for a tumour of the scalp, of doubtful nature. An exploring puncture was made when a sanious discharge took place of more than the contents of the tumour, and which was suppressed with difficulty. After a few days violent epistaxis occurred, not easily restrained. About the fifth or sixth day erysipelas of the forehead and eyes appeared, which was cured by caustic; to this cerebral symptoms succeeded and she ultimately sank.

Autopsy.—The bone underneath the tumour was found carious to the extent of half-a-crown, and having small points on its surface. The disease was situated over the centre of the sagittal suture. The tumour communicated with the longitudinal sinus by four small openings, two were evidently congenital, being perfectly smooth and round, and gave passage to two small veins; the other two were smaller, uneven, situated on the centre line, and were the effects of ulceration. The sinus was vascular (?) for two inches, and completely blocked up with fibrin.

The brain appeared quite healthy, but the veins of the surface were much congested.

It was conjectured that the epistaxis and the following erysipelas were due to the blocking up of the sinus. In an irregular discussion which followed, Mr. May expressed an opinion that it was a case of phlebitis of those two veins extending to the longitudinal sinus, causing the effusion of lymph within that sinus, and producing the epistaxis and erysipelas.

In connection with this case Mr. Shoreland mentioned that a soldier once presented himself to him with a tumour of the scalp which he opened and gave vent to some gelatinous puriform matter, and supposing it to be an encysted tumour, he put some red precipitate into it with the view of causing its ulceration. After a few days he was surprised to find a portion of the outer table, and ultimately of the inner table, exfoliated, leaving a cavity of the size of a crown, which ultimately healed by granulations, and did well.

Mr. May further said, the practical inference to be drawn from Mr. Dunn's case was the proneness to phlebitis in certain low states of the system, whether in the uterus after childbirth, or in the veins elsewhere from operations, and in such state nothing ought to be attempted without great caution.

Suicidal Wounds.—On the 4th July, 1849, Mr. May exhibited Dr. Marshall Hall's tracheotomy instrument, and read a case from the *Provincial Medical Journal*, in the minutes of the Birmingham Pathological Society, from some points in the treatment of which he dissented and contrasted it with the treatment of a similar case that he had in the hospital under his care. (The Birmingham case is published in the Journal for May 2, 1849.) Mr. May thought there was an error in attempting to pass an œsophagus tube, and secondly, in not making an opening in the trachea. In his case the suicidal wound passed through the thyro-hyoid membrane to the pharynx; the wound had been partially closed by two sutures at the sides, but any fluid attempted to be swallowed came out at the wound. He had the patient placed in a comfortable position so as to keep the edges of the wound in apposition with a piece of gauze over it. No fluid or food was given for twenty-six days, and she was nourished by injections of strong beef-tea, about a quarter of a pint being thrown up the rectum every four hours.

Mr. May thought this case very important, as shewing the power of sustaining life by that mode for such a length of time, and he considered it too much lost sight of in our medical practice. The bowels were gently moved by injections of thin gruel, but this he was not very anxious about. The patient suffered slightly from thirst, but did not emaciate at all, or very slightly. The urine was regularly secreted, and was quite natural. She went on to recovery without any unpleasant symptom. In connection with this mode of nourishing patients Mr. May referred to the case of

a lady, where obstruction existed in the upper bowels, who was kept alive for several days by beef-tea injections; at the same time also she suffered from exhausting diarrhœa, but strange to say, the beef tea never returned. Mr. May concluded by saying that in all cases of wounds of the throat tracheotomy should not be lost sight of.

Fracture of Os Frontis.—On the 30th of January, 1850, Mr. Moxhay presented an interesting specimen of fracture of the *os frontis* extending into the orbit, in a butcher's boy, who was caught on a hook, which punctured the roof of the orbit and so entered the skull, but the brain was not wounded. The accident occurred thus:—The boy was in the act of jumping off one of the benches in his master's shop, when he sprang his forehead against one of the bars, and in falling was caught by one of the hooks which was attached to the bar.

Mr. Moxhay also presented another case of fractured skull, extending into the orbit, caused by the kick of a horse.

Bifurcation of the Fifth Rib.—On the 29th of May, Mr. Jeston, jun., presented as a curious malformation, the fifth rib of the left side of a man, which spread out at its anterior extremity to nearly double its natural breadth, and, bifurcating, became united with two cartilages, which joined each other before reaching the sternum.

Cases in Obstetrics.

On the 27th of March Mr. Vines read a paper on some cases in obstetrics. For this most able and useful paper Mr. Vines received the thanks of the Society. The cases are, most of them, of great practical importance, but I regret that my limits will allow me only to notice the salient points of each.

Case 1.—Mrs. T. suffered from profuse hæmorrhage for three days previous to labour. The second stage of labour having set in, and the midwife finding no progress was made in the descent of the head, and the hæmorrhage continuing, Mr. Vines was sent for. On arrival he found the os uteri fully dilated, but the head of the child quite at the brim of the pelvis, resting on the brim. He directed the patient to lie on her back, and gave ergot. The position of the child was soon changed, the descent of the head took place, and the child was born in the course of an hour or two. The after hæmorrhage was not excessive. The placenta was double, and covered a large surface of the uterus. The uterine contractions, which were rendered spasmodic and irregular, through the head of the child lodging on the pubes, caused a portion of the placenta to be detached, and thus gave rise to the hæmorrhage. The patient did well.

Case 2.—An exceedingly stout woman, the mother of twelve children, was attended by a midwife. Seven hours after the birth of the child Mr. Vines was sent for. He found the placenta retained, and profuse hæmorrhage going on, the woman being reduced to a state of great exhaustion. On examination there was found a cartilaginous attachment of the placenta, and great difficulty was experienced in effecting its separation; this being done a dose of ergot, with brandy, was given, but the uterus being very slow in contracting, one hand was placed within the womb, while the other grasped the parietes of the abdomen, and made firm pressure on the uterus, the hand being occasionally dipped in cold water, thus contraction was at length ensured. The patient was afterwards tightly bandaged, and the ergot and tincture of opium repeated in small doses.

Case 3.—Mrs. H., between six and seven months advanced in pregnancy, had suffered from slight internal hæmorrhage for the last two months. On examination a partial presentation of the placenta was discovered. Two or three doses of ergot were given, at intervals of two hours, and when labour pains had set in, the membranes were punctured with a female catheter. The delivery was speedily effected, and the patient did well.

The same woman again came under Mr. Vines for placenta prævia. During the ten days previous to delivery hæmorrhage went on, and at length the symptoms becoming serious, it was thought advisable to effect delivery, which was accomplished by turning, ergot being first exhibited.

Case 5.—Mary H., a short, hump-backed, exceedingly deformed person, whose complaints were at first attributed to anything but labour-pains. On examination the os uteri had fully dilated, but the child's head was quite at the brim. The conjugate diameter scarcely measured more than two inches and a half. The child's head was perforated, and after considerable exertion delivery was effected. The patient bore the operation well, and soon recovered.

Case 6.—Had been in labour three days, attended by a midwife. Mr. Vines found the head impacted in the upper part of the pelvis. The forceps were introduced but could not be passed over the child's head. The patient's strength was failing and the uterine pains had almost ceased; from the fœtid smell of the discharge there could be no doubt the fœtus was dead. Some ergot with a little brandy was given, and the head perforated. Delivery soon terminated. For some days subsequently the urine passed away owing to paralysis of the bladder, from the long-continued pressure of the child's head. Small doses of copaiba and turpentine were given and the patient ultimately did well. She has since borne two or three children.

Case 7.—Was a foot presentation, having been twenty-four hours in labour, attended by a midwife. Mr. Vines, when sent for, found both knees resting on the pubic bones. Traction of the legs was exerted backwards and then downwards, and the knees being dislodged the child was drawn easily through the pelvis. The child was still-born.

Case 8.—A very similar case, but here both feet presented; the knees were found to lodge on the pubes

with the child's head between them. A good deal of hæmorrhage was going on. By putting a hand upon the abdomen, just above the pubes, the child was without much difficulty pulled from its position and delivery shortly accomplished.

Case 9.—Had been in labour twenty-four hours. The os was found dilated and the pains strong but of no avail; the head was firmly fixed at the brim of the pelvis. The forceps were tried without avail, and delivery was effected by craniotomy. This woman had given birth to four living girls, but all the male children, six in number, had either died or been destroyed in their birth. Fifteen or sixteen months afterwards this woman became again pregnant. The idea of inducing labour at the seventh month was thought of, but abandoned. As before, the expulsive pains were of no avail, but by an earlier application of the forceps Mr. Vines hoped he might be successful, and with great difficulty he at last brought a living male child into the world—not, however, without two or three slight injuries from which he speedily recovered. On removing the placenta a fibrous tumour with a long pedicle came away with it, and probably, Mr. Vines thought, a tumour of this description, by passing down between the cranial and pelvic bones, might have been one cause of her difficult labours.

Case 11.—Was a lingering and painful labour, owing to a disproportion between the size of the child's head and the pelvis. Mr. Vines finding at length that no progress was made, the mother's strength failing, and fearing convulsions, used the *blunt hook* for the purpose of drawing down the head; at length the child was born, and *alive*, much to Mr. Vine's astonishment; he had contemplated that the child was dead or he would not have used the hook so freely. The child sustained some injuries by its use, but recovered; and ever since then, now five years ago, Mr. Vines has felt a reluctance to use the instrument.

Case 12.—A first labour was peculiar from the length of the umbilical cord, it being thirty-nine inches long.

Case 13.—Was peculiar from the cord being twisted *five* times round the child's neck: it was also a case of *post-partum* hœmorrhage.

Case 14.—Another case, in which although the woman had had three living female children, a male child could not be born, and craniotomy was obliged to be performed. This was the second time it had been resorted to.

Case 15.—Had been three days in labour when the midwife requested Mr. Vines should be sent for. He found the head lodged at the brim of the pelvis and a face presentation; the midwife had mistaken the child's cheek for a tumour of the vagina: the patient was in a very exhausted state. By fixing the blunt hook under the child's chin and using considerable traction, delivery was accomplished; the child was still born; the mother did well. About two years afterwards, this woman requested Mr. Vines to attend her again; this was her eighth pregnancy, and she had never given birth to a *full-grown* living child. Twice she had had labours induced at the seventh month, and these two children were still living. Mr. Vines also intended to have brought on labour on the seventh month, but was prevented through illness, and at the full time, after waiting many hours, tried to deliver by the forceps, but failing, at length resorted to craniotomy. The woman did well. The obstacle to delivery was caused by the projection of the promontory of the sacrum.

Case 17.—Was a face presentation, in which the child's mouth could be felt through the membranes opening and shutting, and on pushing the finger into the mouth the action of *sucking* was distinctly recognised.

Case 18.—Was a very rapid labour, and on Mr. Vine's arrival the child was found in the bed enveloped in its membranes and floating in the liquor amnii; he was obliged to open the amnion with a pair of scissors to let out the child which was still-born.

Case 19.—Aged 30. A most tedious first labour; the parts being very rigid; the placenta with great difficulty extracted, from hour-glass contraction of the womb. The spasm of the vagina, as well as uterus, was excessive. Hot napkins, friction, and pressure were used, and an opiate given. Considerable hæmorrhage followed, but the case ultimately did well.

Case 20.—A woman of small stature, with contracted pelvis. Had had two still-born children at intervals of two and three years. Mr. Vines brought on labour at the seventh month. When the os uteri had well dilated there was no disposition for the child's head to descend below the brim; it was therefore found necessary to turn. So narrow was the pelvis that the hand could scarcely be passed; and the difficulty of the case was increased by the placenta having become detached, and moving about from side to side in the uterus, and coming in the way whenever it was attempted to lay hold of the feet. After many fruitless efforts the delivery was effected, and the mother did well. The child had been dead many hours.

Mr. Vines observed, in reviewing the preceding cases, that his attention had been particularly directed to one point, viz., the preponderance in size of the male fœtal head over the female; and, in consequence, the frequent occurrence of those cases in which, although the mother can readily give birth to living female children, the males are all born dead.

Cholera.

There is one other subject, gentlemen, which has occupied some share of your attention during the past year, viz., cholera. Fortunately, however, amid the devastation by which we have on all sides been surrounded, this town and neighbourhood have been nearly, if not altogether, exempt from its ravages; and grateful should we be to that Providence which among the general visitation has so lightly passed over us. As this subject,

also, was treated of rather largely in the last year's Address, and as among the few cases which have been reported I can find none which throw any fresh light either upon the pathology or treatment of the disease, I have not thought it worth while further to add to the length of this report, or to the already overwhelming mass of crude materials accumulated of late in our periodical literature, by entering upon this subject now.

I have now only to renew our expressions of obligation to Dr. Woodhouse and Mr. Harrinson for their continued and unwearied exertions as secretaries; and for the first time to express our thanks to our curator, Mr. Moxhay, for his labours in adorning this museum; and I am confident that to no one more than himself would an increase of those labours give greater satisfaction.

In conclusion, Mr. President and gentlemen, while I cannot but be conscious of the many defects of this Retrospective Address, I yet hope it has not altogether failed in its object of being a faithful though concise account of your proceedings. My aim has been to be an historian rather than a critic; for which latter office, indeed, neither my attainments nor my age have fitted me. I beg to thank you for your kindness and attention.

BATH AND BRISTOL BRANCH.

The quarterly meeting of the Bath and Bristol Branch of the Association was held at the York House, Bath, on December 19th, 1850; Dr. Hodges in the chair.

There were present—Drs. Burne, Boyd, Davies, Falconer, Gidler, Goodridge, Tunstall, and Jas. Watson, Messrs. J. Barrett, Bartrum, Boult, Brace, Cox, Evans, R. Godfrey, Hensley, Hunt, King, Kilvert, Mitchell, Norman, Ronald, J. S. Soden, J. Soden, Stockwell, Stone, Skinner, Skeate, and Terry, of Bath; Dr. Swayne, Messrs. Colthurst, Godfrey, Mayor, Morgan, Nield, Wilson, and — Wilson, of Bristol; Dr. Morgan, of Turley; Messrs. Washbourne, of Corsham; Flower, of Chilcompton; Collins, of Chew Magna, Ogilvie, of Stapleton; Crouch, of Bruton; and Edwards, of Batheaston, &c.

The minutes of the last meeting were read and confirmed.

Mr. Wilson read the history of four cases of ovarian dropsy that had been operated on, one by the application of caustic potass and the formation of an oviduct; the other three had the ovarian sac removed, two of them successfully. (This paper will be found published at page 33 of this *Journal.)*

Mr. Norman then gave the history of a case in which the abdominal cavity had been opened for the removal of a tumour of the ovarium, which was too adherent to be removed; the case not ending fatally. He then gave the history of several other cases, where the disease had spontaneously subsided. (Published at page 5 of this *Journal.*)

Mr. Stockwell detailed the symptoms and *post-mortem* appearances of a case of ovariotomy that ended fatally on the fourth day after the operation. (Published at page 37 of this *Journal.)*

Mr. Crouch would not advocate the performance of ovariotomy in any case, unless the operation and its probable success were fairly open to the examination of the profession. At the meeting of the Medico-Chirurgical Society of London it was observed that the operation was wholly unjustifiable, one case only out of ten having succeeded in the hands of the hospital surgeons of London; which probably might be explained by the bad air of London. At that meeting one gentleman was reported to have said that no case of this disease would justify surgical interference. If, however, we compared the results of this with other capital operations, they would not be found more unfavourable than in them. For example, of one hundred and thirty operated on in Great Britain thirty-eight had terminated fatally; which, if compared with the mortality of amputation, would not be found more unfavourable. At the meetings of this Branch there had been reported, within a limited period, seven operations; of these, two had been fatal, one unsuccessful, and four had recovered. Of the one hundred and thirty cases reported, at least fifty lives had been saved; for these reasons he could not consider the operation unjustifiable. In disease of the arteria innominata ten cases had been operated on, all of which had ended fatally. This did not, however, preclude the hope of some case at a future time having a more favourable issue, from an operation on the distal side. As the symptoms and diagnosis of ovarian disease became more perfect it was to be expected that the operation, in suitable cases, would be followed by a large proportion of recoveries.

Mr. J. Barrett could not consider this line of argument tenable, for in disease of the arteria innominata death was quite certain, whereas in ovarian disease death was not nearly so certain, nor was life so quickly cut off; for of the hundred and thirty cases mentioned, probably not half would have died of it immediately. On these grounds he could not consider Mr. Crouch's reasoning quite applicable.

Mr. Norman agreed with Mr. Barrett that this argument was not applicable. On one occasion, in 1824, he had tied the arteria innominata, though he was bound to confess he did not intend to do so, when commencing the operation. He purposed tying the artery internal to the scaleni, but finding it there diseased he proceeded to apply the ligature to the innominata, which was successfully accomplished; still this would not induce him again to undertake it.*

Dr. Burne observed that every thing depended on the accurate diagnosis of the peculiar nature of the disease; if the medical attendant had noticed in the progress of the case, or from its history had reason to suspect, any inflammatory disease of the sac, he, of course, would not be justified in attempting it. Dr.

* This man lived six days after the operation, and died probably from pericarditis, the whole of that membrane being covered with a lace-work of recent lymph. The preparation is in the Museum of the Bath United Hospital; the ligature remains on the arteria innominata; there is a perfectly formed clot on the side next to the heart as well as on the outer side of the ligature, and a clot extends nearly the whole length of the common carotid.

Bright had drawn the attention of the profession to the peculiar crepitation often well marked in circumscribed peritonitis, which symptom, when present, was of great diagnostic value; the post-mortem examination of cases characterised by this crepitus having revealed the existence of adhesions dependent on the effusion of lymph. Of course, when the tumour has been formed, this symptom will no longer avail. In his work "On Operative Surgery," Mr. Skey had observed that, often from careful examination of the tumour you form a pretty accurate diagnosis whether the fluid was limpid or gelatinous, and that in proportion as the fluid was limpid or no, so was it favourable for an operation or the reverse. The instrument exhibited by Mr. Wilson resembled in principle that used for the spaying of animals.

Mr. Wilson did not wish to claim for himself the originating the idea of the tourniquet just exhibited for confining the sac, Ricord's instrument for phymosis having suggested it; this latter had the disadvantage of requiring an assistant to hold it, which his did not. On a smaller scale he first used it for removing very enlarged nymphæ. In all these cases the point of importance was the diagnosis, as there were cases of fibrous tumours of the ovary, which, like the fibrous tumour of the uterus might take on a malignant form. His operation was only applicable to those with fluid contents. If the fluid was dark, contained blood discs and cholesterine, he augured unfavourably; if, on the contrary, the fluid was limped and straw-coloured, and the sac could be emptied without leaving any solid substance, the case promised well. He could not concur with Mr. Crouch in his comparison of disease of the arteria innominata, though the fullest tables of disease of the ovary showed that it lessened the duration of life much more than was commonly supposed. It had been laid down that four or five years was about the average duration of life of those afflicted with this disease; he could, however, scarcely suppose that it was so much shortened; it might be so on the whole, but a distinction must be made between those of an acute character, leading rapidly to a fatal termination, and those of a more chronic nature, occurring often at a later period of life, which might exist for a long time without requiring any operative treatment; still cases would occasionally occur that imperatively called for surgical interference. In the fatal case he had just recorded he believed that the ligature around the pedicle (which after the operation contracted considerably) was the cause of the fatal issue, having led to the inflammation of the uterine peritoneum. Had he, now, to decide upon these cases laid before the meeting he should feel quite justified in repeating the operation, after stating distinctly to the patient the risks she incurred, leaving her to decide whether she would undergo them. After his experience in this disease, he would rather remove the ovary than form an oviduct, his patient having for some time been in the most imminent peril.

Mr. Bartrum having been present at the operations on the fatal cases narrated, thought that, but for the unfortunate slipping of the ligature in Mr. Wilson's last case, it promised as successful a termination as his previous two, both of whom he had seen perfectly recovered. From the large ligature slipping a considerable quantity of blood was effused, which he thought had much to do with the unfavourable issue, though, as in Mr. Stockwell's case, the ligature on the pedicle appeared to be the immediate source of inflammatory action. There was also a great difference in the contents of the two sacs; in the one it was limpid as water, in the other it resembled thin pus, of a greenish yellow hue. If the ligature in either case could have been retained as far from the uterus as it appeared to be during life, probably inflammation would not have arisen; for in neither case was there but the slightest traction used. Mr. Wilson's operation, just laid before the meeting, avoids that great source of danger, and affords, in cases where it is applicable, the probability of a more favourable result than any that has yet been suggested. Still there will be great difficulty in distinguishing between the unilocular and multilocular sac; and further experience is needed to see whether the ova that are left behind may not after a time enlarge, come forward, and require further surgical interference. The multilocular sacs will probably be found unfavourable for the operation, as they are often tied down by numerous adhesions.

Mr. Norman thought that the two fatal cases just narrated went far to prove that a ligature placed too near the uterus is likely to be injurious. The cases of the usual ovarian dropsy, such as those of Mr. Wilson, filled with limpid or pale serum, were likely to be cured by the operation now laid before the meeting—by puncturing and emptying the sac, and cutting off a portion of it, putting ligatures on the arteries. Forty years ago he had seen this done. The surgeon made an incision and passed in the trocar; the cannula having accidentally slipped the sac protruded at the wound, and could not be returned; he then cut off a portion of the protruding membrane. The patient recovered permanently, and never again required tapping.

Mr. Hunt then exhibited a beautiful specimen of a very rare disease of the gastric mucous membrane, and gave the following history of the case:—

A gentleman, aged 67, has been known to Mr. Hunt for the last twelve years, during which period he had several attacks of inflammation of the pharynx and soft palate, which presented a character resembling erysipelas. There was some slight difficulty of swallowing, distressing eructations, and heartburn. Under treatment these always subsided. Two months previous to his decease the symptoms assumed a different aspect: the breathing difficult, countenance blue, and feeble pulse, with other symptoms, indicating that the heart was the organ more immediately affected; he complained likewise of distressing weakness and a constant desire for food; and after making some exertion to get up stairs to his bed-room he died suddenly.

Post-mortem.—Lungs healthy. Heart flabby, the walls of the left auricle so attenuated and dilated that on holding it up to the light they appeared more like a diaphonous membrane; the left auriculo-ventricular opening was so patent that it admitted of regurgitation, thus accounting for the sudden death. Liver healthy. On opening the stomach an appearance rather unexpected was observed, as may be seen in the specimen laid before the Association. Along the course of the

larger curvature of the stomach the mucous glands are so enlarged as to present the appearances of clusters, three generally in each cluster. The mucous membrane was thickened and vascular. The best—in fact the only description of this disease known to Mr. Hunt may be be found in "Rokitansky's Pathological Anatomy," (Sydenham Society,) page 25, where, after describing the kinds of inflammation of the mucous membrane of the stomach, he says:—"In a higher degree it presents, in addition to its increased thickness, an uneven, racemose, or warty surface—a *surface mamellonée*. In a still more advanced degree it forms prolongations, in the shape of permanent firm folds, or of polypus." The specimen shown may be said to combine these two degrees.

It should be said that during the period this gentleman has been known to me his habits have been most abstemious, and he never complained of any pain of the stomach.

Foreign Department.

Anæsthesia in Midwifery.—By Dr. Aran.

[Dr. Aran has undertaken a report on the "Induction of Anæsthesia in Surgery and Midwifery," part of which was published in the *Archives Générales* of last March. The concluding portion, which refers to the use of chloroform in midwifery, we now translate in an abbreviated form. Dr. Aran proceeds as follows:—]

In entering upon this portion of my labours, I cannot avoid expressing my regret that so little aid is afforded me by the writings of French authors. It is true that M. Paul Dubois was not slow in repeating the experiments of Dr. Simpson, and in acquiescing in the views of the learned Edinburgh Professor; but here, as far as our country is concerned, the scientific history of anæsthetic agents ends, while in England numerous publications testify the interest with which the use of anæsthesia in obstetrics is regarded. Doubtless our countrymen have been scared by the cases of death which have from time to time followed the use of chloroform in surgery, but they should be made aware, that although it has been used in labour in innumerable cases, not a single instance has occurred to induce apprehension as to the effects of that agent upon the lying-in women. Whether this immunity from danger depends, as is thought by Dr. Beatty, upon the circumstance of the horizontal position being maintained during inhalation, or upon the state of emptiness of the stomach, or upon the fact that the anæsthetic effects are not needed to be carried to so great an extent in midwifery as in surgical operations, certain it is that the fact of comparative innocuity of anæsthesia in obstetrics has been ascertained in England, and should have due weight with us.

In order to form a correct estimate of the state of the question, the author thinks it necessary to recapitulate the conclusions of Dr. Simpson's first and second memoirs, in which it is stated that consciousness may be abolished without diminishing the force or frequency of the uterine contractions. This done he proceeds to inquire into the results of later experience; and, firstly, he demands—

"*What is the action of anæsthetic agents on the uterus and abdominal muscles?* 'Contractions' and 'pains' have been used synonymously in obstetrical language, giving rise to a confusion which has in itself had no slight effect in deterring practitioners from using anæsthetic agents. They feared that to annul *pain* was to destroy uterine *contraction*. Etherization, however, has established the physiological independence of uterine action and physical suffering, and has proved, satisfactorily, that it is possible for all consciousness to be abolished and the uterine action thus to be artificially made to enter into the class of the organic functions of life, of which the sensorium takes no cognizance.

As regards the exact condition of the uterine contractions during the anæsthetic state, very contradictory opinions have been recorded. Simpson and Dubois affirm that the contractions are normal, and the same opinion is maintained by Dr. Murphy, who informs us that chloroform does not diminish the action either of the uterus or the abdominal muscles, unless it be carried to an unnecessary extent. The same evidence in substance is also afforded by Dr. Prothero Smith, Mr. Snow, and Mr. Denham. There can, therefore, be no doubt that the contractions are modified by inhalation, and that they may be weakened or altogether suspended; but it is equally certain that these effects will not occur in ordinary cases, unless either the inhalation has been carried to an unnecessary depth, or the individual is peculiarly susceptible.

Does the perineum become relaxed during anæsthesia? This question also has been differently answered by accoucheurs. It is affirmative in the case of MM. Dubois, Protheroe Smith, Merriman and Beaumont; it is on the other hand denied by Mr. Denham.

En resumé it may be said in reference to the action of anæsthetic agents on the contractility of the uterus and abdominal muscles, that it is possible to obtain a complete anæsthetic effect without paralyzing the uterus; that the intervals between the pains may be lengthened, and the contractions momentarily suppressed, without any real failure of the contractile power of the organ; and that when the inhalation in such cases is suspended, the contractions return with augmented force, and this even before the woman has entirely regained her consciousness.

[M. Aran, next inquires into the effect of chloroform on the health of mother and child. This portion of his essay we must postpone to our next number.]

Cretinism.

A recent communication on this subject by M. Boudin, founded on the report of the Sardinian Commissioners, is published in the *Archives Générales*, September, 1850. This commission defines cretinism to be "a degeneration of the human species, which manifests itself in different parts of the globe, and characterised by idiocy, more or less pronounced,

associated with malformation of the body." It has been observed in Europe in the Alps, the Pyrenees, the Jura, the Hartz, and the Carpathians; in America, in the Cordileras; in Asia, in the Himalayas, and in the mountainous districts of Tartary.

Sometimes the affection appears at birth, but generally no sign of the cretin appears till subsequently. The stature is seldom over four feet, many do not surpass three feet six. They are generally thin, with tawny skin, and a countenance expressive of a brutal deficiency of intelligence. The head is misshapen and out of proportion; the muscular strength is below par; the articulation imperfect. The cretin has few diseases, pellagra is, however, not infreqnent in the valley of the Po.

As far as the commission could gain information, season had no influence on the propagation of cretins. Other statistical facts, of more or less interest, are as follow:—

Cretinism declared itself—

Between birth and the age of	2	years	in		4,440
,,	2	,,	5	,,	187
,,	5	,,	12	,,	202
,,	12	,,	20	,,	31
Above	20	,,	—	,,	28

In goitrous cretins, the goitre commenced—

Between birth and the age of	2	years	in		2,333
,,	2	,,	5	,,	199
,,	5	,,	12	,,	419
,,	12	,,	20	,,	31
Above	20	,,	—	,,	28
Age not specified		,,	—	,,	711
					3,912

In analyzing these and other tables, the commission have ascertained that hereditary influence is not powerful in the production of cretinism, as out of 8,000 families of cretins, not more than 300 parents were the subjects of the malady.

In reference to the locality, the commission have established that deep, narrow, and tortuous valleys, abound the most with cretins, and that the villages in which they reside are remarkable for the abundance of stagnant water. They have also made out that the water is highly charged with lime and deficient in iodine and bromine.

The commission have determined that the eradication of cretinism is best effected by the following hygienic precautions:—To drain the valleys; to cut down unnecesary trees, so as to allow of a free circulation of air; to furnish a purer water; to insist upon houses being built on sanitary principles. To encourage a meat diet, and the liberal use of salt; to prevent, as far as possible, the marriages of cretins, scrofulous and ricketty persons.

General Retrospect.

PRACTICAL MEDICINE.

Ossification of the Pericardium.—By Mr. Canton.

At a recent meeting of the London Pathological Society a specimen of this interesting lesion was exhibited. The patient was a boy aged eleven, who, in 1844, was the subject of rheumatism, complicated with pericarditis, and was treated in the usual manner. The results were the persistence of turbulent action of the heart, with dyspnœa; in all other respects he enjoyed tolerable health until Nov., 1845, when pain in the region of the heart required antiphlogistic treatment, and blistering for a short time. In April, 1846, he became the subject of a severe attack of hæmoptysis, which being subdued was followed by ascites—this latter was with difficulty removed by diuretics in June. In June, 1847, ascites reappeared, but was again removed by the same plan of treatment. In Sept., 1848, he was again dropsical, and continued so for several weeks. The ascites occurred at the close of 1849, accompanied by a severe attack of hœmoptysis, which for several days threatened his existence, but was ultimately stayed by gallic acid. His sufferings during the last three years had been very severe, and from this date (Nov. 1849) were still augmented, and obliged him to pass several successive nights supported in a chair. There was great abdominal distension, attended at times with severe pain in the epigastric region, œdema of the lower extremities and of the scrotum: a more formidable attack of hæmoptysis again took piace in July, and lasted ten days. It now became manifest that the long-continued sufferings of the patient were drawing to a close; the dyspnœa became painfully urgent; the ascites was no longer amenable to treatment, and the violent action of the heart prevented his sleeping. Repeated auscultation led to the conclusion that extensive adhesion of the pericardium was present, with hypertrophy of the heart; some disease of the valves was suspected. During the whole of his illness the pulse maintained a strong, full, and rapid beat, and lessened the suspicions of valvular disease. The carotid and temporal arteries pulsated violently; a dry cough repeatedly harassed him, especially towards the close of his existence. Notwithstanding his disease and suffering he grew in stature. He died suddenly.

After death the anterior mediastinum was found filled with lymph; the pericardium was firmly adherent to the heart; and bone was deposited in a ring an inch wide, encircling the organ between the auricles and ventricles. The heart was enlarged and thickened.—*Lancet*, Nov. 30.

SURGERY.

Bubo, with Perforation of the Abdomen, and Peritonitis.—By Dr. Lente.

A mechanic, aged 22, had a suppurating bubo in the groin, which had opened spontaneously. The patient

had in this state continued his work, which required a violent strain upon the abdominal muscles. He was placed on low diet and poulticed, the undermined edges of the bubo being pared off with scissors. The patient did well for a week, when about ten P.M., of June 8th, after vomiting, he was found in a state of great prostration, with sunken countenance, cold skin, small rapid pulse; *no pain on pressure* on the abdomen. After a period of eighteen hours this symptom, however, appeared, and the vomiting became unmanageable. Leeches were applied to the epigastrium, and calomel and opium exhibited without benefit, and the patient died at seven A.M. of the 10th.

Autopsy, sixteen hours after death.—An examination was only allowed of the abdomen. Before making an incision, examined the bubo with a probe, which passed into the cavity of the abdomen its whole length without difficulty. Upon laying open the latter, a quantity of serum, rendered turbid by lymph, gushed out, and the intestines throughout were seen to be glued together by recent exudation of lymph, and the vessels of the peritoneum generally injected. Upon tracing the intestine along towards the bubo, found the large bowel, just before it gives place to the sigmoid flexure, firmly glued to the internal wall of the abdomen, at a point corresponding to the situation of the bubo, by fibrinous bands, to the extent of an inch or more; these were evidently the product of recent inflammation, but admitted of considerable traction without giving way; the intestine was now slit open, and the ulceration found not to have communicated with it. The opening into the peritoneal cavity was found to be near the left sacro-iliac synchondrosis, close to the bifurcation of the common iliac artery, and was one-third of an inch in diameter, being of a circular form; pus was seen oozing from it into the peritoneal cavity. Other abdominal organs, except those mentioned, were found to be healthy.

The author remarks that this is probably the only case of perforation of the abdomen by a bubo on record; and that this fact prevented a suspicion of the actual state of the case until after death, and also an *ante-mortem* examination with the probe, which would have revealed the origin of the obstinate symptoms above enumerated. An attempt was made by nature in this case, such as she often makes in similar difficulties, to avert a fatal issue by causing the opening to take place into the cavity of the large intestine instead of into that of the peritoneum; for this purpose the former was glued to the latter at the point where the communication should have taken place; but unfortunately, the matter took a longer course, and opened beyond the adhesion.—*New York Journal of Medicine*, Sept., 1850.

Wound of the Stomach: Recovery.—By Dr. Forsyth.

The author was called to a police constable who had stabbed himself intentionally with a bayonet. He was found standing in the middle of the room, with staring eyes, and trembling of his entire frame. A little to the left of the centre of the scrobiculus cordis there appeared the mark of a bayonet wound. He said he had pierced himself with his bayonet to the depth of four inches and a half. The weapon being examined, showed that it had been introduced fully to that extent. There was no external hæmorrhage worth mentioning, but he repeatedly declared that he felt the blood flowing down internally, and that he was sure he would not live an hour. The author had him stripped, and laid down in bed. He called incessantly for drink. In the space of an hour he got four or five seidlitz draughts, which he drank with the greatest greediness. Through the night he took ten such draughts, besides amazing quantities of cold water, strongly acidulated with sulphuric acid. He again and again declared that he was dying, and expressed the greatest anxiety to see a priest. One was obtained from Belfast.

Wednesday morning, at four o'clock, he was tranquil, with a pulse which had fluctuated exceedingly in the first part of the night, soft, steady, and beating only 70 in a minute. He had vomited much, and his bowels had been greatly acted upon. The evacuations were thin and bloody, leaving no doubt that the bayonet had pierced the stomach, from which the blood flowed. The most perfect rest, quiet, and total abstinence from food, were recommended through the whole of this day and ensuing night, and on Thursday morning he said he felt astonishingly well. His thirst had greatly abated; pulse only 65; pain of wound not severe. He got for breakfast a cup of tea, about blood heat, without bread, and in the evening he had a little arrowroot. His bowels continued free.

Friday morning he said that he was without pain of any kind, and took for breakfast a cup of arrowroot. A similar quantity he took again in the evening. Saturday morning he said that he had rested well through the night, and felt no pain. His bowels were sufficiently open.

Being assured, on Sunday morning, that nothing was the matter with him, and the wound appearing to be completely closed, he was allowed to walk through his room, and all medicines were omitted.—*Medical Times*, November 9, 1850.

MIDWIFERY.

Puerperal Fever and Surgical Fever—their Analogies.—By Dr. Simpson.

In an essay published in the *Edinburgh Monthly Journal*, Dr. Simpson states the analogies of puerperal and traumatic fever, under four points of view:—1. In the anatomical condition, and constitutional peculiarities of the subjects of these fevers. 2. In the pathological nature of the fever. 3. In the morbid lesions found after death. 4. In the symptoms which accompany each affection.

He shows, in the first place, that the anatomical conditions of the puerperal patients, and the subject of an operation, are in many respects the same. Both have an open wound, with exposed vascular orifices;—both are liable at the first to present symptoms of shock or collapse;—both have generally a limited febrile reaction—the traumatic fever in the one case, the milk

fever in the other. Both the external surgical, and the internal obstetrical, wounds are liable to deviate from the standard mode of separation; and may have altered secretions, excessive inflammation, or phlebitic suppuration. In both air may enter the veins, both may give rise to delirium, tetanus, and other nervous complications.

In pointing out the analogies of puerperal and surgical fever in their essence, Dr. Simpson reviews the various opinions of the nature of puerperal fever which have prevailed from time to time, stating his own to be in accordance with that generally received, viz., that it is due to a vitiation of the blood, which he also shows to be the cause of the fever which too often follows severe operations. Both in their phenomena and results correspond with other "disseminated inflammations," as they are termed by Chomel, such as scarlatina, erysipelas, &c.

He next follows the analogies of the two diseases, by exhibiting a tabular record of their marked appearances, from which it is seen that both leave traces of acute internal inflammation, which are seldom limited to one organ or texture, but are distributed over several simultaneously. It is also observed, that the internal viscera, which are the principal seats of the inflammation, are often distant from the original wound or lesion. The great resemblance which exists in the symptoms is next pointed out, and the author concludes his essay with some remarks on the contagious nature of these fevers, and on the precautions which should be taken to prevent or limit their outbreak.—*Edinburgh Monthly Journal*, November, 1850.

Cæsarean Operation.—By Mr. Sanneman.

The patient in this case was a woman aged 42, of small stature, and old appearance. She had produced six children, the last requiring craniotomy, seven years since. In consequence of an accident to the spine eleven years previously, symptoms of malacostem ensued, which had gradually distorted her figure. Her health was much deteriorated, and the urine deposited phosphates.

When visited (Jan. 11, 1848), in addition to the symptoms mentioned above, she had had several slight epileptic convulsions, and had been suffering severely from chronic bronchitis; she was at this time in the seventh month of pregnancy. On examination *per vaginam*, the pelvis was found greatly deformed, the acetabula being pushed backwards and inwards towards the sacrum, and the ossa pubis forming a projecting angle at the symphysis. In consequence of this deformity, the uterus was anteverted to the greatest possible degree.

Mr. Sanneman was called to her at two o'clock A.M., Feb. 28, and found that moderate labour-pains had commenced; the uterine tumour formed a large pendulous body projecting over the symphysis pubis, and its lower border occupying the space between the thighs; it could be elevated or moved to either side with ease. The abdominal parietes were so much attenuated that the child felt to the hand as if extra-uterine. On examination *per vaginam*, the tip of the finger could just reach a soft spongy mass, which appeared to be placenta, and there was considerable hæmorrhage during the pains. The antero-posterior diameter of the pelvis appeared to be about two inches; but from the displacement of the acetabula, the capacity of the pelvis generally, and the dimensions of the other diameters, were so dimished as to preclude the possibility of delivery by other means than the Cæsarean section, which, after a consultation with Messrs. Bennett and Barratt, was accordingly performed twelve hours after the accession of pains.

The first incision, five inches in length, was made over the most projecting part of the tumour, considerably to the right of the mesian line, and from the excessive attenuation of their abdominal walls, it at once exposed the uterus. The next incision divided the uterine parietes; the child and secundines (the latter presenting at the os uteri with the shoulder of the child) were immediately extracted. The uterus contracted rapidly and firmly; the edges of the wound were brought together by interrupted sutures and adhesive strapping, and a bandage applied. The child was dead. The operation did not occupy more than two minutes, and not two ounces of blood were lost. The patient bore the proceeding with the greatest fortitude. For twelve hours afterwards she had not a bad symptom. Full doses of opium were administered. She was, however, seized with a severe epileptic attack, and this was twice repeated before death, which occurred, apparently from exhaustion, at two o'clock on the day following. She thus survived the operation 23 hours.

Autopsy, March 1, 1848.—The uterus was found firmly contracted, of the size of a cricket-ball, and containing a coagulum. The part where the incision was made was in contact with the rectum. On measurement we found the diameters of the pelvis as follows:—The antero-posterior scarcely two inches, the transverse three inches, the acetabula projecting upwards and inwards to the sacrum, thereby lessening very considerably the oblique diameter. The other viscera appeared pretty healthy.

When the labour set in, Mr. Sanneman was in hope that craniotomy might be attempted, and if found impracticable, as a last resource, he determined to perform the Cæsarean section; but when the placenta was found presenting, and the hæmorrhage urgent, he decided that the nature of the pelvic distortion, and the anomalous situation of the uterus, left him no option.—*Lancet.*

A BILL

FOR THE INCORPORATION OF GENERAL PRACTITIONERS IN MEDICINE, SURGERY, AND MIDWIFERY.*

[Note.—The words printed in *Italics* are proposed to be inserted in the Committee.

XIII. And be it enacted, that the Council of the said College shall consist of forty-eight of the members

* Concluded from our last number.

of the said College, of whom not less than twenty-four shall reside within ten miles, by highway or road, from the General Post Office in the city of London.

XIV. And be it enacted, that the before-mentioned shall be the first President of the said College, and shall continue as such President until the last Wednesday in the month of *one thousand eight hundred and* and thenceforth until his successor shall be elected as hereinafter provided, and he shall then go out of office; and on the last Wednesday in the month of *in the year one thousand eight hundred and* and on the last Wednesday in the month of in every third succeeding year, the Council of the College shall meet in the Common Hall for the time being of the said College, or in such other place as the said Council shall from time to time direct, and shall elect a President from those members who are qualified to be elected President as hereinafter provided; and every President so elected shall continue to be President for *three* years, and until his successor shall be appointed, and shall then go out of office; and the President for the time being shall always be considered as a component part of the Council.

XV. And be it enacted, That shall be the first members of the said Council resident within such ten miles as aforesaid, and shall be the first other members of the said Council, and such members shall all continue of the Council until the several days and times herein-after mentioned, and until the successors of those who shall then be the members to go out of office shall be elected; and on the last Wednesday in the month of in each of the years *one thousand eight hundred and* *and one thousand eight hnndred and* *one third* of the members resident within such *ten* miles as aforesaid, and one third of the other members or the said Council hereinbefore named, shall go out of office, in the order in which the Council shall in each of such years appoint among themselves, and shall not be re-eligible on the Council until the year following that in which they shall go out of office.

XVI. And be it enacted, That the Council shall be hereafter elected by a majority of the votes of such members of the College for the time being as at the time of such election shall either have been for *five* years members of the said College or shall have possessed the diploma or licence by virtue of which they shall be members of the said College for at least five years before the day of election, and such members shall be entitled to give their votes either personally, or by proxy in writing, according to such regulations as the Council shall establish by any bye-law; and on the last Wednesday in the month of *in the year one thousand eight hundred and* and on the last Wednesday in the month of in every following year, such of the members of the College as shall for the time being be entitled to vote as aforesaid shall meet in the Common Hall for the time being of the said College, or in such other place as aforesaid, and shall elect, from those members who shall be qualified to be elected as hereafter provided, eight persons resident within ten miles as aforesaid, and eight other persons, to be members of the said Council, and every such member so elected shall continue of the Council for three years, and until his successor shall be elected: provided always that those who shall be elected as members of the Council resident within such ten miles as aforesaid, shall reside within ten miles by highway or road from the General Post Office, in the City of London, during the whole of the *three* years, or in default of his so doing he shall cease ipso facto to be a member of the Council, but without invalidating any Acts in which he may have concurred after ceasing to be such member.

XVII. And be it enacted, that the Council for the time being shall nominate from time to time in such order as they shall think fit, three vice-presidents from the members of the Council, and the vice-presidents shall continue to hold their office during the presidency of the president in whose presidency they shall have been appointed, if they shall so long continue members of the Council, and if not their place shall be filled up by the Council for the time being; and in every case of the vacancy of the office of president in any manner other than by regular rotation, the first-named or senior vice-president for the time being shall have all the powers of president until another president shall be appointed.

XVIII. And be it enacted, that no one shall be qualified to be elected president, or a member of the said Council of the said College, unless at the time of such election he shall either have been for *ten* years a member of the said College, or unless he shall have possessed the diploma or licence by virtue of which he shall be a member of the said College for at least *ten* years before the election.

XIX. And be it enacted, that whenever any vacancy shall happen either in the presidency or among the members of the Council in any other way than by regular rotation as aforesaid, such vacancy shall be filled by the election by the Council, upon some early and convenient day to be fixed by them for that purpose, of a substitute instead of the person by whom the vacancy shall have been made, and every such substitute shall continue a president or a member of the Council until the time when the person in whose stead he shall be chosen would have gone out of office in regular rotation; and whenever such vacancy shall have been made in the Council by a member resident within such ten miles as aforesaid, the substitute shall be a person resident within such ten miles as aforesaid; provided always that any such substituted member of Council who shall have been elected less than twelve calendar months before the time when the member in whose stead he shall have been elected would have gone out of office in regular rotation, shall be eligible for immediate re-election on the Council.

XX. And be it enacted, that if it shall happen that any election of a president or of any member of the Council shall not be made on the respective days hereinbefore appointed for that purpose, the person or persons then filling the said office or offices shall continue to fill the same until another person or persons shall be appointed thereto; and the president or any vice-presidents of the said College shall, in the manner to be prescribed by the said Council, call a meeting of the members of the said College entitled to vote as

aforesaid, or of the Council, as the case may be, who shall thereupon elect a person or persons to fill the said office or offices so vacant, in like manner as if such election had taken place on the day or respective days hereinbefore fixed for that purpose.

XXI. And be it enacted, that the Council shall have the sole and entire management of the College and of the funds and property thereof, and shall have power to grant diplomas or letters testimonial to all persons admitted into or enrolled in the said College, and to make bye laws, rules, and orders for the regulation and government of the College and of the members and affairs thereof, and for the conduct of the candidates for admission into the College, and for directing the course of study to be followed, and the particulars of examination to be undergone by candidates for admission into the College, and for imposing reasonable penalties, fines, and amerciaments for nonperformance of or for disobedience to the same bye-laws, rules, and orders, and such bye-laws, rules, and orders, penalties, fines, and amerciaments, or any of them, from time to time to alter, change, or annul, so that all and singular such bye-laws, rules, orders, penalties, fines, and amerciaments, be not repugnant or contrary to the laws or statutes of this realm or to the provisions of this Act; and the Council may from time to time appoint, and at their pleasure may remove a treasurer, and a registrar and secretary of the said College, and may also appoint, and at their pleasure may remove such other officers, clerks, and servants as may from time to time be necessary for the service of the College, and shall fix their respective duties and salaries.

XXII. And be it enacted, that a general meeting of the members of the said College, entitled to vote as aforesaid, shall be held within the space of six calendar months after the passing of this Act, at such time and place as the Council shall appoint, for the purpose of considering and reviewing such bye-laws, rules, and orders, as shall be made before that time by the said Council, and of confirming, altering, or annulling the same, as to the same meeting shall seem expedient; and that afterwards an annual meeting of the said members shall be held in the month of in every year, for the like purpose, as regards subsequent bye-laws, rules, and orders, at such time and place as the said Council shall direct; and that other general meetings may be held from time to time as occasion may require and the Council shall direct; and that at all general meetings the President of the said College, if present, and if not the senior or only Vice-President present, or if they shall all be absent, some member of the Council to be chosen by the members of the College present, or if all the members of the Council shall be absent, some other member of the College to be chosen by the members present, shall preside as Chairman, and have a second or casting vote.

XXIII. And be it enacted, that no bye-law, rule, or order, so to be made and confirmed, as aforesaid, shall be of any force until a copy thereof, sealed with the seal of the said College, shall have been laid before and approved by Her Majesty's Principal Secretary of State for the Home Department.

XXIV. And be it enacted, that it shall be lawful for the said Council to make regulations for insuring that in every city and town possessing a medical or surgical school, an annual register shall be kept of all students of the several medical and surgical schools, whether connected with any University, Royal College, Hospital, or other public Medical or Surgical Institution in that city or town, and authorize the taking of a fee for such registration, not being more in each case than *two shillings and sixpence* for such annual registration, and for requiring all such fees to be remitted to the said Council, and returns to be made to them of the registration of all such students, in such manner and form as the said Council shall think fit; and all such fees shall be applied towards the expenses of the Act; and no medical nor surgical student shall be admitted to examination by the said College or Council without certificates of his having been duly registered conformably to such regulations; and that it shall be lawful for the said Council to make regulations for dispensing with such provisions of this Act as to them shall seem fit, in favour of medical and surgical students who shall have commenced their professional studies before the passing of this Act.

XXV. And be it enacted, that the Council shall annually appoint examiners for the purpose of examining those who may be candidates for admission into the said College, and to be enrolled and registered as aforesaid; but no President or member of Council shall be eligible to be appointed an examiner; and at all examinations either the President or one of the Vice-Presidents, or in their absence some member of the Council to be from time to time appointed by the Council for that purpose, shall be present, and shall preside, but he shall not interfere in the examination or have any voice in the admission or rejection of candidates.

XXVI. And be it enacted, that if it shall at any time hereafter appear that any member of the said College shall have obtained his diploma by any fraud, false statement, or any imposition, or that either before or after obtaining such diploma he shall have been convicted of felony, or of having wilfully and knowingly given a false certificate in any case in which the certificate of a medical practitioner is required by law, or shall have wilfully violated any bye-law, rule, or regulation of the said College, then and in every such case, and after such previous notice to or such hearing of such member as under the circumstances of the case the Council shall think proper, it shall be lawful for the Council, with the concurrence of not less than *three-fourths* in number of the members of the Council present at a meeting lawfully summoned for that purpose, to pass such censure or sentence of suspension against the person so offending as to the Council shall seem meet, or wholly to expel such member from the College; and upon any such sentence of suspension or expulsion such member shall cease to be a member of the College, either absolutely or for such time as shall be specified in the sentence of expulsion, and all the privileges granted to such member shall cease and be determined upon such expulsion or during such suspension, and the said Council shall be at liberty to erase the name of such member from the said register; and every such member shall not be entitled to have his name again inserted in any register or published copy without the special licence of the said Council.

XXVII. And be it enacted, that, subject to the reservations hereinafter contained, no surgeon apothecary or general practitioner, after the passing of this Act, who is not registered by the said Council, shall be appointed to any medical or surgical office for the relief of the poor, or in any hospital, prison, infirmary, dispensary, school, workhouse, or other public institution in England and Wales, and whenever by law it is provided that any Act shall be done by a physician, surgeon, or apothecary, or medical or surgical practitioner, by whatever name or title called, such provision shall be construed, after the passing of this Act, to mean a person being either a member of the Royal College of Physicians of England, or the Royal College of Surgeons of England, or being registered under this Act; and the Council shall be empowered from time to time to make regulations for specifying what institutions are to be considered public institutions, and what offices in them are medical and surgical offices within the meaning of this Act; and that all persons who shall be registered by the said Council as surgeon apothecaries or general practitioners shall be exempt, while registered and practising as such, from being summoned or serving on all juries and inquests whatsoever, and from serving all corporeal, parochial, ward, hundred, and township offices; and no surgeon apothecary or general practitioner shall be entitled to such exemption who is not so registered; nor shall the certificate of any such unregistered person, given after the *passing of this* Act, be received as the certificate of a surgeon apothecary or medical or surgical practitioner in any court of law, or in any case by which by law the certificate of a surgeon apothecary or medical or surgical practitioner is required.

XXVIII. And be it enacted, that all persons who shall be registered as surgeon apothecaries or general practitioners by the said Council shall be entitled to demand and take reasonable fees for medical and surgical advice and attendance, and for medicines prescribed or administered by them to their patients, throughout Great Britain and Ireland, and in all other parts of Her Majesty's dominions, without other licence than such registry; and that, after the *passing of this Act*, no person shall be entitled to recover any charge in any court of law, for any medical or surgical advice, attendance, or operation, or for any medicine prescribed or administered by him, unless he shall prove upon the trial, either that he is registered as a surgeon apothecary or general practitioner under this Act, or that before the passing of this Act he was legally practising or entitled to practice in the capacity in which he claims such charge, and if this Act had not been passed would have been entitled to recover such charge in that capacity.

XXIX. And be it enacted, that every surgeon apothecary or general practitioner appointed after the *passing of this Act* to any medical or surgical office for which he is not qualified according to the provisions of this Act, and who shall wilfully or knowingly act or practise in such office, shall for every such offence forfeit the sum of *twenty pounds*, to be recovered by action of debt or information to be brought in any of Her Majesty's Courts of Record at Westminster, or in any County Court, or in the Court of Exchequer in Scotland or in Dublin, within *six* calendar months next after the commission of the offence, in the name of Her Majesty's Attorney General in England or Ireland, or of the Lord Advocate in Scotland.

XXX. And be it enacted, that every person who after the *passing of this Act* shall act or practise as a surgeon apothecary or general practitioner in any part of England or Wales without having been registered as aforesaid, or shall falsely pretend to be so registered, or assume any title as so registered, shall for every such offence forfeit and pay the sum of *twenty pounds*, to be applied to the use of the said College of general practitioners in medicine, surgery, and midwifery, and to be recovered by the said College by action of debt in any of Her Majesty's Courts of Record at Westminster, or in any County Court, or shall be punished by imprisonment, as the Court before which he shall be convicted shall award; provided, nevertheless, that nothing in this Act contained shall extend to render any person liable to any penalty for acting or practising as an apothecary in any part of England who was actually practising as an apothecary on the first day of Angust, in the year one thousand eight hundred and fifteen, or who before the passing of this Act shall have obtained a certificate of qualification to practise as an apothecary from the Court of Examiners of the Society of Apothecaries of the City of London, or who shall have acquired the right of practising as an apothecary by virtue of an Act passed in the sixth year of the reign of King George IV., intituled "An Act to amend and explain an Act of the Fifty-fifth year of His late Majesty, for better regulating the practice of apothecaries throughout England and Wales."

XXXI. And be it enacted, that in the construction of this Act the expression surgeon and apothecaries or general practitioners shall extend to include and mean all qualified persons practising the science and practice of medicine as an apothecary, or the art and science of surgery and the science or practice of medicine, conjointly with or without the art or science of midwifery; and that the word "Council" shall mean the President and Council for the time being; that words importing the singular number shall include the plural, and that words importing the plural number shall include the singular.

XXXII. And be it enacted, that this Act shall be a public Act, and shall be judiciously taken notice of as such.

XXXIII. And be it enacted, that this Act may be amended or repealed by any Act to be passed during the present Session of Parliament.

Correspondence.

ON THE REJECTION OF MEDICAL POLITICS FROM THE EDITORIAL ARTICLES OF THE JOURNAL.

To the Editor of the Provincial Medical and Surgical Journal.

Mr. Editor,—Your leading article of January 8th, involves matter for grave consideration. You are induced to secede from the advocacy of "certain views,

which you have taken of medical politics," although "it is not denied, that those views are *in accordance with the sentiments of the great majority of the Association*," and although "your own impression upon the question is, that in rejecting medical politics from the Editorial Articles of the *Journal*, you will most assuredly impair the efficiency and diminish the interest of its pages." You also lament, "that from the peculiar circumstances in which you are placed, you should have a responsibility, divided between the members of the Association (who claim to be also your directors,) and the profession at large;" and as you "think most decidedly that the *latter* should have the preponderance," you suggest, "if your opinion should not meet with the general accordance of your fellow members, the propriety of altering altogether the form of the *Journal*, and of converting it into a periodical *sui generis*, since its leading articles will otherwise appear to many in the same light as that frequently propounded illustration of inanity—the tragedy of Hamlet with the part of Hamlet omitted."

Now, following out your illustration, it strikes me at first view that there must be something wrong in the state of Denmark, to lead to such a position of affairs as is here presented to us.

You are induced to render the question of Medical Reform a dead letter in your pages for the next half year, at the instigation of some members, "for whose opinion you have the highest respect, who maintain that you have done injury to the Association by sowing the seeds of discord among its members;" and which opinion, (you think, or they think,) is backed by the assertion, that the "Association was established for several *specific purposes*, one of which is the promotion of *harmony* among its members."

It were very desirable at this point to ascertain in reality for what the Association was established? Certainly not for the purpose of being under the directorship or dictatorship of a few individuals behind the scenes, however deserving of respect their opinions may be, or however estimable their private worth. And, certainly not for the purpose of furnishing the professional world with a journal, the Editor of which was not to be allowed the privilege of expressing his "honest convictions" on "any point discussed."

For what, then, was it formed? Let the Council answer. They told Sir George Grey in their memorial of May last, that "2000 members were united together for the *advancement of science, as well* as *the general well-being of the profession*, and, *therefore*, begged to impress upon his attentive consideration that the only principles of Medical Reform, which would be satisfactory to the profession, were uniformity of education, equal right to practise, and the adoption of the representative system in the corporate bodies."

Thus, next to the advancement of science, the general *well-being* of the profession is the *declared* object of the Society, and this is *dependent* on the carrying out of these three most important principles by which it is hoped the members of the great body of the profession will be placed in harmonious relation with our existing institutions, and, in concord and good fellowship with each other. To this end the Society has long laboured;—to these principles they have over and over again pledged themselves at various annual and special meetings, in memorials and reports without number, and on more than one occasion in interviews with the Government authorities.

The *Journal*, under your able management, especially, has borne a distinguished part in support and in furtherance of these principles; and for their promulgation and advocacy you are now accused—save the mark!—of sowing discord amongst the members of the Association.

Can you *seriously* acknowledge the *soft* impeachment? Are the interests of the majority of the members and of the profession at large to succumb to the opinion of the few, however good, however estimable?

Surely there is room for reconsideration before such a step is finally taken. Those who wish, by judicious and temperate modifications, to adjust existing institutions to the requirements of the profession, and form a closer bond of union between the corporate bodies and their members, by which they may be mutually more interested in each other's welfare, will view with sorrow the adoption, on your part, of a proceeding that perils the cause you have hitherto joined them in upholding.

The consequences to the Association I leave to individual members to estimate. That it should become a non-entity, as you describe, in reference to everything connected with the *well-being* of the profession, for the first half year of 1851, or should stultify all its former proceedings, and should seek "inglorious ease" at the very moment when it had made, by the presentation of its memorial of May last, a greater impression than ever on the Government authorities, is so indicative of some discordant element at work, that unless some guardian angel shall interfere with powerful and present aid, we shall have, instead of harmony, "confusion worse confounded."

I speak of the Society and the *Journal* as identical. I presume they cannot, or ought not, according to common sense, to differ in sentiments. We are threatened with a "*contre-coup*;" I hope it may be averted.

I hope the Association may yet assume the distinguished position of demanding from the Government, and carrying out the adjustment of the difficulties, and the reorganization of the profession, according to the principles it has always professed, and by that means preventing a new element of discord being created by the Bill now before Parliament. Such a consummation would afford a much more reasonable prospect of attaining that harmony which it is the object of the Society to diffuse amongst its members, than the suggestions of those who have interfered to effect such a strange and untoward alteration in the conduct of the *Journal*, which under your management has appeared to me as fair, impartial, and as little likely to promote discord, as was consistent with the expression of an independent and "honest conviction" on "any point discussed."

I have the honour to be,
Your obedient Servant,
P. CARTWRIGHT,
Surgeon, Oswestry.

[We have to thank Mr. Cartwright for his favourable opinion, but we must defer any further allusion to the subject to a future number.—Ed. J.]

PROTEST AGAINST THE PROPOSED NEW COLLEGE.

To the Editor of the Provincial Medical and Surgical Journal.

Sir,—I take the liberty of enclosing a protest against the proposed new College for insertion in the next number of the *Journal*. I shall be glad to receive the names of those members of the Association who may agree with all or any of my objections, to form a general protest against the obnoxious measure.

I am, Sir, your obedient Servant,

C. R. BREE.

Stricklands, Stowmarket,
Jan. 16, 1851.

PROTEST AGAINST THE ESTABLISHMENT OF A ROYAL COLLEGE OF GENERAL PRACTITIONERS.

1.—Because I consider that the *status* of the English medical practitioner will be lowered by the institution of a new College, which would perpetuate the evils under which he now labours, and equalise the *locus standi* of a body of men who at present are, by difference in ability or study, manifestly unequal.

2.—That it would be unjust to oblige members of the Royal College of Surgeons to sink their present rank in that of an unfair College, into which it is proposed to admit, indiscriminately, those who possess inferior qualifications.

3.—Because I consider the only way to raise the standing and the usefulness of the medical profession, is by raising the standard of qualification for general practitioners at least as high as that required for the candidates of the M.B. degree in the University of London, and by separating entirely the scientific from the trading part of the "Art and Mysteries of Medicine."

4.—Because I consider that an Examining Board, formed jointly by the Royal College of Physicians and the Royal College of Surgeons, or elected by them, would be amply sufficient to examine all candidates for the degree which would entitle them to practise under the several titles of M.D., (physicians,) S.D., (pure surgeons,) and M.B., (general practitioners)—the examination for all being the same up to M.B.—and a step higher for those wishing to take the standings of physician or surgeon respectively.

5.—Because I consider that all the quarrelling and party feeling created in the profession arises from a morbid desire to disturb existing institutions, and to raise upon their ruin an inferior College to either, which would in its turn be liable to similar attacks by men of the same class, and would thus perpetuate the great evil of medico-political agitation, which is alike reflective upon the honour and respectability of the profession, and derogatory to the science of medicine.

6.—In addition to the above reasons I protest against the establishment of a College of General Practitioners, because it will be unsatisfactory and obnoxious to a great majority of the existing practitioners in medicine,—because it will fail to settle the question of Medical Reform,—because it is unjust towards the existing Colleges to which the science of medicine already owes so much,—because it is not wanted in the profession, and because it will be positively injurious to its best interests, and destructive of the harmony which ought to characterise and distinguish its members.

Charles Robert Bree, M.R.C.S.

Stowmarket, Suffolk, Jan. 15, 1851.

THE CENSUS OF 1851,

IN RELATION TO PUBLIC AND PRIVATE LUNATIC ASYLUMS.

To the Editor of the Provincial Medical and Surgical Journal.

Sir,—As the subjoined correspondence between myself and the Registrar-General will be read with interest by a large class of professional gentlemen, associated with public and private lunatic asylums, I offer no apology for transmitting it to you for publication in your *Journal*. It certainly would have been most unjustifiably inquisitorial if the proprietors of private asylums for the insane had been compelled to make a return of the *names* of the patients placed in confidence with them.

I remain, Sir, your obedient Servant,

FORBES WINSLOW.

Dec. 9, 1850.

Sir,—I perceive by the printed form of the census for 1851, issued, I believe, under your authority, that it will be necessary for each householder to make, agreeably to a prescribed tabular form, an accurate return of the Christian and surname, age, occupation in life, &c., of each person sleeping under his roof on a special night. As I am much interested in behalf of a numerous and influential section of the medical profession, viz., those engaged in the cure and treatment of the insane, may I be permitted to ask, whether the resident proprietors, or medical superintendents, of private and public asylums will be required to make a return of the *names of patients placed under their care*, and actually resident with them at the period when it is proposed to take the census? Your early attention to this matter will much oblige, sir,

Your obedient Servant,

Forbes Winslow, M.D.

To the Registrar-General,
Albemarle Street, Dec. 5, 1850.

Census Office, Cray's Court,
December 9, 1850.

Sir,—In reply to your letter of the 5th instant, I have to state that I should think that, rather than return the *names* of all patients in lunatic asylums, it may be sufficient if the initials of their names be recorded when the census of 1851 is taken, to which I should think there would be no objection.

I have the honour to be, Sir,

Your faithful Servant,

George Graham,
Registrar General.

To Forbes Winslow, M.D.

DR. WOODFORDE ON THE REPORT IN THE LANCET OF HIS CASE OF OVARIOTOMY.

To the Editor of the Provincial Medical and Surgical Journal.

Sir,—Since you published, (in the number of this *Journal* for October 30, 1850, page 598,) the report of the successful case of ovariotomy at the Taunton and Somerset Hospital, which was read by me at the autumn meeting of the Bath and Bristol Branch, a different version of the same case has appeared in the *Lancet* for December 21, 1850.

I shall feel obliged by your permitting me to state, in justification of the report read by me at Bristol, what will perhaps be hardly credible to those who have seen it in the *Lancet* only—namely, that the case was under my sole care, from the date of admission until January 25, 1850, when, in consultation with the hospital staff, my proposal for the operation was adopted. I will add that my report, which was drawn up from careful notes made by Mr. Gaye, the house-surgeon, was by previous mutual agreement submitted to my colleague, Mr. Cornish, who performed the operation, and approved by him, before I read it at Bristol.

I did not intend to obtrude a purely personal matter of this kind on members of the Association, but the appearance of the report from the *Lancet*, somewhat abridged, in two of our local newspapers (!) has compelled me to break silence, and I hope that the exposure of such breaches of professional etiquette and courtesy may help to do good.

I am, Sir,

Your obedient Servant,

FRANCIS HENRY WOODFORDE, M.D.

Physician to the Taunton and Somerset Hospital.

Taunton, Jan. 6, 1851.

Medical Intelligence.

SELF-SUPPORTING DISPENSARIES.

A very numerous meeting of the medical men of the town and neighbourhood of Reading was held at the Great Western Hotel, on Wednesday evening, Dec. 18th, to hear an exposition of the system of *self-supporting dispensaries*, by Mr. Smith, their benevolent founder. He very ably demonstrated their benefits; and though no distinct resolution was come to, it was the opinion of the meeting that, if properly founded and superintended, their establishment would be fraught with many advantages. A vote of thanks was unanimously passed to Mr. Smith, whose life appears to have been, and to be, devoted to acts of charity and measures of philanthropy.

QUARANTINE.

Dr. Babington has been requested by Lord Palmerston to attend, on behalf of the British Government, the meeting of medical men convened at Leghorn by the Austrian and Italian States to consider the subject of quarantine.

IRISH MEDICAL CHARITIES BILL.

A large and important meeting of the profession in Ireland, and interviews of their deputation with the Earl of Clarendon and Sir W. Somerville, were lately held.—*Lancet.*

OBITUARY.

Lately, at Boston, John Brown, Esq., M.D., aged 51. The deceased terminated his existence by taking prussic acid. The body was found in the hot-house, and was in a sitting posture, with one arm resting upon a flower-pot. A short time ago the deceased held the office of Mayor, and was a magistrate for the borough. An inquest was held on the body, and the Jury returned a verdict of "temporary insanity." About fifteen years ago, an eminent surgeon, who had filled the office of Mayor, took prussic acid, and died in the same way.

ROYAL COLLEGE OF SURGEONS.

Gentlemen admitted Members on Friday, Jan. 10th, 1851:—James Bain, Hon. E.I. Co.'s Service, Bombay; George R. Bull, Birmingham; John Bunney, Coventry; Gideon James William Griffith, Mountpleasant Square, Dublin; William Dixon Grahame, London; Henry Brougham Hillcoat, Brussels; Patrick Dillon Kelly, Mullingar, county Westmeath; William Henry Paine, Stroud, Gloucestershire; Alfred Puddicombe, Moretonhampstead, Devon; William Palmer Steele, Abergavenny, Monmouthshire; Henry Thomson, Belfast; Harry Speakman Webb, Oxford.

SOCIETY OF APOTHECARIES.

Gentlemen admitted Members on Thursday, Jan. 2, 1851:—Henry Parker, Sheffield, Yorkshire; Oliver Cooper Pollard, Chorley, Lancashire; Charles Robert Thompson, Westerham, Kent; John Doxon Ward, Manchester.

PROVINCIAL MEDICAL AND SURGICAL ASSOCIATION.

NOTICE TO MEMBERS.

Members who wish to propose Associates are reminded, that as the subscription commenced on the first of January, it is the most convenient time to introduce new members.

It is also particularly requested that all post-office orders should be sent either to the Treasurer or Secretary, who alone have the power of giving receipts.

JAMES P. SHEPPARD, Secretary.

Worcester, Jan. 21st, 1851.

Erratum.—In Mr. Foster's "Cases of Fever, with Remarks," inserted in our last number, page 14, col. 1, line 6 from the bottom, for "Huntingdon," read *Hemingford.*

TO CORRESPONDENTS.

Communications have been received from Mr. Willis, Mr. King, Dr. Robertson, Mr. Moncton, and Mr. Pritchard.

Mr. Humphry's communication arrived too late for insertion, having been misdirected to Cambridge.

Mr. Foster's proof did not arrive till the day *after* publication, we could not, therefore, insert the corrections.

It is requested that all letters and communications connected with the *Editorial department* be sent to J. H. Walsh, Esq., Foregate Street, Worcester. Parcels and books for review may be addressed to the care of Mr. Churchill, Princes Street, Soho.

CLINICAL LECTURES

ON THE

PRACTICE OF PHYSIC,

DELIVERED IN THE

THEATRE OF QUEEN'S COLLEGE, BIRMINGHAM, 1849-50.

By DAVID NELSON, M.D.,

Physician to the Queen's Hospital, and Professor of Clinical Medicine, &c.

[Reported by MR. WILLIAM ROGER BANKS, Student of the College and Clinical Clerk.]

LECTURE I.

On the General Physiognomy in Disease.

Gentlemen,—Before proceeding to descant upon the various individual diseases as they may accidentally present themselves at the Queen's Hospital, I shall first endeavour, by a series of general lectures, to lay before you a methodical view of the sundry ailments to which the principle organs of the body are liable, illustrating those ailments by the citation of actual cases, most of which you yourselves will have had the opportunity of watching within the walls of the institution. By the adoption of this mode as an initiatory proceeding I conceive that you will attain a much clearer apprehension of those great principles upon which the practice of physic ought to be conducted, and also habituate your minds to a regular system of clinical study, instead of frittering your energies upon desultory observations—now in one line of diseased action, now in another, before you have fairly arrived at that mastery of general pathology by which we are enabled to blend so many sciences into one, to view composite truths as unities, and reduce, if I may so speak, the various prismatic rays of fact to the one sun-ray of philosophy. Without this power of synthetical reduction you must remain mere empyrical routinists; but before you can attain it you must first study details in all their complexity, and in as orderly a manner as you can. You must have analyzed before you can synthetize. He who announces a great principle, simple as it may seem, must first have taken to pieces whole pyramids of facts; and not only so, but have noted also the exact relation which each one bore towards the rest. This alone is sound learning—this alone is the province of true genius; for it is not to him who gives birth to a thousand dazzling errors that the palm is to be awarded, but to him only who stedfastly marches in the straightest line to truth. Moreover, on the truth being arrived at it must, in order to be available, not merely remain as a cold abstraction, but as a living familiar guest, which must become identified with the natural faculties, to be moulded or wielded more easily in our daily practice than are our garments in our daily walks. Let any one consider the millions of facts which constitute the bases of mathematical, chemical, and natural science, and he will at once perceive how essential such a generalizing and self-appropriating power must be to him who is so often called upon at a moment's notice to apply his complex deductions to the most intricate structure in creation—a structure which, in its anatomical arrangements merely, demands almost the study of a lifetime. No wonder, with such Herculean labours before them, and such a necessity for combining judgment and genius in one mind, that so many men should have borne the title, without being able to exercise expertly, the function of physician. This is said not to discourage effort, but to increase it. Fix your attention upon the two great parts of life and death, and mark, at the same time, how every other occurrence in nature, either external or internal, may tend to support the one, or induce the other, and thus you will possess a balance for estimating the relative value of a therapeutical genius, which shall be applicable at all times, and under all circumstances.

Before entering upon the different affections of particular organs, I shall take a review of the physiognomy or general expression of the body under disease. It presents certain appearances well worthy of attention, which were wont to be studied by Hippocrates and the older physicians, including our own Sydenham, &c., much more assiduously than they are now, when unfortunately a prevailing passion for mere physical diagnosis, has blinded an otherwise acute age against the perception of sundry evidences of morbid action, which are, nevertheless, quite as palpable as the solid signs themselves. A judicious physician will take the full advantage of both. To set aside the subjective symptoms, and all the bodily expressions that attend their presence, and to look for objective symptoms only, would be simply to treat the later, while we passed over the earlier stages of maladies, and would afford proof that we had allowed the secondary or tertiary changes to run on which might otherwise have been prevented. There are sometimes appearances in the countenance, and on the surface of the body, that without being traceably connected with any particular internal organ, shall yet prove indicative of the disorganization of such organ. Yet there are certain persons who have assumed to themselves, in an exclusive sense, the reputation of pathological physicians, upon no other ground than that they profess to found their opinions on physical evidences alone. But they forget that in thus confining themselves to a physical diagnosis, and omitting to estimate the value of those nicer symptoms of disease, they are simply confounding the science of pathology, which is the doctrine of the laws which connect the cause to all the accompaniments and consequences of diseased action, with the merely descriptive statements of morbid anatomy. The latter confines itself to mere material facts, the more solid results of previously disturbed function, while the former seeks to investigate the nature of the non-visible preceding disturbance, with a view to discover counteracting influences. The laws of pathology have the same relation to morbid anatomy which the laws of physiology have to ordinary growth, and whilst a knowledge of the latter in the hands of the sound physician ought to lead to the full development of healthy structure, so a knowledge of the former should tend to prevent the production of morbid growths or deposits, instead of merely groping for their

discovery after their formation has been effected, while the physical discharges therefrom, which may be generally considered as pathognomonic, are absent; such observations are, therefore, of high importance, and ought never to be neglected.

When a patient is first presented we naturally take note of his general aspect as to complexion and temperament, because we know that each temperament is prone to certain ailments, and that each ailment will be modified by temperament. The sanguine is liable to high inflammatory action; and any irritation is very likely to excite a commotion in the system that will require depleting measures. The melancholic is less easily moved, but when stimulated by powerful or persistent causes may very likely assume a strong and enduring form of reaction that may constitute chronic disease. The nervous is weakly and highly exciteable; the slightest causes will produce a derangement of function too rapid and sudden to invoke any organic change, while tremblings, convulsions, palpitations, and a thousand other evanescent disturbances will perpetually demand our regard, the main resources being tonics and sedatives. The phlegmatic is both insensible and lax; it will not easily be moved to acute action, but when its feebler powers become reduced there will likely take place a tendency to cachectic degeneration; anæmia, dropsy, mollification of the heart, rickets, and œdema of the lungs, will be some of the probable attendants; and our treatment must be based on moderate stimulants and full nourishment, whatever else we may employ at the same time. The complexion is in a great measure associated with the temperament: in the sanguineous, fair and ruddy; in the melancholic, dark; in the nervous, pale, or it may be tinged with red; and in the phlegmatic also pale and likewise tinged with red, and puffy at the same time. There may be hues of complexion, however, more distinctly allied to actual diseased action; as the yellow, under absorption of bile, the deadly pale in anæmia, and likewise the green colour that accompanies the same complaint, under the name of the green sickness; the dust colour that attends certain forms of malignant action, as well as the straw colour that attends others; the heavy flush of fever and pneumonia; the blue of cholera and other deoxidysing complaints; and the peculiar doughy aspect and Flemish expression in albuminuria. All these are of so decided a description that they excite an instantaneous conviction in the mind of the experienced physician as to the nature of the malady, as instanced respectively in the cases of A. B., jaundice, No. 1; D. C., anæmia, No. 2; E. F., cancer, No. 3; of G. H., cancer, No. 4; fever and pneumonia, 4 and 5; cholera, No. 6; and albuminuria, No. 7;* the latter being especially deserving of attention, as proving the very important fact that Bright's disease was diagnosticated as correctly as in other cases in which no albumen was discoverable in the urine. (There was enormous hypertrophy of the heart, weight four pounds and a half, with calcareous vegetations.)

Another feature that will be noticed on the first visit of a patient is the manner in which he enters the room. He may advance with the uneasy stoop of thoracic or abdominal disease, or with the slow pace of headache, with the stiff shuffling of confirmed secondary rheumatism, the drunken-like stagger of partial paraplegia, the eccentric wriggling of St. Vitus's dance, in those sprawlings of the feet, accompanied with sudden bendings forward and equally sudden arrest of motion, which usher in the dreadful irritations of general paralysis or mania ending in dementia. The condition of the hair will be observed at the same time, whether it have the crisp and moist appearance of health, or the lanky, split, and withered appearance of disease. There may be the thick close growth of habitual headache, the spare growth and downy whiskers of the phlegmatic cachexy, the baldness of hereditary local weakness or of dissipated habits, and the not unfrequently luxuriant locks of phthisis.

The brow is also a conspicuous object of remark, especially as regards its wrinkles, which, if they be not the effect of old age, will have resulted from long-continued suffering, either due to the feelings connected with chronic toil, especially under a glaring sun, or chronic disease. This applies more especially to the perpendicular wrinkles over the nose, which if found in the young are seldom to be attributed to any idiopathic irritability of temper, but rather to the cause latterly indicated. They are to be observed under the organic sufferings of typhus and other stupifying diseases; in all internal chronic ailments which involve organs not associated with much cerebral sensibility, as the liver and lungs; and may then be as marked in children of a few years old, as in the aged and infirm. The lateral wrinkles are of much less consequence in a medical point of view, though they may be a familiar index of age, of toil, of anxiety, of dissipation, or of diminished plumpness.

The eyes in their colour and general expression will be found in accordance with the temperaments, but there are besides certain peculiarities associated with certain diseases. We have the yellow hue of jaundice, the puffiness of albuminuria, the specks of ancient syphilis, the heavy suffusion of cerebral hyperœmia, the not uncommon brilliancy of phthisis, and the ghastly glitter of uterine carcinoma, independently of those features which may be presented to us, when the organ is of itself affected with idiopathic disease, or with the natural expressions proceeding from excitement or madness. The inability to look properly and fairly in the face of the auditor, has been attributed by Dr. Alison and others to a consciousness of improper habits not fit to be named.

Although the nose, from its frequent grandeur of outline, has been dignified by professed physiognomists and their exponents, the sculptors and painters, into a feature expressive of the highest qualities of mind, it is yet an organ of little mobility, and therefore cannot afford much indication of alteration of shape under disease. Yet few can have avoided observing the fact, that it becomes sharp and pinched after fever or any other exhausting attack, and in the course of

* The cases referred to above will be given in an Appendix to Lectures.

phthisis or diabetes; equally observable is its occasional scabbiness in struma, its redness in chronic dyspepsia, and above all, as the most important feature, its dilatation in those diseases of the heart or lungs when life is in imminent danger. I am not aware that the appearances of the ear are of any general significance, except that the cracking of the skin along the hollow at the back of it, accompanied with a muco-purulent exudation, indicates an imperfect condition of the stomach and bowels mostly characteristic of young children. It may also be mentioned that there is a defective development of the external ear, accompanied with a receding chin, which usually give evidence of a congenital defect in the nervous organization.

The external mouth or lips afford us several *criteria*, by which we may judge of certain constitutional affections; thus in hemiplegia it will be twisted towards one side, in anæmia and albuminuria very white, while in cholera and pneumonia, or in any other attack involving defective arterialization of the blood, it will be purple or blue. Large lips, inclined to scabbiness, and fissured in the centre, will indicate a congenital insufficiency of development, usually connected in after life with struma. In fever the lips will be dry and cracked, and the skin will peel off them, either of a white, a brown, or of a black colour, according to the type which it assumes. There are also flat pustules of a specific character, which are sometimes to be noticed in the course of syphilis, and in young persons, there are frequently ephemeral eruptions of a less important kind, which give warning of vitiated secretions and other consequences of mal-assimilation requiring the aid of mercury or other medicines in alterative doses.

Before the patient is seated some inferences may be drawn from his general conformation of frame. We may see the short thick neck and full stoutness of threatened apoplexy, or the broad flattened chest which is so often associated with cardiac hypertrophy. There may be obesity or leannesss, each pointing to very opposite conditions of the general system, the first showing an exaltation of the nutritive process, totally inconsistent at least with phthisis, though frequently combined with cardiac disease; and the second proving a defective reparation, which may either be due to true degenerate action, or to simple waste or starvation. We may have the bent bones of rickets, which are always an evidence of weakness in the young subject, though frequently and indeed generally clothed with vast layers of muscular fibre in the adult; as to the long neck, high cheek bones, drooping shoulders, narrow breast, and protruding scapula of phthisis, they form a picture too familiar to need further description. After the patient is seated we must naturally observe the condition of the skin; it ought, irrespective of complexion, to possess a soft and gently moist surface, not inconsistent with the hardy roughness which usually betokens rude health. A dry, sharp, and cracking surface will prove some malassimilation. Moisture, especially if cold, will show that there is relaxation of the exhalents. Dark blotches will prove an over fluidity of blood, or else a greater degree of the above relaxation. In cholera we shall have a general blue, in scarlatina an universal red, and in jaundice an universal yellow. Heat of skin will make us predicate fever, whether idiopathic or sympathetic, and if that heat be mostly apparent over the scalp, it must be referred to a hyperœmic condition of the cerebrum itself, dependent on a previous affection of the lesser intestines. Certain odours may also be perceived arising from the cuticular surface of morbid bodies, on a close approach, that are of considerable importance. Thus there may be a bilious smell discoverable in those who are habitually constipated, a decidedly acid aroma is perceptible under gout and rheumatism, there is a strongly urinous odour which proceeds from the perspiration of those who are suffering from retention of urea in the system, and also a peculiar earthy smell that hangs about the bodies of those who are dying from long-continued and exhausting diseases, as phthisis and dysentery. The nails and their attachments are likewise important objects of observation. They ought in perfect health to be soft, smooth, and tough, and of a beautiful pink colour, but may become altered in these respects, under scarcely appreciable changes in the constitution of the fluids. Thus the nails may become blue on account of their situation, under very slight degrees of cold, and there are in like manner very slight deviations from health which will cause them to be dry and brittle contemporaneously with some harshness of skin and lankiness of hair. In cholera and other diseases of defective oxygenization they will become intensely blue; under tubercular degeneration they will often shoot out in an extraordinary manner and show a tendency to incurvation; the points of the fingers at the same time may become hypertrophied; but more especially there will frequently be seen a stretched and brown shining appearance of the skin immediately investing the root of the nail, that may almost be said to be pahthognomic of that very fatal diathesis long before it manifests any action upon the lungs. In conclusion, I may only further allude to one feature that often characterises the general surface of the body, along with the more immediate envolutions of the mucous surfaces, inclusive of the organ of special sense, and that is an exalted irritatability which gives rise to shrinking, moaning, and even wild shrieking, under the slightest application of any stimulus. This will always be found attendant on nervo-cerebral affections, and may be exemplified in hysteria, adynamic fevers and injuries of the brain. In the latter class of cases this state of body may be witnessed even at times when the patient is almost in a state of coma as will be illustrated in the cases of Bayley. The first under typhus fever, the second under cerebral effusion.

All these points, which have taken me some time to describe to you at length, are presumed to pass through the mind of the practised physician as rapidly as the eye can receive the impressions of them, and may scarcely occupy one half minute of the interview. In the busy avocations of life, when men are called upon to act as well as to think, they must acquire some celerity and adroitness of observation and reflec-

tion, or else retire from the field. This applies more especially to the higher members of the military, naval, and medical professions, who are left in confiding hope to their own pure discretion. They must lose no time in coming to a decision, for whilst they deliberate, their respective enemies of battle, tempest, or pestilence, may be acquiring an irresistible impetus. They must, under the worst emergencies, take the largest view they can of the state of affairs, and draw the most rapid conclusions; yet not, (as already observed in the introductory lecture,) that this rapidity is any rapidity at all, unless the conclusion be correct. For speed is something very distinct from mere haste; the one being the measure of our progress, the other of our effort. The physician must be calm and collected under the most alarming symptoms, or he is unworthy of his high vocation. His whole powers must be earnestly bent upon the issue of his case without any fear of that issue disturbing the equable exercise of his faculties. The more certain his knowledge, the more consistent and uniform will be his line of march; and that march, if guided by true wisdom, will rather be effected by long deliberate strides than by hurried and shuffling efforts.

OBSERVATIONS ON

HYDATID DISEASE OF THE LIVER.*

By P. M. DUNCAN, M.B.,

PHYSICIAN TO THE ESSEX AND COLCHESTER HOSPITAL.

PART II.

Descriptive and Minute Anatomy of Acephalocyst Hydatids; Theory of their Entrance into the System; Remarks upon their Generation, Development, Distribution, Progress, and Decadence.

In the liver an hydatid tumour invariably consists of a more or less dense and laminated fibrous globular sac, which is lined, internally, by a delicate albuminoid membrane, rendered tense by a limpid colourless fluid. This last is the parent sac or acephalocyst; it occasionally contains many smaller ones, which in their turn may contain others.

Echinococci are always to be found in human hydatids. The external fibrous sac is non-essential, and consists of altered liver structure; its thickness varies from two to ten lines, according to the age and situation of the hydatid. It is always roughly laminated, the external lamina being in close connection with the liver, the internal being in simple apposition with the albuminoid cyst, which constitutes the true hydatid. The microscope discovers in this external membrane, besides altered blood-vessels, and bile-ducts, much white fibrous tissue; there is a considerable vascular connection between the masses of this fibrous tissue and the surrounding liver structure, which is always more or less affected by the gradual pressure of the acephalocyst.

In very old and thick fibrous sacs, phenomena occur which interfere with the growth, and frequently with the life, of the hydatid which they cover. The innermost layers of their laminated structure become more and more removed from the pale of nutrition, and changes happen which appear to be independent of the vitality of the tissue; masses of crystals of a carbonate, and of cholesterine are found betwen the layers, and much exudation-matter in their substance and surrounding the blood-vessels which supply them. After a time these adventitious products increase to such a degree as to bring about changes in the acephalocyst itself, which gradually loses its fluid, and finally collapses, and after death is found beautifully folded up within the altered fibrous sac. The innermost layers of the fibrous sac are the most affected by the above-mentioned changes; and we find that large masses, of the consistence and aspect of putty, are occasionally thrown out from the free surface of the innermost lamina into the space between it and the acephalocyst, and the microscope discovers them to consist of crystals, oil globules, and exudation-bodies. In those subjects where the general nutrition is weak, especially in aged people, these deposits are most common. I have lately met with a fibrous sac of an hydatid, which in some spots was of osseous hardness.

From careful examination of the structures of the fibrous sacs of acephalocysts, I am inclined to believe that an atheromatous condition of the walls of the blood-vessels which supply them, invariably exists before the deposit of adventitious matter occurs. It would appear that, whenever from any cause the growth of the acephalocyst is stopped, and the office of numerous blood-vessels is of course at an end, that nature immediately commences operations which tend to their decadence and final obliteration. From some cause with which we are unacquainted, certainly not from an inflammatory one, but rather from some perversion of nutrition, a deposit of oil globules occurs beneath the internal lining membrane, and in the tissue of the middle coat of the smaller blood-vessels; cholesterine crystals are subsequently formed, and their calibre seriously interfered with. Soon, and especially if these deposits of atheroma exist to any great amount, the walls of the blood-vessels permit the transit of a considerable quantity of colourless blood-plasma; they have lost the power of antagonising the disposition to excessive exudation. Now, this exudation of plasma is totally different in its causation and subsequent development to that which owes its existence to inflammatory action; no tissues are formed from out of it, no cell-growth occurs; on the contrary, the plasma seems to lose the greater part of its vitality, its watery parts deposit crystals; oil, always typical of vital degeneracy, is found, and the only trace or evidence of life is in the abortive development of masses of exudation-bodies, which consist of myriads of very small and highly-refractile globules, in all probability nearly allied to fat, and at all events highly carbonaceous. These products of exudation press upon, and obliterate, many capillaries, and influence, in a secondary manner, the

* Continued from page 656 of last volume.

nutrition of the acephalocyst. It appears that in order that these changes should occur, either there must be some cause which prevents the acephalocyst assimilating the colourless blood-plasma by which it is nourished, and which necessarily retards its growth, or else that the powers of life, generally speaking, are on the wane. We find corresponding exudation from diseased vessels in the arcus senilis, in white softening of the brain in old people, and in the middle-aged like deposits occur from constitutional causes, and a perversion of the nutrition of the affected part. The exudation in the layers of large aneurisms is well known. The semi-transparent albuminoid membrane which lines the internal surface of the fibrous sac, is the true hydatid; it is not formed by altered liver structure, but consists of a tissue peculiar to itself, which, although nourished within, yet is not the product of the organism.

Whatever may be the size of the albuminoid membrane or acephalocyst, it is always, except when in its decadence, tense with fluid; it may or may not contain others like itself, and produces from the surrounding tissues, by the pressure incident to its growth, the fibrous sac. In colour the acephalocyst is generally of a blueish tint by transmitted, and of a pearly colour by reflected, light; it is in contact with the fibrous sac, but there is no organic connexion between them; it is perfectly extra-vascular, and yet is nourished by the exuded plasma of the capillaries of the lamina of the fibrous sac nearest to it.

The microscope reveals some very interesting facts in the structure of the acephalocyst; upon using a magnifying power of 600 diameters, or even much less, with the aid of a not too brilliant transmitted light, a thin section parallel to the diameter of the acephalocyst, and placed in water, presents a series of lines of most extraordinary delicacy, number, and regularity. These lines occur in pairs, the distance between the lines constituting the pair being very small, but the distance between the pair of lines on each side of any one is more considerable. So that commencing with the periphery and passing inwards, we find first of all, a single line, then a considerable distance, then a pair of lines, then a considerable distance and a pair of lines follows, and so on till the inner surface of the acephalocyst is reached. Here the structure ends by one line. No structure or lines of any kind, are to be seen in a section parallel to the circumference. By breaking up the first section mentioned, we discover that the acephalocyst consists of many scores of concentric layers, each layer is a cyst, and has a layer on its out and inside, the connexion is that of simple apposition only, but is a very close one. The two edges of each layer or lamina are closely applied to corresponding edges of other lamina, there results then a pair of lines, *i. e.*, the proximated edges of two laminæ, then a space free from lines, of some considerable dimension, the structure of the lamina, and then two more lines, the one being the edge of the lamina and the other being the edge of another in apposition with it. The outside of the outermost lamina is in apposition with the inside of the fibrous sac, and its inside is in contact with the outside of the next lamina, and so on; the outside of the innermost lamina of the acephalocyst, is in contact with the lamina next external to it, the inside is washed by the fluid of the interior. The laminæ vary in number according to the age and size of the acephalocyst, which probably in its earliest stage of existence, simply consisted of one lamina. It appears to me that the layers are developed eccentrically, both because the innermost layers are in old acephalocysts, frequently the seat of a crystalline deposit, and because the two innermost layers perform an office which is peculiar to them, they having to do with the generation and development of the secondary acephalocysts, (those floating in the fluid of the acephalocyst) and of the echinococci.

The laminæ are homogeneous in structure, no markings of any kind are to be found in them by the highest powers of the microscope; they are readily permeated by their nutrient fluid, but seem to resist the outward passage of the fluid contained in the centre of the acephalocyst. They would also appear to assimilate the albuminoid principles, and to allow the aqueous part of the blood plasma to pass into and mix with the central fluid. The external laminæ are thicker than the most internal. When the acephalocyst contains fluid and echinococci alone, it is said to be simple, and when other cysts are found within it, we call it compound, and these cysts are said to be secondary. The secondary acephalocysts resemble the primary or containing cyst in structure, they are globular, except when mutual pressure causes them to take on some other form, and contain a fluid like that in which they float, echinococci and occasionally other cysts like themselves. Their contact with the parent cyst, is occasionally necessary for their existence by nutrition. The fluid of the acephalocyst is limpid, colourless, saline, and has a specific gravity which averages 1010, common salt, an animal matter, and, according to Dr. Budd, "a trace of other saline matters, probably all the salts of the blood not associated with its albumen, and water, enter into its composition. The fluid is generally in sufficient quantity to render the acephalocyst very tense; it is, however, liable to absorption, when the nutrition of the fibrous sac and of the acephalocyst suffers. Occasionally floating about in the fluid, but more frequently at the bottom of an hydatid sac, we find numerous ovoid, pearl-coloured bodies of the size of a very small pin's head. The microscope proves them to belong to the lowest tribe of entozoa, and to be, and merit the name of, echinococci.

Livois asserts that echinococci exist in all acephalocysts; and Dr. Budd and Mr. Busk have invariably met with them. Formerly their existence was supposed to be a matter of accident, and by some they were thought to be parasites of their enclosing cyst. To the naked eye they are just visible, and are of a pearly white colour; found attached to all parts of the internal surface of the true acephalocyst; they also float in great numbers in the fluid, which does not, however, appear to be their proper place, as the circlet of hooks with which each is furnished, indicates an existence more or less stationary and fixed.

Owen asserts, on the authority of Müller and Quekett, that the echinococcus hominis differs from those of the hog, in having suctorious cavities beneath the circlet of hooks, and visible when this is protruded. Dr. Budd says that these suckers have not been visible in any specimens he has examined, whether taken from human hydatids or from those of the sheep. I must add my humble testimony to the same effect. The well-known accuracy of the two first-mentioned observers, forces us to believe that there is more than one kind of echinococcus, viz., those having suctorious cavities, and those in which they are absent.

The following is Dr. Budd's description of the kind he and most others have seen:—"Echinococci are oval, transparent, colourless creatures, somewhat egg-shaped, and presenting under the microscope a distinct double outline. The anterior end has a depression or cleft, from which there is an evident canal or mouth, leading to a circlet of hooks which is within the body, and nearer the posterior end than the anterior. The posterior end has also a slight depression, which has now and then a fibrous pedicle attached to it. The creature is studded with globular bodies, which from their refracting light strongly, have under the microscope a strong dark outline, and a bright centre. They seem to be in the membrane of which the body is composed, or rather between the outer membrane and an interior solid body, and are at different depths from the object-glass, so that while some are clear under the microscope, others are indistinct."*

I have not detected any muscular or nervous structure in the creature, the circlet of hooks is retracted by the irritability or rather the contractile nature of the surrounding parts. After the death of these creatures, during decomposition, the circlet is protruded; whilst they are attached to the cyst-walls such is also the case; the stimulus of light, however, excites the contractility of the tissues which retract the circlet, and we see them with the row of hooks in the centre of their body. It would appear that the protruded state was the natural or usual one, and that only under peculiar circumstances, owing to an unusual stimulus, or before perfect development for instance, the circlet is retracted. The hooks or teeth of which the circlet is composed, are generally between twenty or thirty in number, they are hard, and resist decomposition, resembling somewhat the iron part of a pickaxe in shape, they have a sharp and a blunt extremity, and there is a tubercle in the centre. The teeth are fixed around a circular base, the sharp end points posteriorly, so that when the circlet is plunged into the albuminoid texture of the cyst, it is not very easily removed.

The echinococci have not been discovered elsewhere but in acephalocysts, primary or secondary; they appear in these last very shortly after they have become visible to the naked eye, and as the cyst increases in size, so do its inhabitants increase in number.

The organization of the echinococci is very simple, and their place is also very low in the animal scale; they do not always present the refractile globules beneath the superficies. In one of the cases I have described there were none to be seen, but in considerable numbers, in the vicinity of several echinococci, there were globular cells, some refractile, others presenting a granular mass in their interior. In this case the fluid of the acephalocyst had become absorbed, a simple halitus remained, and numerous echinococci and these cells were found congregated wherever there was a slight excess of moisture. Now, as the acephalocyst must have been in the state described, for at least fifteen years, it becomes interesting to observe the great latent powers of life possessed by these entozoa, a peculiarity almost equalling that of the rotifera. The refractile globular bodies I believe to be ova, of whose future destiny I shall presently treat.

[To be continued.]

* Budd on Diseases of the Liver, p. 339

DEATH CAUSED BY THE INHALATION OF CHLOROFORM.

By EDWARD JACKSON, Esq.,

Demonstrator of Anatomy at the Sheffield Medical Institution.

J. S. aged 21, a young man studying for the medical profession, of a reserved disposition, but at times immoderately cheerful. Has enjoyed tolerable health throughout life, although suffering very frequently from toothache or tic doloreux. A week previous to his death he sustained a great loss in the death of his master; this threw into his hands a more than usual amount of labour, and he appeared somewhat anxious as to the course he should pursue in carrying out his studies, but there was no evidence of any remarkable depression of spirits. He had been accustomed at various times, when he suffered from toothache, to inhale chloroform on a pocket handkerchief, but in the presence of the servant man, to whom he gave instructions to arouse him, if stupor continued beyond a certain time; he had also been accustomed to take small quantities of opium at bed-time, being subject to restlessness and disturbed sleep.

On the 23rd of June he followed his customary avocations, and in the evening went to church, and from thence accompanied a friend to supper. Although he complained of not being in his usual health, still there was nothing to attract attention, and he parted from his friend cheerfully, promising to meet him the following evening. He had partaken, for his supper, of veal and tart, with a little sherry, and retired to rest at half-past eleven. At a quarter to twelve, a gentleman, (Mr. R.,) who occupied a bed in the same room as the deceased, retired to rest. The deceased had extinguished his light, and appeared to Mr. R. to be in a sound sleep. The latter got into bed without taking further notice, and after a period of fifteen minutes, he heard a moan, which he regarded as nothing unnatural, or probably, he thought, the result of dreaming, and fell

asleep. He arose at six in the morning, and having finished his toilet, went out for a walk, leaving, as he supposed, the deceased in a sound sleep, and lying in a composed and natural position. About fifteen minutes past eight A.M. the servant knocked at his door, and receiving no answer, went to his bed and shook him, but without rousing him. She found the bed clothes almost entirely covering his head, and immediately alarmed the inmates, when I was sent for, they supposing him to be in a fit. When I saw him first I found him in the following position:—He lay on his right side, the head rather bent on the chest; limbs flexed, the knees being up, the limbs were rigidly fixed in this position; in fact the whole body was as that of a person in tetanus; the jaws were firmly closed, and the tip of the tongue, which protruded, had been lacerated. A pocket handkerchief, rolled up, was pressed tightly over his mouth and nostrils by his hands, which were rigidly fixed in that position, the fingers being bent in segments of circles. The whole of the dependent surface of the body was deeply discoloured, of a purple colour, from the ordinary gravitation of the blood; the pupils were about the natural size; the body was almost cold; the rectum and bladder had been evacuated.

Sectio cadaveris.—11 A.M., June 24th.—The first circumstance noted, in making the integumentary incision, was *an exceedingly fluid state of the blood*, which was very *dark* in colour. The brain and membranes were healthy, the former perhaps not being of so firm a consistence, as natural, and slight congestion being evident in both; the sinuses at the base were largely distended with blood; the same state was also observed at the upper part of the spinal cord. The lungs were perfectly healthy in structure, but somewhat congested, and a frothy fluid exuded on pressure; they were not collapsed or but partially so. The heart appeared to be larger than usual, but this arose from the *excessive distention* of the right cavities with *very dark* fluid blood; the left cavities were almost empty; the structure was perfectly natural; valves, endo- and peri-cardium healthy. The *stomach* contained a quantity of dark reddish-brown matter, apparently the last meal which had undergone reduction in the stomach. The mucous membrane was moderately congested and vascular, but not more than probably occurs in healthy digestion; it was not at all softened. The liver, spleen, kidneys, intestines, and pelvic viscera, were perfectly healthy, but the venous system in each, was largely engorged with blood. There was not the slightest internal wound.

Observations.—The chief point of interest in this case was the cause of death; and to assist in discovering this, it will be necessary to note several collateral circumstances connected with the case.

1st. In a watch pocket just over deceased's head, was an empty half-ounce bottle, the cork being loose in the same pocket. Not the slightest smell could be detected arising from anything the bottle might have contained.

2nd. The pocket-handkerchief which covered the mouth was perfectly free from odour.

3rd. In a private drawer belonging to the deceased was found a one-ounce bottle, containing about five drachms of chloroform. Knowing the great volatility of chloroform, I performed an experiment with regard to this point; I took a small bottle, containing one drachm of chloroform, and having poured it on a pocket-handkerchief, I wrapped the latter up tolerably close, and allowed the bottle to remain open. In three hours I could not detect any smell from either which would justify me in stating that chloroform had been present.

The appearances presented by the *post-mortem* examination, were those of death by apnœa (asphyxia.) The question arises—How was this produced? Chloroform produces various effects, according to quantity, purity, duration, and manner of inhalation. Thus anæsthesia, general insensibility proceeding to profound coma, paralysis of voluntary, and afterwards (very probably) of involuntary motion, are its usual effects, according to the length of time administered. Convulsive action has been remarked in many instances. I have seen a case in which violent maniacal delirium resulted, lasting two or three hours, relieved by opium. In the case in question, the apnœa may have been the result of—1st, profound coma, from prolonged inhalation; 2nd, or, more immediate, from prevention of entrance of air into the lungs, by closure of the external orifices of respiration, by the hands and handkerchief, these effects being increased by convulsive action, which would also implicate the larynx and trachea; 3rd, or, from a combination of all these circumstances, as is most probable. Now, supposing the deceased to have inhaled chloroform, the following is my impression as to the course of events. He poured the usual quantity (say ½ drachm to 1 drachm) on his handkerchief, laid himself down, and (probably, although thoughtlessly) to increase its effects, pulled the bed-clothes over his head, the usual effects of chloroform took place, insensibility resulted, consequently he could not remove the handkerchief from his mouth on account of his peculiar position in bed.

The inhalation would thus proceed, evaporation of the chloroform being greatly prevented by the bed-clothes, at the same time the air being almost entirely excluded. The next effect would, most probably, be convulsive action, of a tonic character; this may in a great measure be inferred from the rigid condition of the muscles after death, which was far greater than the usual rigor mortis. The handkerchief would thus be pressed more closely by the hands against the mouth and nostrils, the rigidity affecting more especially the flexor muscles. Apnœa would be the result, and consequent death from—1st, the chloroform producing insensibility; 2nd, the passage of air to the lungs being prevented, or nearly so, by the continued inhalation, as well as by the external orifices of respiration being in a manner closed, and by the convulsive action implicating the glottis, together with the external respiratory muscles. All these causes would concur in

producing apnœa. And there can be little doubt, from the circumstances detailed, that chloroform was continuously inhaled for a long time, and produced its fatal effects from the peculiar concurring circumstances above mentioned. Had he inhaled it whilst sitting up in bed, the result would, most probably, not have proved fatal. The quantity inhaled it is impossible to state, but the quantity usually employed might produce death under such circumstances as those above mentioned.

Bank Street, Sheffield,
January 21, 1851.

REMARKS ON CASES IN PRIVATE PRATICE.

By W. C. COOKSEY, Esq., Worcester.

ON A NEW APPARATUS FOR CLUB-FOOT.

In the *Journal* of the 26th of June last, I directed attention to a method of treating talipes equinus by a simple apparatus, and I mentioned at the time that a modified splint on a similar principle, might be applied to other forms of the same affection, with equal advantage. I have since used the splint to which I refer in a case of equinus varus; I found that its effect in bringing the foot to the proper angle with the leg was as good as possible, but something more was necessary to uncurb and expand the contracted foot, and to give it as early as possible the power of being placed flat and firmly on the ground. I therefore had an apparatus made, of which the following sketch may convey an idea, and which has answered the end in view perfectly well:—

Fig. I.

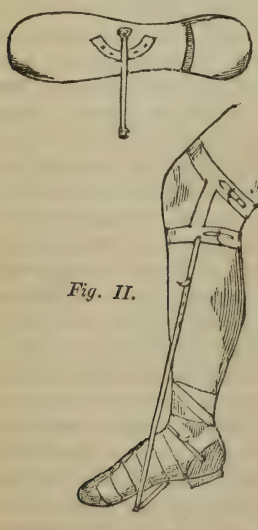


Fig. II.

It consists of a wooden sole somewhat larger than the bottom of the foot, (*Fig. I.*); to the under surface of this is attached a bar of steel about four inches in length, and moving loosely on a pivot in the plane of the sole; this bar may be placed at any angle with the long axis of the sole, and secured in its position by means of a stud on its upper surface, which enters the holes in a segment of brass let into the sole. At the free end of the bar is an eye holding a strap, which meets the buckle on the collar at the knee, *Fig. II.* Thus the pull may be made in any direction or to any extent. I do not know any case of deformity affecting the foot and ankle-joint, in which this splint may not be available, or in which, unless the case be beyond the reach of mechanical art, a cure may not be effected by its use, after the proper division of the tendons, it being always borne in mind, that while no class of cases may appear at first sight more hopeless than those in question, there are none which better repay a diligent, careful, and patient use of the remedial means which we possess for their relief.

In applying this apparatus, the foot should be first firmly bandaged down as flat as possible on the sole, and to prevent its moving aside when the strain commences, the heel should be surrounded by a piece of stiff leather, three quarters of an inch in depth, with a strap to buckle across the instep over the bandage. The sole and collar must be carefully padded, and the whole removed once a week, without which precautions the long-continued pressure may endanger the skin.

DEATH CAUSED RY THE IMPACTION OF A PIECE OF WALNUT IN THE LARYNX OF A CHILD.

On the 26th of October my attendance was requested upon a child who was thought to be dying; I was from home, as was also another medical man to whom the messenger applied. When I arrived at the house, the child had been dead half an hour. The parents told me it had been attacked while in perfect health, with sudden difficulty of breathing, threatening immediate suffocation; it apppeared in great distress; there was no cough, but a wheezing sound on each inspiration. The symptoms, as described, appeared to resemble those of sudden œdema of the parts around the glottis, but the manner of the attack, and the rapidly fatal termination of the same scarcely bore out this view. I passed my finger into the pharynx, expecting to find some foreign body pressing upon the glottis or otherwise impeding respiration; the throat, however, was clear, and the parts natural and healthy. I then requested leave to examine the body, which being granted, on the following day I cut down upon and removed the larynx and part of the trachea, when the difficulty was at once explained. A piece of the kernel of a walnut had passed through the rima glottidis, and was wedged within the cricoid cartilage, by the ring of which it was firmly embraced, so as to be with difficulty removed. The angular shape of the walnut, by allowing the passage of a small portion of air, accounted for the little patient having survived the accident an hour and a half. It was only six month's old. The case appears to me to suggest the question of—How far, under similar circumstances, mechanical interference would be justified? as, for instance, endeavouring to pass an elastic bougie through the rima glottidis before thinking of tracheotomy, with the view

of dislodging the body obstructing the passage of air, and of facilitating the natural efforts of the parts concerned in its expulsion through the rima.

ACUTE RHEUMATISM, WITH HYDROPERICARDIUM, AND DEATH, IN A CHILD THREE YEARS OLD.

In the afternoon of the 27th of October I was called to a child of nearly three years old. Upon examination I found the whole of the right lower extremity much and uniformly swollen; the shape of the joint being lost, and the skin tense and elastic; there was not uniform redness, but patches appeared at intervals, the size of a shilling, of a dusky red colour. Upon my attempting to move the limb the child cried out suddenly and violently, and every subsequent motion, however slight, appeared to cause excruciating pain. So far the symptoms were those of acute rheumatism. The skin was acting freely; tongue white and moist, papillæ elongated; bowels open; pulse 140, and somewhat feeble. I found the affected limb enveloped in a warm soft poultice, which was ordered to be continued. The child was placed in a warm bath, and Hydrarg. Chlor., gr. j.; Pulv. Doveri. gr. ij; Antim. Pot. Tart., gr. 1-6th; given every second hour. I told the parents that the heart would probably be affected, but did not think myself called upon to apply any special preventive measures in so early a stage of the disease, the child having been in perfect health two days before I saw it.

In the evening I saw the case again. She was lying quiet, the eyes closed. I felt the pulse, and found that she was sinking. She could be roused without difficulty, and replied clearly to questions; but some fatal influence was evidently at work, and the vital powers were failing. The pulse was fluttering, and could not be counted; the eyes were surrounded by a dark circle; the swelling and pain on moving the limb were not lessened. Fatal effusion was evidently going on somewhere; and though I ascribed the symptoms to affection of the heart, by metastasis from the limb, they were yet not defined enough, nor was there sufficient strength remaining, to justify any vigorous treatment by blistering or depletion. I ordered support to be administered, and Hydrarg. Chlor., gr. ½, alone to be given every half hour. The child died at six o'clock next morning, sixteen hours after my first visit.

On the following day I examined the body. The morbid appearances were confined to the heart and left lung; the pericardium was distended with clear straw-coloured serum, in which the heart floated; there was no vascularity, or roughening of the serous membrane, neither did the serum contain any flakes of lymph; the left lung was gorged, the lower and posterior portions extremely so; the organic structures were perfectly sound. The case, therefore, appeared to have been one of simple hydropericardium, produced by metastasis of rheumatic effusion from an extremity to an internal organ, without inflammatory action.

I should be glad to know if any of the readers of the *Journal* have met with cases such as I have just attempted to describe. Authorities speak of both the remarkable points which distinguished this case, viz., acute rheumatism in a child three years old, and passive hydropericardium without inflammation, as extremely rare. That the latter was not a *post-mortem* appearance was sufficiently clear from its amount, which completely distended the pericardium, and surrounded the heart with fluid.

Worcester, Nov. 26, 1850.

Hospital Reports.

QUEEN'S HOSPITAL, BIRMINGHAM.

REPORTS OF CASES ADMITTED UNDER DR. DAVID NELSON.

Extracted from the Clinical Records,

BY W. J. MOORE, ESQ. M.R.C.S., AND L.A.C., RESIDENT MEDICAL OFFICER.

Case XVI.

Case of Charles Rowe, aged 30. *Temp. nervo-lymphatic. Affected with Phthisis, terminating in Recovery. Admitted as an out-patient March* 11*th.*

History.—This patient, nine months before, had caught a cold, which he neglected. Three months after he had consulted Dr. Morris, of Preston, who appeared from the prescriptions to have treated a bowel complaint with mercury and chalk, to have also stopped hæmoptysis by acetate of lead, and subsequently used paregoric and squills, in conjunction with blistering. Ever since he had used the lead he stated his bowels had been constipated.

Symptoms.—On examination he was greatly emaciated, and had pale sharp features; his tongue was speckled; he had very troublesome cough, and expectorated a thin ropy mucous; he had no sickness, but his bowels were very costive; he had profuse night sweats; there was dulness under percussion beneath the right clavicle, which was sunken, and on the same side, posteriorly, and also over the lower portion of the left lung; resonance elsewhere good; there was a good deal of sibilant wheezing throughout, which at first marked the bronchial respiration; pulse 104; respirations 38. He now weighed seven stone two pounds.

Diagnosis.—That there was tubercular deposit in the upper portion of the right lung and lower portion of the left.

Treatment.—This was commenced by an endeavour to excite the bowels, allay the cough and wheezing, stop the sweats, with counter-irritation, and the orders were:—Hab. Tinct. Opii Camph., Tinct. Hyoscy., Spt. Æth. Sulph. utrq., gtt. xx., ter die. Pil. Aloet. j., omni nocte. Acid. Sulph. Dil., gtt. xxx., horâ somni. Ol. Aselli c. Ferro, dr. j., ter die. Ap. Vesicat. Sterno.

23rd.—The cough was easier, and the wheezing was gone; the sweatings were slight; the bowels were regularly opened, and his appetite was somewhat improved; pulse 90; respirations 30. Cont. Med.

30th.—The cough was easy, and there had been no return of wheezing or sweating; the appetite was good, but the bowels were difficult to be moved; the resonance in the dull part in front seemed somewhat improved, but the right side posteriorly remained the same; pulse 104; respirations 26. Cont. Med.

April 7th.—There was little cough; the respiration was bronchial, and in other respects he was much the same as at last visit. Cont. Med.

18th.—The sounds on percussion were better, except under the right clavicle; he had no return of sweats, and the cough was as easy as before, but he complained of sore-throat, and of "feeling something in it after hawking;" he had just been walking, and the pulse was 112; respirations 30. He had gained one pound in weight. He continued the medicine, had two leeches applied to the throat, and used an inhalation of iodine and conium.

28th.—He was easier again in all respects; pulse 70; respirations 26. Cont. Med.

A few days after he caught a fresh cold, and was then visited at his own house by Dr. Nelson's Clinical Clerk, Mr. Banks, who supplies the following additional notes:—

"The patient had now caught cold, and felt too unwell to walk to the hospital. He complained of pain in the chest and right shoulder; his cough continued to harass him night and day, and prevented sleep; the expectoration was muco-purulent; the tongue was coated with a brownish fur; the bowels were very costive; the urine scanty, high coloured, and depositing a red sediment; his appetite was gone; his skin hot and dry, and night sweats had returned; there was bronchial respiration on the right side, but no great dulness under percussion, except behind and over the lower anterior part of the left lung; pulse 120; respirations 38. He was blistered again, took his opening pills and the ferruginated oil, with paregoric.

"May 11th.—The bowels were regular, and the tongue was clean; there was no sediment from the urine; the cough was less troublesome; he felt a degree stronger, and his appetite had returned; the night sweats continued; pulse 100; respirations 34. Cont. Med., et sumat. Acid. Sulph. Aromat., gtt. xxx., horâ somni.

"14th.—The sweatings had nearly ceased, and his cough was still easier; pulse 92; respirations 24. Cont. Med., et Ap. Ung. Ant. Pot. Tart. sterno.

"21st.—He was much the same as at the former visit, but felt he was improving in flesh and strength. On being weighed it was found he had gained ten pounds since the 18th of April, notwithstanding the late acute attack. Pulse 92; respirations 22. Cont. Med.

"29th.—His bowels were regular; his tongue clean; his cough easy, and his sweatings gone, but he felt weak and languid; pulse 84; respirations 24. Cont. Med. et Hab. Decoct. Cinchonæ, oz. ss.; Inf. Calumb., oz. ss.; Quininæ Sulph., gr. j., ter die.

"June 4th.—His appetite and sleep were good; his bowels regular, and urine clear; the cough had nearly ceased; he felt stronger altogether, and was much improved in appearance; pulse 84; respirations 24. Cont. Med.

"18th.—The cough had ceased to trouble him, and he had no pain; sleep continued good; he had no return of sweating, and there was no bronchial respiration in any unnatural position, except close to the right shoulder. He was now sufficiently strong to walk for an hour or two at a time without undue fatigue. He had gained in weight about six pounds more, making in all seventeen pounds since March 11th. Pulse 80; respirations 18. Cont. Med."

Mr. Banks again saw him from professional curiosity on the 21st of October, and furnishes another note as follows:—

"He has not taken any medicine since last June, but has been careful in avoiding cold, &c. He has no cough or nocturnal sweating. There is no appreciable dulness on percussion. His appetite and sleep are good, and he has no sense of weakness. The skin is moist, the bowels regular, and the urine plentiful and healthy. Pulse 75, respirations 18. Recommended to take the ferruginated oil occasionally, and to be careful as to diet, exercise, &c."

Observations.—This case affords good ground for satisfactory reflection, and fairly justifies the use of the word recovery, though that of cure is to be cautiously avoided, inasmuch as after any recovery the original diathesis will still remain. The diagnosis is based on a series of symptoms too palpable to admit of dispute. The previous hæmoptysis followed by the cough, the sweatings, the emaciation, and the dulness, with the exalted pulse and respiration, point but to one legitimate conclusion. On the other hand, the gradual departure of the cough and sweatings, the expectoration and dulness, with the diminution of frequency of the pulse and respiration, and the notable increase of weight just as irrisistibly prove an augmented capacity of chest, an absence of constitutional irritation, and a restoration of the nutritive powers. The simple facts of the pulse falling from 104 to 75, the respirations from 38 to 18, and the weight increasing seventeen pounds, speak more emphatically than any speculative comments as to less demonstrative symptoms. As remarked by Dr. Hughes Bennett, it is well to keep such cases in view in order to obtain tangible proof of the ulterior result, as in this instance.

BRISTOL ROYAL INFIRMARY.

SURGICAL CASES ADMITTED UNDER AUGUSTIN PRICHARD, ESQ., SURGEON TO THE INFIRMARY.

Case I.

Extirpation of the Globe of the Eye.

James Fleming, aged about 46, admitted September 22nd, 1850, was formerly a workman in some iron foundry in Monmouthshire, where he met with an accident, thirteen years ago. He states that a piece of iron

entered his left eye, and has never been extracted. He has lost his sight for many years: and the constantly recurring inflammation in the injured eye has kept up so much sympathetic irritation in the right that he has been for a long time disabled from gaining his livelihood by his own exertions. For nine months he has been suffering from constant pain and sleepless nights, and his general health has accordingly suffered. His eye is intensely red, and the lids swollen; and he continually complains that he feels the foreign body rolling about from one side of the eye to the other. He is also quite unable to use the right eye, from the great intolerance of light. The iris of the injured eye is tremulous.

He became at first a patient at the "Bristol Dispensary for the Cure of Complaints in the Eye," many months ago, when, after careful attention to the case, I refused to make any attempt to remove the foreign body which he fancied was still there. He returned after three or four months' absence with the same symptoms, but there was a small black point in the sclerotic immediately below the cornea. Thinking that this might be the iron presenting itself externally, I made a section upon it, but discovered that it was merely a point where the sclerotic had become thinned. A considerable quantity of fluid and brownish vitreous humour escaped, and the eye appeared partially collapsed for a few days, after which pain returned, and the only difference observable in his eye was, that the pupil was distorted and drawn downwards towards the opening which I made.

A second attempt to cause the eye to collapse was made some weeks afterwards, when he was admitted an in-patient at the Bristol Royal Infirmary. Upon this occasion I removed a considerable flap of the cornea, and passed in a curette, to endeavour to remove the lens, if it was still there. The vitreous humour escaped as before, but no lens was to be felt.

The symptoms still remained in all their severity, and as he was extremely anxious to have something more done for him, I proposed, as a last resource, the removal of the globe of the eye. This was agreed upon in consultation, and he willingly consented; and I performed the operation in the usual way on the 14th of October, the patient being under the influence of chloroform. There was but little hæmorrhage; and after applying a twisted suture to the wound in the external canthus he was removed from the operation room, still in an insensible state. He recovered his sensibility about half an hour after the operation, two drachms of chloroform having been used.

15th.—Has slept but little; feels no pain.

16th.—Has had no pain whatever since the operation. Removed the pin from the outer canthus, the wound being healed.

17th.—Is up and well; the right eye is becoming strong; there is a little sanious discharge from the left orbit.

23rd.—Went out quite well, his right eye being quite strong, and the sight good.

The following appearances were seen upon examining the eye that was removed:—

The globe of the eye of a natural shape; the muscles healthy as far as they were removed; the anterior chamber healthy. The wound made in the cornea in a previous operation has partially united through the medium of a rounded mass of dense white lymph. The pupil had regained its circular form. Ciliary body healthy in appearance. Upon exposing the posterior part of the eye, considerable changes were visible. The retina was sound, the lens had disappeared, and the capsule was collapsed, hard, and opaque, occupying the lower part of the eye, pressing against the ciliary processes. No foreign body was to be found. A thick and firm layer of fibrin separated the sclerotic and choroid throughout their entire extent, and upon the outer side of the globe of the eye there was a deep oval cavity as large as a dried horse bean, and of a very similar form, situated in the middle of the fibrinous exudation. This was, in all probability, the cavity of an abscess, although when I made the section through the eye, immediately after the operation, and before I carefully dissected it, I observed no escape of pus. Passing through this little space were two fine cords, one larger than the other; these were a ciliary nerve and artery, which having traversed the sclerotic were dragged out of their natural position, or elongated by the gradual separation of the surfaces of the choroid and sclerotic, and this appeared like two little pillars connecting the opposite walls of the little cavity. The choroid itself appeared healthy, and of its usual brown colour.

This case is interesting as being the first recorded instance, as far as I can discover, in which extirpation of the globe has been performed for a disease of the eye which is not malignant, and I should scarcely have proposed so severe an operation if it had not been possible to remove all suffering by means of chloroform. It is also most satisfactory as far as the result is concerned, for, from the changes that had occured in the eye, it is quite clear that no other means could have removed or cured the disease, and the freedom from pain which the patient enjoyed from the time of the operation was complete. The cause of the intense neuralgic pain which he suffered was, in all probability, the irritation of the ciliary nerve kept in a state of tension as I have described, and the existence of the lymph between the sclerotic and choroid with the abscess in the centre, was quite sufficient to account for the constantly inflamed condition of the eye. I should think that, with the aid of chloroform, a similar operation might be performed in many instances with advantage, in incurable inflammation of the interior of the eye, when the sight has been permanently lost, and when the sound eye is endangered, as it undoubtedly is, by the disease of the other.

Provincial Medical & Surgical Journal.

WEDNESDAY, FEBRUARY 5, 1851.

THE letter of Mr. CARTWRIGHT, inserted in our last number, demands, and has received, our careful consideration. We can assure that gentleman that it was on no light grounds that we were induced to come to the resolution to which he alludes; but it is due to the Worcester Council to relieve them from all responsibility in connexion with that determination, the question never having been in any way before them. It appears to us that Mr. CARTWRIGHT labours under a serious mistake in considering the Council of the Association and the *Journal* as absolutely identical. It is quite true, as he says, "that they cannot, or ought not, according to common sense, to differ in sentiments," but at the same time, it does not follow that all that is inserted in the *Journal* as the opinions of the Editors, should be considered as having had the sanction of the Council; for it would be exceedingly inconvenient, as far as the Council is concerned, that every article should be submitted to them, nor do we suppose that any Editor would be able to make such an arrangement.

The Association, as a body, stands pledged to certain principles, which were embodied in the memorial presented to Sir GEORGE GREY by Sir CHARLES HASTINGS, during the last session of Parliament. From those sentiments, which had been previously carefully collected from the District Branches, there can be no retreat until they are rescinded by the same authority by which they were then enunciated, and we are confident the Worcester Council will lose no opportunity of enforcing them upon Her Majesty's Government, upon all proper occasions, and without any consideration for the time or trouble expended.

We have thus endeavoured to dispel Mr. CARTWRIGHT'S fears as to the lukewarmness of the Worcester Council in the cause of Medical Reform, which we again repeat, are utterly groundless. But we are called upon by our esteemed associate to reconsider the reasons which induced us to come to the determination of avoiding for the present the discussion of medical politics, and in order to do this we will state more at length what those reasons are. In the first place, we have for some time past been privately urged by many influential members to avoid the subject altogether, as leading to angry feelings, when harmony would otherwise prevail. In the second place, we were told that the subject was worn thread-bare, and had become "stale, flat, and unprofitable;" and, in the third place, we were advised that no readers like to have sentiments propounded in opposition to their own, especially where their vital interests are at stake; and that this is still more galling when the writer is elected by the body composed of the readers themselves. These arguments, we ourselves think, are by no means conclusive, but still they are entitled to our consideration, and for some time past we have acted upon them, and should have continued to do so without any open announcement. Latterly, however, we have received so many urgent requests to make allusion to the new Bill proposed to be brought into Parliament by Mr. WYLD, that we must either have been guilty of want of courtesy to those gentlemen and others who think with them, or have given our reasons for a non-compliance with their wishes, and hence arose the necessity for publishing the leading article of January 8th.

It must be borne in mind that at the last anniversary meeting, a Committee was appointed to consider the propriety of altering the form of the Society's publications; that Committee has as yet made no report, and therefore any alteration of plan can only be temporary and inconclusive; but we considered, that with a strong difference of opinion in many of our associates, and with a doubt existing in our own minds, it was better to avoid the subject altogether, as was the custom in the time of our lamented predecessor, than to run the risk of doing irreparable mischief to a cause, which we yield to none in our anxiety to support.

With the vast number which it is our object to please, in conducting this *Journal*, it is out of the question to hope that there should be uniformity of opinion on any subject. Nor do we expect, when we are told on indisputable authority, that "no one can serve *two* masters," to be able to serve nearly 2000 without offending some among them; it is not, therefore, on that ground that we thought it desirable to avoid the discussion, but solely from a fear of doing an injury to the Association. We have always, in conducting this department of the *Journal*, en-

deavoured to try all questions by the rules laid down by the general or special meetings, and when the proposed alterations in medical polity have not been in accordance with those rules, we have thought the discrepancy a fair subject for animadversion; but if it is generally thought that the Editorial department of the *Journal* should not be made a vehicle for the discussion of such matters, we shall be happy to bow to the decision of the majority; and if, on the contrary, the generality of our readers should think we have been of service to the profession—to which we are proud of belonging—by any arguments which we have put before them, and should wish for a continuance of a similar plan of proceeding, we shall have great pleasure in doing all in our power to aid in effecting the object which we are sure all have at heart, though there may be a difference of opinion as to the best mode of arriving at it. We willingly give credit to all, and especially to our friend Mr. CARTWRIGHT, for this sincere desire to increase the well-being of the profession, and we claim a like indulgence for ourselves.

Reviews.

Address to a Medical Student. Second Edition, pp. 167. Oxford: John Henry Parker, 1850

IT affords us the most unqualified pleasure to have to notice this small unpretending volume. Unlike most of the manuals and addresses to students in medicine, which are so frequently occupied either with abstruse scientific discussions which beginners do not understand, or with impracticable rules for the government of the understanding, or for the subdivisions of the day, that would lead one to fancy that it was a medical machine of some kind that the writer was talking of, instead of a poor pilgrim on his journey to a better land—

("Hope lifted, doubt-depressed,
Seeing in part,
Tried, troubled, tempted")

the writers of this volume state that they had before them the object of presenting the student in medicine with a plain and simple view of the profession upon which he is entering, its difficulties and its dangers no less than its pleasures and advantages. They also, and chiefly, wished to remind him by *whose* aid alone he can be enabled to keep himself unhurt by the temptations which will assail him; and to *whose* service all his powers, both of body and mind, are to be dedicated. At the same time, in order to render the work more practically useful, they wished to show how the principles recommended should be carried out and acted upon in the various scenes in which he necessarily is placed.

With these objects in view the essay is divided into different chapters, relating to the choice of a profession; the hospital; the dissecting room; the lecture room; daily life; the examination. One or two of the points noticed in the chapter on the choice of a profession, we would on the present occasion desire to bring before our younger readers, in the hope that they may thus be induced profitably to invest a half-crown in the purchase of the essay itself.

"*The choice of the Medical profession and of the Motives which ought to lead to it.*—Johnson has described the medical profession to be 'a melancholy attendance on misery, a mean submission to peevishness, and a continual interruption to rest and pleasure.' A desire either for comfort, independence, or pleasure, therefore, would not be the motive to lead any one to the choice of this profession. Certainly he would find none of these to be its rewards—nay, worldly ambition can scarce be gratified by the most assiduous and successful cultivation of the science of medicine. 'The lawyer, the soldier, the sailor—nay, the clergyman, may each climb almost to the topmost round of ambitions's ladder, while the physicians—in this country at least—can reach no higher rank in society than a title, which even worldly men think hardly worth the striving for."

Again, to take a higher view of the common motives which lead to, and are urged to, the choice of our profession,—*the desire to benefit our fellow-men*, and to spend a life of usefulness or even of *benevolence* to mankind. Yet this motive should not suffice to induce any Chistian man to make choice of the medical profession. "The gift of healing is one of the noblest gifts of God's holy spirit; and still it is very possible to spend a life in the exercise of this gift, and which at the same time may be a life of ungodliness." We can only recal too many painful instances of this truth: of men so immersed in the practice, and in the benevolent practice too, of their profession, as entirely to neglect the concerns of their own soul. This great truth, so neglected we fear, by our profession, has been thus beautifully stated by Dr. Arnold, in one of his Rugby sermons. May his words be a timely warning to the young in these times of ceaseless busy strife, which are rendering life one hard weary combat.

"We may be thankful to God when he makes our training for eternity consist in doing great and useful actions, in bringing forth much fruit; but we each of us are doing our business as thoroughly, are answering as completely the purposes for which *we* are sent into this world, if we are laid for years of our life upon a bed of sickness, incapable of any further action than that of glorifying God and perfecting our own souls by patient love. The welfare of nations, the improvement of the world on a large scale are (if I may use such an expression) God's object and God's business; thankful and happy may we be, when, by the particular call of His Providence, he chooses us to be His honoured instruments in accomplishing His work. But yet we should rejoice with trembling, lest while thus engaged in what I have ventured to call God's peculiar work, we may chance to neglect our own; while practising or ministering to, or enlightening or governing others, we ourselves should be cast away. It is not, therefore, true, that our great business or object in the world is to do all the good we can it; our great business and object is to do God's will, and so to be changed through his spirit into His image, that we may be fit to live with him for ever. His will is declared to us by the course of his providence, putting us into different situations of life, where different duties are required of us; but these duties are duties because they are His will; and if performed without reference to Him;—if done for worldly objects only, be they ever so extensive and beneficial;—if done solely to improve mankind and not to do the will of our heavenly Father, then our great business in life is left undone, and the most helpless sufferer, who has been bedridden for years, has spent life better and better answered the end for which he was born than we."

Thus a desire for honours ease, luxury, or a love of a benevolent useful life, are not motives which should suffice to authorise a choice of our profession. "What, then," says the writer, (p. 28,) "you will be inclined to ask, what ought to be my motives for choosing this profession? If I may not have wealth and honour for my object, nor ease nor comfort, nor even the delight of doing good to my neighbour, what ought to be my aim in life?—what other and better motive can I have?" "Nay, not so; think once again; for there is in truth one other motive still behind, and that is *the wish to serve and please God.*"

Yet, with this high motive, unless there be also considerable energy and perseverance of character, with ability above the average, and with all the means of getting *daily bread* for some few years independent of the profession, the writer has well pointed out (p. 29) the unsuitableness of choosing the medical profession.

But if neither these nor any other obstacle seems to block up the path at the very outset of the journey through life, and in a manner to force the choice of another profession, then *many reasons do exist to him whose object is to serve and glorify God, why the medical profession should be his choice.* These, in the concluding portion of the chapter under notice, the writer proceeds thus to enumerate, and with this rather long extract we fear we must bring our notice of this essay to a close.

"In the first place, then, as our Lord is the Great Physician of souls, who healeth all our spiritual sicknesses, so is the healer of bodily diseases one of the most evident types of him; and great should be the comfort which the practitioner derives from the reflection that the Son of God Himself, while on earth, condescended to assume this character, which is indeed one of the most interesting in which He is represented to us in the Gospels. In the second place, remember that the whole business of the physician is to do good to his fellow-men, and that in exerting his talents to the utmost with this object he cannot do amiss. * * * * * * * * Again the very fact I have mentioned, viz., that wealth seldom falls to the lot of the physicians, and the common worldly honours of rank and title scarcely ever, though to worldly men a reason for rejecting the medical profession, may to many a young Christian, who has escaped from the snares of ambition, be one of his chief motives for choosing it. For mere earthly objects no longer move his desires; it is God's honour and glory that he has in view and not his own; 'he has no property, since he is but a steward of the Lord; he has no honour or shame of his own, after the manner of the world, this being his only honour, if God be glorified, and his only shame if He be dishonoured by him;' while all his aim is so (by God's grace,) to pass through this painful life that he may one day hear from his Saviour's lips those blessed words, (how much more precious than the proudest earthly title!) 'Well done, thou good and faithful servant; thou hast been faithful over a few things, I will make thee ruler over many things; enter thou into the joy of thy Lord. * * * * * Another reason for choosing the medical profession may arise from the fact of the physician's being thrown constantly into close personal contact with his poorer brethren. How important, and even necessary, this is for the spiritual perfection of most men need not here be told, especially as I shall have occasion to say a few words on this subject in another place; I would now only remind you, with George Herbert, that

> 'Man is God's image, but a *poor* man is
> Christ's stamp to boot.'—

Then again, consider, that as the practice of the medical profession is useful beyond all others, so also is the study of it almost beyond all others noble and elevating; for in what part of the field of creation are there to be found more and plainer proofs of the goodness and power and wisdom of God? And as both the moral and religious parts of the physician's nature are daily brought into action, so too, is the intellectual; for in what human branch of study is there more room for acuteness and talent, or in what is there greater need of clear apprehension, sound judgment, and accurate reasoning?

"Is it not good that, while so many things within us and around us are daily tempting us to put away the thoughts of death, and to enjoy the present hour, we should have some friendly monitor to force us to remember our latter end, and to think of the joys and sorrows, not of this world, but of eternity? In this respect how highly favoured is the physician in having such repeated calls vouchsafed to him; but at the same time how much will it increase his condemnation if he be like the deaf adder, and stop his ears against the voice of God, and neglect his gracious warnings.

"Yet once more, forasmuch as God's true servant feels that he is a 'stranger and pilgrim on the earth,' and 'desireth a better country, that is, a heavenly;' that 'here he hath no continuing city, but seeketh one to come,' and is journeying towards 'the heavenly Jerusalem;' that, 'while he is at home in the body, he is absent from the Lord:' he will not think it good to pass his days and nights as if he were already in his home, and were to remain here for ever, and so had only to live a life of self-enjoyment. * * *

"To one who enters into this feeling how welcome will be the toil, the carefulness, the want of ease, the broken rest of the doctor's life; because all this will serve to prevent his setting his affections on things below, and will make him look forward the more steadily (though not impatiently) to the perfect rest of heaven, where 'there shall be no more death, neither sorrow, nor crying, neither shall there be any more pain, for the former things are passed away,' and in their stead there shall be only rest and peace, and the fulness of joy for ever. * * * * * *

"And now, to conclude this chapter:—If these reasons, or others such as these, shall (after earnest and devout prayer for the direction and guidance of God's holy spirit,) lead you to conclude that the medical profession is that in which you can best serve and glorify him, and best work out your own salvation; then how blessed will be your choice, blessed both for time and for eternity! How blessed an encouragement will it be to you, while a student, to think that all your studies are under His direction, and that, as it is for His service that you are being trained up, so it is His voice that speaks to you in your daily work; that it is He who sometimes throws doubts and difficulties in your way, to exercise your faith, and then that it is He who gives you wisdom to solve them, in order to call forth your love and gratitude! How blessed a comfort will it be when you have entered upon the duties and responsibilities that belong to a practitioner, to feel that you are doing God's work, and not your own, and that you are the chosen instrument in His hand for diffusing health and strength around you; to think of him as guiding you, watching over you, sometimes allowing your best efforts to fail, to teach you to be humble, and then, again, correcting your errors, and suggesting, by some new or unobserved symptom, the *proper plan of treatment*. How blessed an assurance, in either station, is the thought that you have prayed to be guided in your choice by Him, and that He has guided you. How blessed is the consciousness that in every act of your professional life, you may say with a holy confidence:—'To this end was I born, and for this cause came I into the world!'"

Notice of an Unpublished Manuscript of Harvey. By G. S. Paget, M.D., Fellow of Caius College Cambridge.

The only value of the MS., which Dr. Paget has rescued from oblivion, is its fictitious one as an archæological curiosity. It appears to have been a syllabus of a course of lectures, very badly written, and interspersed with quaint jocularities which ill accord with our preconceived notions of the "Immortal Harvey." However, it is probable, judging from the following comparison of the brain nerves to military commanders, soldiers, and magistrates, that the great discoverer of the circulation never intended his notes to go beyond his own portfolio, little dreaming of the indefatigability with which anything old and useless would be hunted up in the nineteenth century. At page 18 we find—

An potius
Cor. imperator. Rex
Cerebrum judex, Sergeant Major.
Nervi. duces. Magistrates
Ramuli decuriones, Constables
Musculi Milites, &c. &c.

Proceedings of Societies.

BIRMINGHAM PATHOLOGICAL SOCIETY.

Case of fatty degeneration of the heart, fatal by rupture of the right ventricle.

Dr. Johnson, of Shrewsbury, presented through Dr. Fletcher, the following case:—

Ann Weston, aged 72, was admitted into the Salop Infirmary under the care of Mr. Arrowsmith, January 5th, 1850. She was very thin, pallid, and unhealthy in appearance, complained of great debility, coldness of the extremities, and general chilliness of the whole body. On admission she had a chronic ulcer in each leg. There was always a great want of action about the ulcers. One of these had, however, at length healed, the other did so afterwards, but it again broke out. There was no suspicion excited that she laboured under any organic disease of the heart.

May 11th.—About two hours after dinner she had first risen from her bed, and after sitting at the fire dressing herself, she was seen to walk away towards her bed, upon which she fell down, uttering a faint scream, and died almost immediately.

Sectio-cadaveris.—The body exsanguine; the extremities wasted; the abdomen and chest plump for her age. The viscera of the chest and abdomen *appeared healthy*, except that the pericardium had a

peculiar dark colour, which on being laid open was found to arise from a large clot of dark venous blood. The heart was found so completely covered with fat, that it seemed as if the whole organ was made up entirely of adipose tissue. There was an ecchymosed space at that part of the right ventricle which is nearest to the apex, through which space were two openings, large enough to admit a probe, and leading into the right ventricle; this was evidently the part from whence the large quantity of extravasated venous blood had proceeded. The walls of the right ventricle were two-thirds made up of *fat*. The proper muscular substance of the ventricle was pale, soft, flabby, easily torn, and had lost the characteristics of muscular structure as seen with the naked eye, and when examined with the microscope. In some portions, from the internal walls of the right ventricle, it was observed—1st, that the natural fibrous structure was destroyed, so that anything like a muscular fibre could hardly be seen; it was still more difficult to discover any trace of the transverse *striæ;* 2nd, innumerable oil globules were seen mixed up with the muscular tissue; 3rd, the morbid specimen left abundant traces of *oil* upon the glass slide.

I have thought it worth while to preserve a record of this case, because Professor Hasse, in his "Pathological Anatomy,"* says that there are but four instances on record of *rupture of a fatty heart,*—a very unlooked for circumstance, when we consider the softened and disorganized state of the muscular substance of the heart.

Our case corresponds very exactly with the account given of the disease by Hasse. We have a mixture of the two forms of the disease. The adipose deposit having commenced in the sub-serous tissue, had extended to the proper muscular texture of the heart. *Advanced age* appears to exert a material influence over this affection. Thus out of thirteen cases mentioned in the work already quoted, *six* were like our case, above *seventy years* of age.

For the above details of the history and morbid appearances I am indebted to Mr. J. R. Humphreys, the House-Surgeon of the Salop Infirmary.

Aneurism of the left middle cerebral artery.

Dr. Fletcher brought forward a specimen of aneurism of the left middle cerebral artery, communicating with a cavity in the anterior lobe of the brain.

The patient, aged 33, a painter, was brought into the hospital at a quarter past nine o'clock on the 23rd of May, 1850, in a condition of fainting. He could not stand, but assisted in taking off his coat. He had been admitted into the hospital under Dr. Fletcher's care on the 19th of February, suffering from painter's colic, and his hands permanently dropped. He went on well until the 28th, when a severe attack of gout in his feet came on. He left the hospital well with the exception of the dropped hands. It ought here to be stated that he squinted with both eyes, from permanent opacities of the cornea, the result of severe inflammation about ten years since. His senses were perfect, and he was quite intelligent.

After leaving the hospital his health was good, and some of his friends remarked that they never saw him better than on the morning of the 23rd. At four o'clock in the afternoon he was standing at a window observing a tremendous thunderstorm; immediately after a flash of lightening, he declared it had struck him. An hour and a half afterwards he was found foaming at the mouth, prostrate on his back, and perfectly insensible. He soon was able to walk between two men, but at first dragged his right leg behind him, and he was able to say "yes," which he did to every question put to him. He looked like a man recovering from a fainting or epileptic fit. At one o'clock convulsions came on, with stertorous breathing, countenance remained pale, he sunk into a profound coma, and died a little after two, being eight hours since he was first found insensible, and about nine and a half since he complained of the electric stroke.

Post-mortem thirty hours after death.—Head: Extravasation of blood upon the surface of the left hemisphere of the brain, and at the base, chiefly anteriorly, and much more on the left than on the right side. A small aneurism of the upper side of the middle cerebral artery was found, which communicated with a cavity in the anterior lobe of the brain, and extended backwards over the striated body, capable of containing a fair-sized walnut; it contained a clot of blood, besides a considerable quantity of fluid blood, and appeared to have formed a part of the boundary of the aneurism, and it appeared that the rupture of this aneurism produced the extravasation of blood. The substance of the brain was healthy, except that the left striated body was much darker in colour, and more vascular than the right. The urine in the bladder was found albuminous, and the kidneys in the first stage of Bright's disease.

Dr. Fletcher said that this man must have been the subject of the aneurism of the middle cerebral artery of the brain, and of the extension of it into the anterior lobe of the brain for some time, as it is well known that a chronic disease of the brain is borne by the patient without ill effect, comparatively with the same extent of disease taking place suddenly, and therefore it might with justice be inferred, that the cavity in the anterior lobe of the brain had taken some time to form. It must have existed at the time he was in the hospital, and yet there was no symptom to indicate its presence.

Tubercular Deposit in the Kidneys.

Mr. Thursfield, of Broseley, presented the following particulars of the case to the Society, through Dr. Fletcher:—

William Bird, a collier, aged 37, was seized seven years ago, with sudden and violent pain in the region of the bladder, which lasted for some days. A year afterwards he came under my care, and had occasional hæmorrhage from the bladder, always preceded by violent pain and a constant discharge of muco-purulent matter mixed with the urine, and very highly offensive.

* Sydenham Edition, p. 170.

On examining the body, the liver was found rather enlarged, but quite healthy, as were the stomach, pancreas, spleen, and mesentery; there were several old and firm bands between the peritoneal coat lining the abdominal parietes, and the bowels and omentum, but no tubercle was traceable. The chest was not examined, but he had never had any symptom of disease of the lungs. The bladder was very small and much thickened, the mucous membrane being covered with a coating of creamy-looking substance at the anterior portion of the fundus, it strongly adhered to the peritoneum, near the symphisis pubis; on attempting to separate it, the coats tore like a piece of brown paper. The prostate was not in the slightest degree diseased; the kidneys were filled with tubercles, the right being at least four times the size of the left.

Extreme Disease of the Aorta and of its Valves; Enlargement of the Heart.

Dr. JOHNSON, of Shrewsbury, presented the following particulars through Dr. FLETCHER :—

Dr. Johnson had but few notes of this case, as the patient came into the infirmary under one of his colleagues, in a moribund state. His age was 46, by trade a wheelwright, and he had not been an intemperate man. A peculiar and strong rasping sound was heard over the cardiac region, and even at the bend of the right elbow. The aorta was exceedingly diseased, being one sheet of irregular bony plates, and atheromatous deposit; the aortic valves were rigid with osseous deposit. The heart much enlarged.

Pulmonary Apoplexy.

Dr. FLETCHER brought before the Society the lungs of a man affected to an enormous extent with apoplexy.

Edward Upton, aged 45, a labourer, a temperate man, was admitted into the General Hospital, April 26th, 1850. About eighteen or nineteen years since he had frequent bleeding from piles. The last two years the piles have troubled him very little. For the last five months he has been ailing, low, and weak, with about the lower part of the bowels, short breath, emaciation, and at length he became so short of breath that he could not lie down. When admitted he had great irregularity of the heart's action, without any valvular sound or intensity of action. His legs slightly œdematous, and the urine acid and moderately albuminous.

May 3rd.—Much prostrated; countenance indicative of great mischief; skin dry; extremities cold; he has a catching pain about the left side of the chest, at the outer and upper part; a loose cough, and the expectoration deeply tinged with blood, amounting in quantity to about half a pint in twenty-four hours; respiration quick, with some effort, and slight motion of the ribs; the respiration is found rough, dry, and bronchial, and the percussion clear; pulse thready; the ribs over the heart raised, forming a distinct elevation; the action of the heart so extremely irregular that it is impossible to distinguish the different sounds, and frequently there is much action of the heart and several beats, to which no corresponding impulse of the pulse is felt at the wrist.

7th.—Weaker; cough more frequent; hæmoptysis increased; heart's action still more irregular, and the pulse also more variable, with less correspondence between it and the beats of the heart; chest becoming generally duller than natural on percussion, especially behind.

Gradually getting worse in every respect until the 19th, when he died, after having become quite jaundiced.

Sectio-cadaveris.—Body much emaciated, and generally of a jaundiced tint. *Head:* Brain healthy. *Chest:* Both lungs, with the exception of the upper half of the upper lobe of the left, were generally and equally in extent, in an apoplectic state, of a dark-red colour, gorged with blood, non-crepitant, and sinking in water; heart dilated generally, and the tricuspid valve so large as to allow with ease the four fingers to be passed into it. *Abdomen:* Stomach and intestines healthy; spleen and pancreas healthy; liver nutmeg; kidneys connected by their upper extremities, so as together to represent a horseshoe, slightly granular, and a deposit of fibrin existed in one part, as if the remains of an extravasation of blood. Ureters and bladder healthy.

There was in this case no great dilatation of the veins of the neck, as might have been expected from the tricuspid being dilated to such an extent; and Dr. Fletcher had thought that the mitral was more in fault than was found to be the case.

Foreign Department.

On Anæsthetic Agents.—By M. ARAN.*

The next question which M. Aran seeks to solve is the *effect of the employment of anæsthetic agents upon the health of the mother and infant.* On this point he observes :—

"As regards the influence of anæsthetic agents on the mother and infant, the early results experienced by MM. Simpson and Dubois are quite confirmed. Ætherization of the mother has no perceptible effect on the child, or if it does influence it, it is solely by a slight acceleration of pulse. Dr. Simpson has given the results of 150 labours in which chloroform was used, of these one infant only was born dead, and that was putrid; and a second, the subject of cyanosis, died a few days after birth. Drs. Duncan and Norris also declare that when infants have been still-born, the chloroform had nothing to do with it. And again, Dr. Murphy states, that in 540 labours, in which æther or chloroform was used, there was not one still-birth."

"In reference to the influence of anæsthetics on the mother, it may be affirmed freely, that there is no ground for apprehension. Of 1519 females thus treated by Dr. Simpson, no accident happened that could be rationally attributed to these agents. Dr.

* Continued from page 47.

Murphy did not meet with a single instance of death in 540 natural labours under chloroform; not one in 37 forceps cases; only one in 27 cases of turning; and 2 only in 20 cases of perforation. Drs. Duncan and Norris have contrasted the results of 93 labours under chloroform with 50 conducted in the ordinary manner. These results are entirely in favour of anæsthesia. They state that the females delivered under chloroform are exempt from the lassitude of ordinary labours; they are cheerful when the effect has passed off, and they frequently fall into a natural sleep. "Not only," says Dr. Simpson, "do these women escape pain, but the knowledge of the fact has a favourable influence on the convalescence, which is shorter, and more free from complications than in the generality of cases." It does not appear, moreover, that there is a greater frequency of other accidents which may endanger the life of the woman. Three of these have been chiefly feared, namely, rupture of the perineum, uterine hæmorrhages, and convulsions, but experience has proved the futility of such apprehensions. It appears, therefore, on the whole, that the maternal economy so far from being injured by the use of anæsthetics, is, on the contrary, benefitted by them, both in the act of accouchement and in its consequences."

"We now arrive on a question of paramount importance. *What are the indications and counter-indications for the employment of anæsthesia in midwifery?* Is the comparative harmlessness of anæsthetic agents a sufficient reason for their use in midwifery? Dr. Simpson, and with him many of the physicians of the north, decide in the affirmative, considering that the pains which occur in the last stage of labour should be regarded in the same light as those which attend severe operations; so regarding them, it is impossible to refuse to the suffering woman the solace which is accorded to the subject of the surgeon's knife. Of the religious objections we need scarcely speak, they are less urged here than in England. But there are other objections, based upon physiological doctrines, which have considerable weight with many practitioners; among these M. Bouisson considers the pains of the lying-in woman as destined to insure her safety, since they inform the attendant of the stage and actual progress of the labour. But the same may be said of pain in surgical operations, and on this ground we ought equally to object to anæsthesia in surgery. In expressing our own opinions, we should say that in a natural labour, with pains of average intensity, anæsthetic agents may, with good reason, be dispensed with. But the case is different in præternatural labour, in which manipulations are necessary, which are in themselves the occasion of additional suffering. Whenever, for some reason, the pains are unusually severe, as from a faulty presentation, rigidity of the soft parts, narrowness of the brim, &c., all hesitation should vanish, and we should avail ourselves of anæsthetic agents, as powerful auxiliaries to the ordinary measures."

"In obstetrical operations there is evidently as much reason to defend the patient from the effects of nervous shock as in surgery; wherefore the employment of anæsthesia in such cases has not been discountenanced, even by those who are opposed to it in ordinary labours. Dr. Montgomery has recognised the utility of the practice in instrumental delivery, in turning, and in artificial extractions of the placenta. Certain accoucheurs have expressed doubts as to the propriety of inducing anæsthesia in forceps cases, and in cases requiring perforation, from the fact that some degree of sensibility is required, as a warning against injuring of the soft parts. But this objection is more apparent than real. When the rules for the application of the forceps are strictly observed an anæsthesia does not increase the risk. It may be mentioned that in the case of obstetrical operations a greater degree of insensibility is required than in ordinary labour."

M. Aran here recapitulates the different methods for exhibiting chloroform which have been recommended in obstetrical practice, pointing out principally the rules laid down by Dr. Simpson and Mr. Snow; after which he proceeds to report "on the *medical use of anæsthetic* agents:"—"It is not in surgical operations alone that pain is experienced; it is the sad appanage of a great number of diseases, and in some forms the essential morbid element. It is against pain that the power of anæsthetic agents has been chiefly invoked in medicine; but they have also been used to remove spasm and other abnormal muscular action. In tetanus the spasms have been undoubtedly relieved, but they have unfortunately recurred after a brief interval, and in some cases they have been actually increased by the inhalation.

"This uncertainty in the action of anasthesia in medical practice, together with the deaths which have followed in certain cases, prevent my entertaining a sanguine view of the therapeutical employment of these agents. Without denying the services which they have rendered, they are too powerful to be brought into general use, more especially as oftentimes the same effects may be produced with less risk by their local application. This mode of using them is, however, still in its infancy; and we must wait for its further development before we venture upon any decided opinion respecting its merits."

PROCEEDINGS OF THE FRENCH ACADEMIES.

ACADEMIE DE MEDECINE.

The Academy has been recently occupied with the very important question of the effect of the administration of *ergot of rye* on *infant* mortality. The Prefect of the Department of the Seine, struck with the large proportion of still-births, and having ascertained from the registrars that in many of these cases the ergot had been given, was moved by the coincidence, and demanded an expression of opinion by this Academy respecting the propriety of using this drug, especially by the midwives. On this demand M. Danyav presented a report.

The reporter commenced by stating that, given in proper doses, and with precaution of constantly watch-

ing the fœtal circulation, by the aid of auscultation, the ergot is perfectly safe in a great majority of instances. But this harmlessness is not constant; and the prolonged exhibition of the drug for an hour or two may be attended with disastrous results. As regards the mother, he stated that in repeated small doses its only effect was diminution of the frequency of the pulse; and in larger doses it may generally be given without risk, though under peculiar circumstances it may give rise to rupture of the uterus, or vesico-vaginal fistula. As a remedy for *post-partum* hæmorrhage, the ergot is invaluable; and its action is the more favourable the earlier it is given. Speaking of the reported abortive powers of ergot, M. Danyav denies that it is capable of exciting uterine action, *per se*, in the early periods of pregnancy.

In conclusion, M. Danyav drew the following deductions:—1. Ergot when given injudiciously may indubitably cause the death of the infant, and may cause injury to the mother. 2. In the presant state of the law it is not possible to lay down any positive rules for the guidance of midwives in the exhibition of this medicine.

The Academy next entered upon the consideration of two reports, both having reference to phthisis pulmonalis; one by M. Grizolle, "On *the Inhalation of Carbonic Acid Gas* in Phthisis, and *on a New Sign of Latent Tubercles*;" another by M. Wanner, "On the *Etiology of Tuberculization.*" The memoir reported on by M. Grizolle is by a Dr. Goin, who endeavours to prove that the inhalations of carbonic acid for three hours per diem is very salutary, and induces absorption of tubercles. The reporter, we need hardly say, thinks differently.

M. Landouzy spoke of amaurosis as a frequent accompaniment of albuminuria.

M. Chartrue introduced the inhalation of iodine in phthisis. He apparently is not aware that this have been for some time a favourite remedy "among the consumption curable" doctors of this country.

Other useful papers were read, of which we may particularize one by M. Bernier, "On the *Treatment of Intermittents by Arsenic;*" one by M. Maisonneuve, "On *the Resection of the Entire Upper Jaw*;" and one by M. Hutin, "On the Necessity of Extracting Spicula in Gunshot Wounds."

General Retrospect.

PATHOLOGY AND PRACTICAL MEDICINE.

How to Choose a Microscope.

The following remarks on this subject, by Dr. Hughes Bennett, may be useful to some of our readers:—

"A microscope may be divided into its mechanical and its optical parts. Of numerous models which have been invented the following is most useful:—The body consists of a telescope tube eight inches in length, held by a split tube three inches long. It may be elevated and depressed by a corkscrew movement for the coarse adjustment. It is attached to a cross pillar and bar, at the lower end of which is the fine adjustment. The stage is three inches broad, two and a half deep, with a circular diaphragm below it. This form of instrument possesses the very essential elements of steadiness, facility of adjustment, and portability.

Dr. Bennett also figures a pocket microscope devised by Dr. Gruby, which is of great utility. It is contained in a case the size of an ordinary snuff-box, and possesses all the conveniences of the larger instruments, with various lenses, micrometer, &c. Dr. Bennett endeavours to disabuse the reader of the idea that the magnifying power of an instrument is proportionate to its size.—*Edinburgh Monthly Journal*, Dec. 1850.

On the Pathological Expression of the Dumb-Bell Crystals in the Urine.

By Dr. Fricke and Dr. Wilson.

In the *American Journal of Medical Sciences*, July, 1850, Dr. Fricke calls in question the generally received opinion, first promulgated by Dr. Golding Bird, that the dumb bell-crystal is indicative of the presence of oxalate of lime in the urine. Dr. Fricke says, that he has for many reasons doubted the correctness of this view, and that they are, in reality, but disentegrated crystals of uric acid.

[The opinion that the dumb-bell is not characteristic of oxalate of lime, as is supposed by Dr. Golding Bird, but is a modification in the crystallization of urea, is confirmed by some observations by Dr. Morris Wilson, from which he has elicited the following interesting facts:—

Firstly. That dumb-bell crystals are very frequently developed as the result of certain modifications of uric acid.

Secondly. That it is not to the salts of urine alone that this formation is confined, they are frequently met with in solutions which have no organic origin, and in a variety of salts.

The author continues:—]

I should perhaps premise, that although nature seems to accomplish her ends without effort or excess, and sometimes most unexpectedly, it is occasionally very difficult, in prosecuting experiments, to arrive at satisfactory results. I am led, however, to the conclusion, that the form of the dumb-bell crystal depends upon a specific but independent force, developed under certain determinate circumstances, consentaneously with that of homogeneous attraction or aggregation.

I have observed, that when spicular crystals commence forming upon a centre, after stretching some little distance in a straight line, they begin to branch and spread outwards; and that as this lateral force is more or less vigorous, that of extension is arrested, and the tuft of spiculæ spreading from the central point, assumes the flattened globular shape, in a proportionately complete degree, and the same action taking place at both ends of the primary crystal, constitutes the dumb-bell form.

It appears to me that this effect arises purely from the agency of electricity; and that, as an arranging power, it is quite separate and distinct from that of aggregation, and depends for its influence upon the repulsive force manifested towards each other by similarly electrified bodies.

But it is not my intention to enter into the very interesting subject of crystallization generally, many new phenomena of which actual examination by the microscope has taught me, but to confine myself to the form and construction of the dumb-bells of uric acid. Uric acid and oxalate of lime occur very frequently together in the same deposit, and from their combined presence very different forms of dumb-bell crystals are found together; it is, therefore, of the first importance to separate each salt carefully, before proceeding to subject it to experiment.

While analyzing some urine of high specific gravity, and in which there was a copious precipitate of uric acid, I added a solution of caustic potash in sufficient quantity to dissolve the deposit. The urine thus treated was twice filtered; a light flocculent cloud of uric acid, in combination with potash, made its appearence in a short time, and gradually subsided to the bottom of the vessel. The supernatant fluid being decanted off, hydrochloric acid, in great excess, was poured suddenly upon the sediment, which after a rest of about a quarter of an hour, was found converted into a thin layer of opaque dark-brown uric acid dumb-bells. These differed in the most marked degree from the dumb-bell of oxalic origin by their great insolubility in water. But the experiment is open to the doubt that an oxalate might have gained entrance.

I then separated some highly crystallized uric acid from the urine in which it was deposited, and washed it thoroughly with large quantities of warm water; it was then dissolved in pure caustic potash, and filtered through paper. On adding strong hydrochloric acid in excess to this solution, dumb-bell crystals were deposited, some being of very perfect form, others not so.

Some pure lithic acid was dissolved in concentrated sulphuric acid; to this solution two-thirds of water were added, and there occurred an instantaneous precipitation of imperfect dumb-bells. To show the difficulties of this kind of demonstration, and the changes likely to result from varied circumstances, a small quantity of this concentrated sulphuric solution being dropped into a large bulk of water, the resulting deposit consisted of thin broad plates, the two edges of which, in the longitudinal direction of the spiculæ, were considerably thickened, forming ridges; but these plates, when rolled over on their thin edges for examination, also presented a dumb-bell form, though from their narrowness it was impossible to retain them on the edge.

The dumb-bells to which I wish to call attention and give a description are those obtained in the deposit caused by the addition of hydrochloric acid to the potash solution. My reason for so doing is because I have observed the same forms as a natural deposit among uric acid; and these, although of such a remarkable form, have, I believe, until the present time, been left undescribed.

They consist of a thin translucent plate, of an oval or rhomboid form, having a slightly elevated ridge running along their middle in the direction of the long diameter, and from near the extremities of which extend two compact kidney-shaped crests of thin spicular crystals, their long diameter being across the plane of the translucent plate. A transverse section of one of the kidney-shaped crests would present an oval outline.

From the way in which the weight is arranged—namely, in the centre of the crests—the crystal has, while under the microscope, a tendency to float with the edge of the thin plate turned towards the eye of the observer. Circumstances, however, occasionally seem to dispose the face of the thin plate to be directed upwards, and then, without a close and careful examination, by rolling the crystals over, their dumb-bell shapes might escape the eye of the microscopist, and seem to represent only rhomboid plates of uric acid.—*Lancet*, Oct., 1850.

Yeast in the Treatment of Scarlet Fever.

Mr. Bennett, of Gateshead, states that during an epidemic of malignant scarlatina, which came under his notice in 1847, he found no plan equal to that of giving fresh yeast. He says that after ammonia, the mineral acids, chlorate of potass, and even nitrate of silver to the fauces, have failed, he has found one or two tablespoonfuls of fresh yeast, given frequently, to be rapidly efficacious. [There is nothing new in this.—Ed. P.J.] —*Medical Gazette*, Jan. 10th.

SURGERY.

Rupture of the Cicatrix of a Burn.

Dr. Bagot introduced to the notice of the Surgical Society of Ireland a little boy whose arm had been greatly contracted after a burn. A day or two after the healing of the wound the boy fell while running in the street, and in the act of falling his arm was caught by some obstacle, so that the cicatrix was suddenly torn, with great effusion of blood. The wound was again allowed to heal without the intervention of surgery; but the cicatrix did not contract in the slightest degree, and the child has recovered the perfect use of his arm.—*Dublin Medical Press*, Jan. 8, 1851.

Excision of the Head of the Femur.

At a recent meeting of the Medical Society of London a paper on this important operation was read by Mr. Haynes Walton.

After remarking upon the diversity of opinion concerning the propriety of this operation, the author said, the leading question was, at what stage of the disease the operation should be performed. There were two considerations to be taken into account—1, the local; 2, the constitutional. With reference to the first, he thought, when the discharge was excessive, thin, dark, and of bad odour: in respect to the second, when there

was much hectic fever. If, on examination, disease of the internal organs could not be discovered, especially of the lungs, the operation should take place. There was a question whether disease would not sooner or later come on in these from the effects of the local disorder upon the constitution, if the local mischief were not removed.

The author did not consider the acetabulum to be so often diseased in morbus coxæ as the head of the femur; and that, when diseased, it had greater power of reparation.

He believed non-dislocation of the head of the femur to be diagnostic of soundness of the acetabulum; and that, by exploratory incision, or by passing the finger through a sinus, the state of the acetabulum might often be discovered. If there were no disease in the acetabulum, the operation would most probably be successful, although cases had turned out well where there had been disease in that portion of the joint. Out of fourteen cases, twelve of which had been collected from different sources—the other two having occurred in his own practice—six had proved fatal: one had died from renal disease, another from hæmorrhage from the profunda vein, another from diarrhœa: the cause of death in the other three was not given.

The operation was in reality much less severe than it appeared to be. The wasted state of the parts facilitated the operation, while the loss of blood was remarkably small.

The author did not advocate removal of the trochanter as well as the head of the bone. The long interrupted splint was the best apparatus to apply after the operation. —*Lancet.*

Ununited Fracture treated by Electricity.

By Dr. Lente.

N. R., aged 25, admitted with simple fracture of the left femur, about the middle, with shortening an inch. Various plans were tried to ensure union, but these failing, some through the perverseness of the patient, the limb was eventually secured in a double inclined plane, so arranged that the integument over the seat of fracture was exposed. Electro-galvanism was applied three times a week, together with acupuncture, the needle being passed to the periosteum on each side. This treatment was continued near four months, when consolidation appeared to be taking place, and in six weeks more the union was firm.

The second case was that of a female, aged 35, with ununited fracture of both bones of the left leg. The limb was applied in the fracture-box, and as there was considerable inflammation, cooling lotions were applied until the swelling had subsided. Partial union ensued, but as it did not become firm, electricity was employed, as in the former case, and with similar success.

After narrating a third case, Dr. Lente remarks that he considers electricity to be a valuable agent in such cases, but it requires to be combined with acupuncture. It appears, he observes, to have but little effect when the poles of the battery are merely applied to the soft parts, as the current does not then appear to reach the bones.—*New York Journal*, November, 1850.

Tetanus from Laying Open an Inflamed Bursa.

The following case affords a severe lesson as to the impropriety of opening the enlarged bursæ of the knee to which housemaids are subject:—

The patient was of the age of 23, of a sanguineous temperament and hasty disposition. She was admitted into Guy's Hospital under Mr. Hilton, for an inflamed bursa, accompanied by febrile disturbance. The swelling was incised, and a small quantity of pus escaped. Poultices were applied, but the wound did not assume a healthy action, and it became necessary to extend the incision, to allow of the escape of some sloughy matter. After this she improved, until the sixteenth day, when about five P.M. she began to complain of stiffness of the neck and jaws, which she attributed to cold. Next day the stiffness had extended, and the pulse had risen to 110. She took calomel and opium, and aconitine was rubbed into the spine, in the proportion of one grain to the ounce of spermaceti, half a drachm being used at each friction. In spite of this tetanic symptoms became more and more pronounced, and she died in a paroxysm on the seventh day.

It was observed that the aconitine was of great service in relieving pain, but had no control over the progress of the disease.—*Lancet*, Nov. 30, 1850.

MIDWIFERY.

Rupture of the Uterus Twice in the same Subject; the last fatal.—By Dr. Hartt.

Dr. H. was sent for in May, 1846, to a female who had been in labour three days. She was exhausted, with a pulse of 108. On examination he found the shoulder presented; that there was a laceration of the neck of the uterus, through which the head, and the head only, of the child had passed. He immediately seized the feet, and delivered with little difficulty. He gave the patient an anodyne, and waited beside her four hours, expecting that she would die. At the end of that time, however, she seemed to be better, and he began to cherish some faint hopes of her recovery. She did recover; and about eighteen months afterwards she was delivered of a living child upon a raft in the river, without assistance of any kind.

On the 13th October, 1849, he received a summons to visit her again on a similar occasion. When he arrived she had been in labour four days. She was very weak; pulse 118 and feeble; breathing very hurried. The account gfven by the attendant was, that the hand presented, that her pains were severe, and that twenty-four hours after they began a snap was distinctly heard by her friends around her couch; that the hand receded, and from that moment the labour had been suspended. Suspecting the true state of the case, Dr. H. instantly examined, and found a large opening precisely in the seat of the former rupture, and passing on his hand he felt the child in the cavity of the abdomen.

The patient was so far exhausted that he was unwilling to interfere. He described both to herself and to her friends her alarming position, and stated that, owing to the length of time which had elapsed since the accident occurred, he feared that no operation could prove successful. They all, however, expressed great anxiety that an effort should be made, and at their repeated and earnest solicitations he proceeded to turn and deliver her *via naturales*. The operation was performed with great gentleness, and particular care was taken to avoid unnecessary injury to the bowels. He remained with the patient several hours, administering anodynes and restoratives, but in vain. She gradually sank and died thirty-six hours after delivery. The interesting feature in the case of this patient was, her complete recovery from the first rupture, and the perfect union of the parts, a union sufficient to sustain the violence of the unassisted delivery of a large and vigorous child.—*New York Journal of Medicine*, Nov., 1850.

On Superfœtation.—By Dr. Alexander Henry.

Dr. Henry has published a lengthened essay in which he classifies cases of superfœtation as follows :—

1. Cases in which a dead twin has been retained in the uterus.

2. Cases in which the children have been born, either—

(*a*) Both at the same time, but of different degrees of development, the smaller fœtus being either alive, or recently dead; or

(*b*) Where the less perfect fœtus has been retained until it became mature.

3. Cases in which children of different colours have been born.

4. Cases in which a double uterus has been proved to exist.

5. Cases occurring during extra-uterine gestation.

Each class is illustrated by example.—*London Journal of Medicine*, September, 1849.

TOXICOLOGY.

Poisoning with Cantharides.—By M. Arreat.

The *post-mortem* appearances in a case of poisoning by cantharides are thus minutely detailed by the author.

The cavity of the mouth was covered almost entirely with thick white mucus, symptomatic of violent inflammation of the digestive tube. When removed with the handle of a scalpel, there appeared two considerable aphthous ulcerations on the back of the tongue and on the inner surface of the lower lip. The tonsils were both deeply ulcerated, indeed almost destroyed, and covered with copious thick yellow pus. The œsophagus presented unequivocal traces of severe inflammation throughout its whole course. The small intestines presented brown and reddish discolouration, indicative of inflammation. The liver exhibited a yellow discolouration on its duodenal surface. The bladder was of a brownish colour; this organ was indurated, contracted, and greatly thickened; its internal surface was completely covered with black fungoid patches, consisting of extravasations of blood in its altered structure. The cavities of the kidneys presented similar changes.

The small intestines contained no trace of the powder of cantharides, but particles of these were found in considerable numbers on various parts of the surface of the mucous membrane of the stomach, which exhibited abundant traces of inflammatory action, and in some parts was in a gangrenous state.

The rectum appeared as if an immense blister covered its muscular coat, filled with pus. Such an extent of disorganization M. Arreat had never before witnessed; and it was a source of regret that it was impossible so to preserve it that it might have been exhibited to others.

The fæces contained in the intestines were submitted to the action of alcohol, and a very large number of the particles of powdered flies were found therein.

The poison in this case had been administered certainly twelve or fifteen days (perhaps more than a month) before death. It appeared that a dose of at least two grammes (= 30 grs. Eng.) had been administered the day before death occured.

The symptoms appear to have been—obstinate costiveness, fearful colics, and a sensation of burning in the throat and rectum.

It was proved that the cantharides had been administered by the widow of the deceased.—*Journal de Chimie Médicale*, Nov., 1850, and *Medical Gazette*.

DEATH OF DR. HAVILAND,

Regius Professor of Physic in the University of Cambridge.

This event took place on the 8th. Dr. Haviland had for several years suffered under slight paralysis, consequent on a severe attack of fever caught in his attendance upon a patient, and had been in indifferent health during the last three or four months. On the evening of the 7th he was seized with apoplexy, and survived only a few hours.

He was a member of St. John's College; graduated as B.A. in 1807, being 12th wrangler; was subsequently made a Fellow of his college, took the M.A. Degree, and proceeded in Physic. In 1814, on the death of Sir Busick Harwood, he was elected Professor of Anatomy; and in 1817, vacating the Professorship of Anatomy, he succeeded Sir Isaac Pennington as Regius Professor of Physic. He was for twenty-two years Physician to Addenbrooke's Hospital, and had the chief practice as Physician in this town and neighbourhood. The shock which his constitution had received from the attack of fever in 1838 induced him to retire from practice, and he resigned his appointment at the Hospital in 1839. He retained the Professorship, but was obliged to avail himself of the assistance of Dr. Bond, who at various times delivered the lectures and performed the other active duties of the office.

Dr. Haviland was an excellent practical Physician; a quick, clever man, yet discreet, and possessed of sound judgment. His attention was directed less to the niceties

of diagnosis than to the minutiæ of treatment, in which he particularly excelled, being most fertile in his resources, and ever ready to impart information on those details of general management which, though highly important, are too often neglected by the educated practitioner. His manner to the patient and to the friends was so kind and winning that he gained their affection in no less degree than he acquired their confidence; indeed, he was universally esteemed and beloved. By the medical men of the town and county, one and all, he was regarded as a friend, almost as a father, to whom they could apply in their difficulties, and on whose kind interest and willing assistance they might implicitly rely. Enviable and highly honourable was his position in this respect; nothing could more truly attest the uprightness of his character, and the benevolence of his disposition, than the sincere respect and regard entertained for him by the whole body of his professional brethren. Of a sensitive temperament himself, he was very careful over the reputation of another, and always showed his anxiety to maintain inviolate that good feeling which should ever exist between the patient and the ordinary medical attendant. He was lively and unreserved in his demeanour, and had the art of placing his inferiors on an equality with himself, at the same time that he maintained, with an easy courtesy, the dignity of his position. Those only who have had occasion to seek his counsel, and they are not a few, can tell with what readiness he entered into their plans, with what frankness and judgment he tendered his advice. Endowed with an ample fortune, he was a munificent contributor to the charities of the town, and was ever ready with his purse and his presence to aid in relieving the necessities of the poor, and in promoting the cause of education and religion.

The professorial chairs of medicine in the Universities of Oxford and Cambridge are positions of more importance than is generally supposed by the world at large. The spirit emanating from them, though comparatively silent in its operation, is wide in its influence. They are the sources from which the leading members in the highest grade of the profession commonly receive their first instruction in the principles of the science; and the occupants of those chairs are the representatives of the profession in the two great seats of learning—the connectors, as it were, of medicine with the other branches of philosophy. To perform the difficult and and responsible duties of such a position, Dr. Haviland was qualified in an eminent degree; and during the six and thirty years in which it was his privilege to act as Professor he did good service to the University and to the medical profession. His great earnestness, his high character, his sound judgment, and his thorough knowledge of the academic system necessarily gave him much influence with the governing bodies of the University, as well as with the governing bodies of the profession in other parts of the kingdom. This influence he turned to good account: it has been mainly owing to his instrumentality that the faculty of medicine has been retained at all as an integral part of the University, in accomplishing which he had to contend with much lukewarmness within the body, and many attacks from without: and it is entirely owing to him that the medical school has attained its present efficiency; indeed, it may almost be said to have been founded under his auspices. As Professor of Anatomy, Dr. Haviland was the first to give a regular course of lectures on human anatomy in Cambridge; and as Regius Professor of Physic, he was the first to give lectures on Pathology and the practice of Physic. Before his time the proceedings in Physic were merely nominal, a few questions put *vivâ voce* constituting the only examination for the degree of Bachelor or Doctor of Medicine; at his suggestion and by his efforts a lengthened and systematic course of study has been required, rigid examinations have been instituted, and lectures on various branches of medicine and the collateral sciences have been regularly given in the medical school of the University.

Dr. Haviland was, moreover, a good classical scholar, and was remarkable for the elegant style in which he conducted the keeping acts and conferred the degrees, all this being done in Latin. He did not contribute much to medical literature, his only publications consisting of a Synopsis of his Course of Lectures on Anatomy, and "Some Observations concerning the Fever which prevailed in Cambridge during the Spring of 1815;" in the "Medical Transactions of the College of Physicians," Vol. 5.

Correspondence.

ON QUICK CHILDBIRTH, AS CONNECTED WITH CRIMINAL COURTS OF LAW.

To the Editor of the Provincial Medical and Surgical Journal.

Sir,—Those gentlemen who have been called upon to give evidence in courts of justice, on cases of suspected infanticide, and submitted to severe cross-examinations, will fully appreciate any fact, however trifling, which can strengthen their opinion upon a subject which has been involved in much doubt, as to the possibility of a female in good health and sound mind being delivered of a full grown child without her cognition; and having perused the interesting and valuable communication in your journal of the eighth of January, by Mr. King, of Bath, I think it a good opportunity to give the history of a case which has recently occurred in my own practice, being the only one I have met with during a series of twenty years' experience; and I hope that the importance of the subject will be a sufficient apology for its introduction to your journal.

Having been engaged to attend a lady, aged 34, in her first labour, I was hastily summoned to her house early in the morning, but on arriving there I was informed that the child was born a few minutes previously to the messenger leaving her, and that the infant was dead.

On making inquiries, I found that my patient thinking that she had a desire to use the night chair, attempted to make use of it, and there voided what she supposed to be the liquor amnii, and sat there some time afterwards, feeling much indisposed; but on getting into bed she saw, to her great astonishment, the child lying in the vessel quite dead. She declared most positively that she had experienced no pain, and was quite uncon-

scious of the exact state of her position. I weighed the child and found it to be six pounds and three quarters, and full grown, the mother having completed her full time of reckoning.

Now, as this lady and her husband had expressed great anxiety respecting the birth of the child, and every usual preparation had been made for its reception, there cannot be any reasonable doubt of her integrity in this matter, as there could be no possible object in concealing the birth. Had she been a single woman, I fear that a very different conclusion would have been drawn.

I have the honour to be, Sir,

Your very obedient Servant,

JOHN GREGSON HARRISON, M.D.,

Member of the Royal College of Surgeons of England, and Fellow of the Royal College of Physicians, Edinburgh.

Piccadilly, Manchester, January 21, 1851.

ANALYSIS OF THE MEDICAL DIRECTORY, WITH REMARKS ON MEDICAL REFORM

To the Editor of the Provincial Medical and Surgical Journal.

Sir,—I made the enclosed analysis of the different qualifications enumerated in the provincial part of the "Medical Directory" of 1848, and it was inserted in the *Medical Times* of that year. I have seen several statements of the number and qualifications of medical practitioners in the different journals, but as they appear to be mere guesses, some of them very wide of the mark, you will probably allow its insertion in the next *Journal*. I have looked over the Directory for this year, but it does not appear to be as carefully edited as that of 1848, which may be owing to the dislike many practitioners have of being at the trouble of returning their qualifications every year. The changes which take place in the medical profession are not so numerous but that a biennial or triennial issue would answer its wants, and pay the publishers better. At all events the analysis of the Directory of 1848 will be a near approximation to the number of the profession of this year; those commencing their arduous duties as medical practitioners and the deaths being supposed to be about equal.

It appears to me that we are paying, in the discussion on Medical Reform, which at present is agitating the profession, too great attention to the shadow, and allowing the substance to vanish from our sight. Here we have fifteen hundred unlicensed practitioners feathering their nests and lining their pockets—"men who have a great deal of assumption and impudence, but blessed with little real knowledge, and that little generally of a very dangerous description"—whilst we are quarrelling about our titles, if I may so call a number of cabalistic letters with which we adorn our names, the meaning of which the public know nothing about and care less. The gentleman with his three tails considers it beneath his dignity to meet one with two, the one with two says, "Never mind, my two tails are as good as his three, I can cure you as well without him." But still this rebuff does not teach the gentleman with two tails meekness; he looks with contempt on the man with one tail, which perhaps may be as good for attaining the desired goal as the whole number put together.

Besides these fifteen hundred self-licensed practitioners, we have the druggists, quacks of every description, as herb-doctors, worm-doctors, water-doctors homœopathic *fraction*-doctors, bone-setters, old women-doctors, &c., besides the ministers of religion, from the highest in the Church to the Latter-Day Saints, to rob us of our just dues.

Do the public gain anything by this strife? They gain in obtaining the useful and faithful services of the medical man for a mere gratuity, and they may gain by lowering his status in society; but this gain is woefully and fearfully balanced by the mischief that has been previously done by quackery.

The coming session of Parliament would put an end to most of these evils if the profession would be moderately unanimous, but it will be again allowed to pass without anything being done to remedy the existing evils. Your correspondent of the 16th instant objects to the establishment of a third College. So do I; but on different grounds. He thinks that a third College would lower the status of the profession, but forgets that there exists at present a third institution, which has the sole power of granting a legal license to practise, and has used that power solely to raise the standard of the medical profession. He at least would be a gainer by the arrangement, for he would then be legally entitled to practise a branch of the profession for which he has passed no examination. If he is dependent on his profession this is the branch by which he must obtain the means of living; and he cannot avoid acknowledging that he has fifty cases of medicine for one of surgery; whilst he must feel lowered in his own estimation, knowing that his examiners have said that even in this small branch of his business he has only had an examination to treat the minor exigencies.

I object to a third College, as being totally unnecessary, and as tending to create disunion and discord, whilst there are two institutions existing capable of meeting all the wants of the profession; but these institutions have refused to do so, and if they still persist in their refusal what other resource is there left? The Apothecaries' Society have honourably offered to give up their privileges to the two institutions if they are willing to undertake the responsibility of the examinations, or, on their refusing, to a third institution with fuller powers and privileges than they at present possess; but they rightly say that they will neither sacrifice the interests of their members nor of the public till they are fully assured that those interests will be protected.

Why cannot the two institutions accept these powers, and obtain an act to that effect, which act must be prospective, not retrospective, and liberal in its provisions, extending its sanctioning powers equally to the gentlemen with one, two, or a dozen qualifications. The general practitioners might rank as licentiates, and the fellowship might be reserved for those who had an extended course of education, and as an honorary degree for those members who had been eminently useful to the profession.

I am afraid, Sir, that it is vain to hope that the

present session will not be allowed to pass without the adjustment of the difficulties agitating the profession, but if a little more gentlemanly feeling existed, harmony would begin to prevail, and the matter would soon be brought to a satisfactory and final close.

I am, Sir, your obedient servant,

L.A.C.

Analysis of the "Provincial Medical Directory."

In practice before 1815, many being members of the College of Surgeons, surgeons in the army or navy, or in the possession of other qualifications	613
Licentiates of the Society of Apothecaries, many being in the possession of Scotch or other qualifications, in addition to their certificate	1004
Fellows and Members of the College of Surgeons, many being in possession of other qualifications, but not having the certificate of the Apothecaries	1072
Members of the College of Surgeons, and Licentiates of the Society of Apothecaries, some of them being in the possession of other qualifications	3634
Members of the College of Physicians, or of the Universities of London, Oxford, or Cambridge	141
Members of the University of Edinburgh, some of them possessing other qualifications, but no diploma or license from any English Institution	334
Licentiates of the College of Surgeons, Edinburgh	110
Members of the University of Glasgow	52
Members of the Faculty of Physicians and Surgeons, Glasgow	26
Members of the University of Aberdeen, one practising in 1815	4
Members of the University of St. Andrews, one having been an army-surgeon, and another practising in 1815	5
Practitioners in possession of Irish qualifications	23
Practitioners in possession of foreign qualifications only	12
Practitioners in the qualified list, but no qualification annexed	25
Total qualified	7055
Unlicensed practitioners ...	1488
Total	8543

Medical Intelligence.

CREWKERNE AND YEOVIL MEDICAL ASSOCIATION.

At a general meeting of medical gentlemen held at Crewkerne, December 4th, 1850, William Tomkins, M.D., in the chair, it was proposed by Dr. Sydenham,—"That a Medical Association be formed in the neighbourhood, to be called the 'Crewkerne and Yeovil District Medical Association,' and that it commence its operations January 1st, 1851."

Proposed by Joseph Wills, Esq.,—"That the object of this Association be to promote unanimity and friendly communication among the members of the medical profession, and to advance its interests by the diffusion of information and the suppression of illegal practice."

Proposed by F. A. Hansard, Esq.,—"That this Society consist of a President, (to be annually chosen), Honorary Secretary, and ordinary members, any number of whom, being not less than three, shall form a committee for general or special purposes, to act when summoned by the Honorary Secretary."

Proposed by G. F. Wills, Esq.,—"That stamped periodicals, viz., the *Lancet*, *Medical Gazette*, and *Medical Times*, be circulated among the members, until the first general meeting shall determine whether a book society for the circulation of standard works shall be established."

Proposed by John Webber, Esq.,—"That an annual subscription of ten shillings be paid in advance by each member."

Proposed by G. S. Jolliffe, Esq.,—"That two general meetings be annually held, in April and September, alternately at Yeovil and Crewkerne, or at any other place which may be determined by the Committee."

Proposed by Joseph Wills, Esq.,—"That Dr. Tomkins be President for the first year."

Proposed by F. A. Hansard, Esq.,—"That Mr. G. F. Wills be the Honorary Secretary."

Proposed by H. Norris, Esq.,—"That the President, Honorary Secretary, Mr. Hansard, Mr. G. S. Jolliffe, Mr. H. Norris, and Dr. Sydenham form a Committee for the purpose of framing bye-laws, &c."

Proposed by G. F. Wills, Esq.,—"That this meeting are persuaded that much good may be derived from this Association, and hereby request the approval and cordial co-operation of all the medical practitioners in this neighbourhood, in their endeavour to support the dignity of their profession, both in public and in private, to correct abuses, and more especially to take active measures for the suppression of all unqualified practitioners."

Proposed by E. Bowdage, Esq.,—"That this meeting be adjourned to the 17th inst,, at 5 o'clock, P.M., to the house of Mr. G. F. Wills, Crewkerne, for the purpose of approving bye-laws and enrolling members."

All which resolutions were carried unanimously.

WM. TOMKINS, Chairman.

Proposed by Hugh Norris, Esq., and seconded by Joseph Wills, Esq., and carried *nem con.*,—"That the thanks of this meeting be given to Dr. Tomkins for his kindness in presiding in so efficient a manner.

G. F. WILLS, Honorary Secretary.

Crewkerne, December 6, 1850.

BIRKENHEAD COUNTY COURT.

MACDOUGAL *v.* MARTIN.—On Friday last a case was tried before J. W. Harden, Esq., involving points of material importance to the Medical Profession as well

as to the public. The plaintiff was Mr. Macdougal, lately house-surgeon to the Liverpool workhouse and fever hospital, but now of the infirmary and hospital of Birkenhead, and Mr. Thomas Martin, pilot of boat No. 10, the defendant. The court was crowded during the trial, which lasted nearly the whole of the day. Mr. Thorburne, barrister, conducted the plaintiff's case. Mr. Pemberton appeared for the defendant. The action was brought to enforce payment of a surgeon's bill arising out of attendance, &c., on the defendant's wife. It was proved that the deceased woman had laboured under a complication of afflictions. The patient had been attended by the plaintiff during her illness, and, aware of the danger she was in, had called in Mr. Dixon and Dr. Bickersteth, of Liverpool, for consultation. These gentlemen did all that their united skill and experience could devise, but it appeared that the mother of the deceased was dissatisfied, and dismissed the plaintiff and Mr. Dixon, after which she called in another surgeon who attended her till her death, which took place in three or four days. The claim was resisted on the ground that deceased had not been properly attended to. The plaintiff was also called upon to produce his diploma. Mr. Thorburne denounced the defence as more than vexatious. He objected to any man being called upon to produce his diploma, contending that it of itself was no evidence, and could not be judiciously noticed, as it might have been stolen, or lent, or procured through the personation of another party undergoing examination before the college granting the certificate. A man's oath that he was duly qualified was evidence, but not the mere possession of a diploma. The handwriting of the examiners and the seal would require to be proved; also the identity of the person purporting to have received it. Mr. Pemberton contended for the production of the document, but the judge ruled that it was not evidence, and that the burden of disproof that a plaintiff had not a diploma, lay upon the defendant. Considerable interest was manifested during the investigation, which was heightened by the repeated "scenes" which took place between the counsel—every inch of ground being disputed on matters of law and evidence. Mr. Dixon and Dr. Bickersteth had certified their approval of the treatment, but their documents to that effect were not received. Subsequently Mr. Dixon came into court, and gave his evidence at great length. After hearing Mr. Thorburne's reply, his Honour said the case was so important that he should take time for consideration, and reserve judgment till next court day.

MORTALITY IN PUBLIC INSTITUTIONS OF LONDON.

In the week ending Jan. 25, 88 persons have died in Workhouses—44 males and 44 females; in Military and Naval Asylums, 4 males; in General Hospitals, 46—21 males and 25 females; in Hospitals for Special Diseases, 10—6 males and 4 females; in Lying-in-Hospitals, none; in Lunatic Asylums, 1 male; in Military and Naval Hospitals, 1 male; in Prisons, none. Total in public institutions, 150—77 males and 73 females.

DEATH OF R. THORPE, ESQ., MANCHESTER,

This eminent surgeon expired on Tuesday, Jan. 21, at his residence in Piccadilly, Manchester. The deceased was in his 64th year. He was known, not only in Manchester, but throughout the kingdom, as one of the most clever anatomists and operating surgeons the three kingdoms contained. Having passed through the usual course of instruction in London, and the ordeal of examinations, he subsequently returned to Manchester, and commenced the practice of his profession. He became connected with the Manchester Royal Infirmary in 1812, by his election on the 2nd of April in that year, and resigned in 1849, but was immediately elected one of the consulting surgeons to the institution, and held that honourable position at his death. He was also a member of the Provincial Medical and Surgical Association. In private life Mr. Thorpe was distinguished by the benevolence of his character, and by the unostentatious manner in which he distributed his ample means among those whom he believed to be requiring and deserving of aid.

THE LATE ROBERT LISTON, ESQ.

A pension of £100 per annum on the Queen's Civil List, has been conferred on Mrs. Liston, the widow of the late Robert Liston, Esq., the eminent surgeon, whose sudden demise was so generally lamented as a loss to the country and the profession which he adorned.

THE BLACK FEVER.

It is reported that the village of Baldon, four or five miles from Oxford, which principally belongs to Queen's College, is now infected with a most malignant typhus fever, running into the old black fever. The cottages are miserable in the extreme, and greatly overcrowded.—*Medical Times.*

USE OF ANÆSTHETIC AGENTS IN ANCIENT CHINA.

Stanislas Julian has found, in examining the Chinese books in the National Library at Paris, the proof that the Chinese have been long acquainted with the use of anæsthetic agents during surgical operations. The extract which he gives is from a book published about the commencement of the sixteenth century, in fifty vols. quarto, and entitled "Kow-Kin-i-tong," "General account of Ancient and Modern Medicine," and refers to the practice of a celebrated physician, Ho-a-tho, who flourished between the years 220 and 230 of our era. It states, when about to perform certain painful operations, "he gave the patient a preparation of hemp" (hachich), and that at the end of a few moments "he became as insensible as if he had been drunk or deprived of life." After a certain number of days the patient was cured, without having experienced the slightest pain during the operation. In a subsequent notice he also adds, that the same physician used the hydropathic system as a cure for certain diseases, among others chronic rheumatism.—*Edin. Philosophical Journal.*

THE CENSUS FOR 1851.

Members of the medical profession are to state the university, college, or hall, of which they are graduates, fellows, are licentiates; also whether they practise as physicians, surgeons, or general practitioners, or not practising. Professors, teachers, public writers, authors, and scientific men, to state the particular branch of science or literature which they teach or pursue.

LIVERPOOL MEDICO-ETHICAL SOCIETY

The Annual General Meeting took place on Tuesday, the 21st of January last. The report of the Council was unanimously adopted, and ordered to be printed for distribution among the members. Dr. Formby was re-elected president. Mr. Blackburn was re-elected a vice-president. Sir Arnold Knight was elected a vice-president. Mr. Jones was re-elected treasurer. Mr. Harricks was re-elected honorary secretary.

LEITH HOSPITAL.

The annual meeting of the subscribers to this establishment, which comprises the Leith Dispensary, the Casualty Hospital, and a new Epidemic Fever Hospital, (for the founding of which the late Mr. Stewart left £1000,) was held lately in one of the large fever wards of the institution. The report stated, that the contract price for building the hospital was £1878, exclusive of external fittings and the expense of enclosing the grounds. The precise cost has not yet been ascertained. The office of House-Surgeon being vacant, it was proposed that the salary be £60 a-year instead of £40. In the dispensary department, medical aid has been afforded to 2099 patients, 1000 of whom had been visited at home by the house-surgeon, and many more by the other medical officers. 245 cases had occurred in the Casualty Hospital. Seven persons had been attended to by the Humane Society branch of the institution. The receipts for the last year were £97. 10s. 6d. subscriptions, and a legacy of £50 minus the duty; the expenditure £73 for medicines, £40 the House-Surgeon's salary, £24 for the housekeeper, £25. 2s. 3d. for the Humane Society's men. Dr. Struthers was elected one of the medical officers.

APPOINTMENTS.

Dr. Bond has been appointed by the Queen to the Regius Professorship of Anatomy, and also as Reader in Physic, in the University of Cambridge, vacated by the death of Dr. Haviland.

MILITARY.—36th Foot. Assistant-Staff-Surgeon, George Frederick Bone, M.D., to be Assistant-Surgeon, vice Smith, who exchanges. Hospital Staff.—Assistant-Surgeon, Francis Smith, from the 36th Foot, to be Assistant-Surgeon to the Forces, *vice* Bone, who exchanges.

NAVAL.—Assistant-Surgeon Frederick F. Morgan (1845) to the Bloodhound, steam-vessel, tender to the Sampson, steam-frigate, at Devonport, for service on the coast of Africa. Surgeon William Looney, M.D. (1845), to the Apollo, 8, troop-ship, at Sheerness, vice Robertson, Assistant-Surgeon James S. Ayerst to the Queen; Assistant-Surgeon James S. Agent (1847), from the Hogue steam guard-ship at Cork, to the Queen, 116, flag-ship, on the Mediterranean station; James Young, M.D. (1851), acting, to the Cumberland, 70, flag-ship of Vice-Admiral Sir George Seymour, G.C.H., fitting at Chatham for the West India Station. Assistant-Surgeon J. W. Bradshaw, from the Amazon to the Royalist; Assistant-Surgeon W. Telfer from the Hastings to the Amazon.

UNIVERSITY OF LONDON.

MB. SECOND EXAMINATION, 1350.—EXAMINATION FOR HONOURS.

Physiology and Comparative Anatomy.

Bristowe, John Syer (gold medal) } Equal { St. Thomas's Hospital.
Growse Robert (ditto) } Equal { Guy's Hospital.

Hewitt, William Morse Graily, University College.
Shearman, Charles James, University College.

Surgery.

Bristowe, John Syer (scholarship and gold medal,) St. Thomas's Hospital.
Lewis, Robert Benson, (gold medal), Leeds School of Medicine.
Growse, Robert, Guy's Hospital.
Shearman, Charles James, University College.
Hewitt, William Morse Graily, University College.

Medicine.

Growse, Robert (scholarship and gold medal), Guy's Hospital.
Shearman, Charles James (gold medal), University College.
Bristowe, John Syer, St. Thomas's Hospital.
Lewis, Robert Benson, Leeds School of Medicine.
Hewitt, William Morse Graily, University College.

Midwifery.

Hewitt, William Morse Graily, University College.

M.D. EXAMINATION, 1850.—FIRST DIVISION.

Baines, Matthew, King's College.
Barrow, Edward Enfield, Guy's Hospital.
Birkett, George, Charing Cross Hospital.
Carlill, John Burford, University College.
Eade, Peter, King's College.
Edwards, William Thomas, University College.
Elam, Charles, Leeds School of Medicine.
Monckton, Stephen, King's College.
Ransom, William Henry, University College.
Sankey, William Henry Octavius, St. Bartholomew's Hospital.
Wilks, Samuel, Guy's Hospital.

SECOND DIVISION.

Ayre, William, London Hospital.
Heale, James Newton, St. Thomas's Hospital.

ROYAL COLLEGE OF SURGEONS.

Gentlemen admitted members Friday, January 17th, 1851:—Arthur Bell, Banagher, King's County; Henry Strangeways Rounsell, Bridport; Thomas Husband, Madras; Robert Caane Roberts Jordan, Teignmouth, Devon; John Lacy, Woolwich; John George Porter, Peterborough, Northamptonshire; Thomas Morley Rooke, London; Harry Octavius Thornold, Bombay; Henry Mable Watson, Clitheroe, Lancashire.

The following gentlemen were admitted at a special meeting of the court of examiners, on the 23rd of January:—Messrs. Thomas Coke Higgs, St. George's, Bermuda, and Edward Higgon Evans, Treffgarne Hall, Haverfordwest.

SOCIETY OF APOTHECARIES.

Gentlemen admitted members Thursday, Jan. 16th, 1851:—John Cromwell Blackford, Bromsgrove; Alfred Kitching, Hull; George Bacon Sweeting, Dorset; Edward George Wake, Hull.

Gentlemen admitted members Thursday, Jan. 23rd, 1851:—Edwin Henry Bolton, London; Wm. Chapman, Sedbergh; George Elin.

OBITUARY.

January 8th, at Chertsey, James Robert Cole, Esq., surgeon, aged 39.

January 17th, at the residence of his son in the city of York, in his 80th year, William Travis, M.D., of Scarborough.

January 21st, at 7, Taunton Place, Regent's Park, aged 36, John Dymock Scale, M.D., M.R.C.S., and L.A.C.

BOOKS RECEIVED FOR REVIEW.

Observations relating to the Science and Art of Medicine, by William Wegg, M.D., Cantab., Physician to the St. George's and St. James's Dispensary. London: John Churchill.

The Philosophy of Vital Motion, by Charles Bland Radcliffe, M.B., &c., Lecturer on Botany at the Westminster Hospital. London: John Churchill.

The Anatomist's Vade Mecum, by Erasmus Wilson, F.R.S. Fifth edition. London; John Churchill.

Braithwaite's Retrospect, July to December, 1850. London: Simpkin and Marshall.

The London and Provincial Medical Directory, 1851. London: John Churchill.

Lectures on Clinical Medicine, by J. H. Bennett, M.D., F.R.S.E., Fellow of the Royal College of Physicians, &c. &c., No 3.

Remarks on Insanity: Its Nature and Treatment, by Henry Monro, M.B., Oxon., Fellow of the Royal College of Physicians, Part II. London: John Churchill.

Excise Duty on Paper, Considered as Affecting the Employment of the Poor, the Grievances of the Manufacturers, and the Injury to the Consumer, by T. B. Crompton. Pamphlet.

Additional Observations on the Nitrate of Silver, with Full Directions for its Use as a Therapeutic Agent, by John Higginbottom, F.R.C.S., &c. &c. London: John Churchill

Introduction to the Tempest Prognosticator, by George Merryweather, M.D., Whitby. London: Whittaker and Co.

The Journal of Psychological Medicine, Jan, 1851.

Monthly Journal of Medical Science, Jan., 1851.

New York Journal of Medicine, Nov. 1850.

London Journal of Medicine, Jan., 1851.

PROVINCIAL MEDICAL AND SURGICAL ASSOCIATION.

NOTICE TO MEMBERS.

Gentlemen who have not yet paid their subscriptions for the current year, or who are in arrears, are requested to forward the amount due either to the Secretary of the district in which they reside, or to the Treasurer or Secretary of the Association at Worcester.

The attention of Members is particularly requested to the following resolution, unanimously agreed to at the late Anniversary Meeting, held at Hull on the 7th and 8th of August, 1850:—

"But if any Member's subscription remain unpaid twelve months after it shall become due, the *Medical Journal*, and other publications of the Society, shall be withheld from such Member till his arrears be paid; and when any Member has been in arrears of subscription for the *space of three years*, application shall be made for the same by the General Secretary, and if the arrears be not paid in *three months* the name of that Member shall be omitted from the list of Subscribers; but the omission shall not be deemed, either in honour or equity, as releasing any gentleman from the subscription owing during his Membership."

Members who wish to propose Associates are reminded, that as the subscription commenced on the first of January, it is the most convenient time to introduce new members.

It is also particularly requested that all post-office orders should be sent either to the Treasurer or Secretary, who alone have the power of giving receipts.

JAMES P. SHEPPARD, Secretary.

Worcester, Jan. 21st, 1851.

ERRATA.—In Dr. Duncan's paper in our last number, page 31, col. 1, line 20, the word bronchitis has been placed instead of *bronchiectasis*; and in the same page, col. 2, line 10 from the bottom, the word bronchitis has been again wrongly substituted for *bronchiectasis*.

TO CORRESPONDENTS.

Communications have been received from Mr. Harvey, Mr. Patterson, Mr. Mallaline, Mr. Veasey, J.D., Mr. Sweet, Mr. Brown.

Chirurgus de Heywood is informed that Mr. Crompton's paper "On Burns and Scalds" is now in the hands of the printer, and will be published in the next volume of the "Transactions."

It is requested that all letters and communications connected with the *Editorial department* be sent to J. H. Walsh, Esq., Foregate Street, Worcester. Parcels and books for review may be addressed to the care of Mr. Churchill, Princes Street, Soho. But all communications respecting the routine business of the Association should be forwarded to James P. Sheppard, Esq., the Secretary of the Association.

A COURSE OF LECTURES ON SURGERY,

DELIVERED IN THE MEDICAL SCHOOL OF CAMBRIDGE.

By GEORGE MURRAY HUMPHRY, Esq.,
Downing College, Surgeon to Addenbrooke's Hospital.

Lecture XXIX.

Malignant Tumours or Cancers.

Definition of the term malignant as applied to tumours; general characters of malignant tumours; contrast between malignant and simple tumours; some points of relation between the two: microscopical characters of malignant tumours; fibrous stroma and cancer-cells; different proportions in which they coexist: either may exist alone; relation of the fibrous stroma and the cancer cells to the natural structures; effects of cancer upon the adjacent tissues, producing atrophy of some and hypertrophy of others; the latter exemplified by thickening and ossification of periosteal fibres, by osteoids, by thickening of the muscular coat of the intestines, &c. Explanation of the common absence and occasional presence of capsules around malignant tumours; softening; ulceration, &c.; characters of cancerous ulcers; their difference from phagedenic and scrofulous ulcers.

The "malignant tumours," or "cancers," for we will regard the terms as synonymous, constitute one of the most important classes of disease that can occupy the attention of the pathologist, both on account of their frequent occurrence and their baneful effects. The investigation of them is attended with many difficulties, because all the other morbid processes we have been considering are involved in them to a greater or less extent, and serve to complicate their pathology, in addition to the new and striking features which they present. These latter have, perhaps, attracted rather too much attention in recent as well as in more ancient times, and I cannot help thinking that many of the erroneous views which have been promulgated with regard to the nature of cancers, are due to the disproportionate stress generally laid upon its *peculiarities*; probably a nearer approximation to truth will be attained by allowing the *similarities* of cancer to other morbid products to occupy a larger share of our study.

It will not be in my power even to allude to many of the various theories which have been and which are now maintained upon the subject of cancer. I can only pretend to give you the general deductions I have formed from a good deal of observation, reading, and reflection. Those deductions are not meant to be final conclusions either for yourselves or for me; they are merely observations made in passing over a wide and intricate tract of pathology. You must go as far as you can over the same ground and form your own opinions for yourselves. One of the first difficulties that meets us in our progress is the signification of the term "malignant," and the necessity of defining what kind of disease should be included under so ominous a name. Upon this point a vast deal has been written and a great many opinions expressed; nevertheless it would seem that, in reality, most pathologists and surgeons are very nearly agreed as to the practical meaning of the term. Perhaps if the word "destructive" be substituted, it will give you a clearer notion of the qualities essentially characterising a malignant tumour. We call a tumour "malignant" because it is destructive, that is to say, because it annihilates or destroys the natural tissue of the part in and near which it grows—the original tissue is lost and a new structure is substituted for it; it is still further destructive, inasmuch as the new or substituted tissue is peculiarly liable to decay, and, in consequence, ulcerates or mortifies, causing breaches or chasms in the frame which may increase to a very great extent. These two qualities may be said to constitute the leading features of malignant tumours or cancers; first, the destruction or degeneration of the natural tissues in and near which the tumour grows; secondly, the tendency to decay of the tumour itself. The degree in which these two qualities are manifested varies much in the different varieties of malignant tumours, indeed it would be asserting too much to say that they are altogether confined to the members of this class; but without question they are so generally evinced in a marked degree by cancers, and are so little displayed by any other kind of tumour, or indeed by any other kind of disease, that we may fairly make them the tests by which this class of morbid products is to be distinguished.

I cannot help thinking that in the present state of our knowledge we shall do more wisely in classifying morbid products according to the general characters they present, and their obvious influence upon the surrounding tissues, than according to their intimate structure as revealed by the microscope, or according to any theories deduced therefrom as to their mode of development and growth. Doubtless it will be found, indeed it has already been found to a considerable extent, that a certain uniformity of structure pervades the different members of this and the other classes of morbid products which are allied by their general features and their progress; and we gladly call in the aid of the microscope to carry our investigations beyond the bounds which the ordinary means of observation enable us to attain; but the many difficulties and sources of error necessarily intertwined with the science of microscopy, should warn us against too implicit a reliance on the results which it has hitherto afforded in morbid anatomy. I do not wish in the slightest degree to derogate from the usefulness of this new appendage to our science. It has already done wonders, and to it probably we must look, in great measure, for the further advance of pathology and anatomy; it has come to our assistance just at the time when our former means of observation seemed to have done their utmost. But it is quite possible to overestimate the value of its present results, and I think we do so in making them the basis of our classification.

If a disease presents the usual general features of cancer, if it exhibits a tendency to assimilate and destroy the adjacent tissues, and to undergo spontaneous ulceration itself, surely we ought not to reject it from the family of cancer because its minute anatomy does not appear to correspond exactly with our observations of the other members of the class.

There are several other peculiarities observable in malignant tumours of no less practical importance than the two features just specified; but they are less constant, and therefore less strictly to be regarded as characteristic. Such are their frequent appearance in the internal and more highly organized, as well as in the external and simpler structures; their common occurrence in several parts and in various structures of the same individual, as well as their liability to return after complete extirpation, from which we infer that some particular constitutional condition, some "dyscrasy," is associated with them, either as cause or effect; their determined progress, which is for the most part rapid, steady, and uncontrollable, terminating only with the life of the patient; their want of resemblance to any of the natural structures of the body, and the general uniformity of their appearance and progress in whatever part of the body they are found.

These features of malignant tumours become most striking if you contrast them with those commonly observed in simple tumours. The latter, with few exceptions, have their seat among the ordinary tissues; very seldom are they found in the internal organs, or in structures of high organization, and they commonly bear a more or less close resemblance to the tissues in which they are found, being composed either of fat, cellular or fibrous tissue, cartilage, or bone; they increase slowly, are scantily supplied with blood, and attended with little or no pain; they do not, except by their mere bulk, interfere with the movements of a limb, or modify the nutrition of surrounding parts. In the majority of cases their limits are well defined, and they may be removed without the loss of any appreciable portion of the natural constituents of the frame, and with little fear of a return of the disease, while the chance of their appearing in any other part of the body is so slight as scarcely to form an item in the calculations relative to an operation. They are compatible with perfect health, and do not commonly shorten life, or indeed exert any evil influence on the person or the part in which they occur; neither do they, as a general rule, exhibit any inherent tendency to decay. When softening does take place it is often the result of some accident; or if it be spontaneous, it is attended with no mischievous results; on the contrary, it may lead to the disintegration of the entire mass and its elimination from the system, so inducing a cure. Lastly, simple tumours often remain quiescent for years; sometimes they waste away, or undergo calcareous degeneration. How different is the account we have to give of scirrhous or encephaloid tumours. Affecting every organ and every tissue almost indiscriminately, they preserve their peculiar characters wherever they occur. Bone, muscle, tendon, gland, and skin, are involved and destroyed by the all-prevailing and all-assimilating mass; the natural and morbid structures become blended together, so that their respective limits can scarcely be discerned, and the one cannot be removed without interfering with the other; functions are suspended, and the movements of the part impaired. These tumours, for the most part, grow quickly, are freely supplied with blood, and are attended with a good deal of enlargement of the neighbouring vessels. They are often very painful, and if the general health has not been impaired in the first instance it is soon found to suffer, more particularly when they begin to soften and ulcerate. The breaches caused by ulceration are hardly ever closed; and while the softening and ulceration proceed from the centre, the disease invariably advances at the circumference. Thus the work of destruction goes on from point to point till the functions of an important organ is arrested or the patient sinks under the continual discharge and pain. The difference between these two classes of disease are, it is clear, from this short summary, decided enough to warrant their being designated by the respective terms "simple, or innocent," and "malignant."

Nevertheless, these diseases, so different and widely removed from in one another in the various and important features just specified, have their analogies and their points of contact. Indeed there are members of the two classes approaching so nearly to one another as to have occasioned a perplexity with regard to their proper position; and some pathologists have endeavoured to get rid of the difficulty by instituting a third and intermediate class under the name "cancroid" or "semi-malignant." I do not think that any advantage is gained by this further sub-division. It has rather the effect of thrusting the two classes more widely apart, instead of assisting us to view them in their relation to one another. Some of the most remarkable instances to which I now more particularly allude, as in some degree forming a connecting link between simple and malignant disease, are furnished by the cutaneous warts. In them it is not easy, either practically or pathologically, to draw the line of demarcation between simple hypertrophy and genuine cancer; and they present, therefore, features of peculiar interest, by studying which we are perhaps more likely to obtain a correct knowledge of the pathology of cancer than in any other way. Your attention will accordingly be directed in an especial manner to them, as well as to certain other instances which seem to occupy a somewhat similar position, for there are many other examples, besides those furnished by the cutaneous disease, of a hypertrophic condition of one or more of the natural constituents of the tissues forming an important element in cancer.

Having said thus much to give you a general idea of the characters of those tumours to which the term cancer is usually applied, I will now enter more closely into the details of their anatomy and pathology.

The appearances which cancers present to the eye vary a good deal, and will be described more particu-

larly when we come to speak of the several species of the class. It is generally acknowledged that these appearances are not sufficiently definite to permit even the practised eye to decide with certainty whether a tumour be simple or malignant. The application of the microscope to pathology has, therefore, been regarded, and doubtless rightly regarded, as affording another and a surer test. It is a test that cannot be relied on till the observer has given much time and attention to its use, as those know best who are most experienced in it; and we must not be led into the error of assuming that there is only one structural type of cancer, and that all specimens are to be rejected from the family which do not come up to that standard. At present the science is too much in its infancy to admit of our dogmatising upon the information it affords without giving their legitimate weight to other considerations; with this warning I will give you, as far as I can, the general results obtained by those who have paid most attention to the subject.

It is commonly agreed that the greater number of cancerous growths consist of a fibrous stroma, disposed in meshes which contain nucleated cells, nuclei, and granules, together with a thin serous or gelatinous fluid. The proportions in which these three elements are combined, vary greatly in the different species of cancer. In the scirrhous or hard cancer, for instance, the fibrous structure predominates; in the encephaloid or soft cancer the cells are more abundant; and the colloid or gelatiniform cancer is composed in great measure of jelly-like fluid. Neither of these elements examined separately are found to exhibit any decidedly distinctive characters, the peculiarity of the cancerous growth consisting not so much in the materials of which it is composed, as in the mode of their arrangement.

The fibrous basis of cancer resembles much the common areolar or fibrous tissue, being made up of bundles of compressed wavy filaments, intermixed with which are often to be seen well developed curled filaments of elastic tissue; these filaments are supposed to be formed by the process of cell-development, in the same manner as the natural fibrous tissue, and fusiform corpuscles, apparently undergoing the changes tending to this result, are occasionally seen intermixed with the filaments. In some cases, however, this fibrous basis cannot be shown to possess so distinct a structure; it may present only a dense amorphous appearance, not unlike coagulated fibrine or lymph; or the growth may be composed of a mere jelly-like substance, traversed by a few delicate fibres, and interspersed with granules and nuclei, the fibres being formed through the intervention of the nuclei without there being a trace of any intermediate development of cells. This last condition has been observed more particularly when the tumours were recent, of rapid growth, and of soft structure. The cells just spoken of as constituting the transitional stage between nuclei and fibres, are supposed to be quite distinct from the so-called cancer-cells presently to be described. Sometimes the fibrous structure of cancer presents very much the appearance of unstriped muscle. The mode of arrangement of the fibres varies a good deal; not unfrequently they exhibit nearly the same general disposition as that of the fibrous or areolar tissue in the part where the tumour grows, but in many cases we cannot discover any relation of that kind. In cancer of the liver they are often seen to form tough coarse bands radiating from the centre to the circumference of the tumour, and in the gelatiniform cancer they are disposed as membranes enclosing roundish spaces, in which the jelly-like fluid and the cells are contained.

It is a question of much interest in reference to the real nature of cancer, whether this fibrous element is in reality, as generally supposed, an entirely new production, or whether it is the result of some change—some morbid hypertrophy, or chronic inflammatory process—taking place in the natural cellular and fibrous tissue of the part affected. The observations made in the last few lectures with reference to the origin and mode of growth of simple tumours, warts, &c., will have prepared the way for a favourable consideration of the latter view, and there are many facts yet to be adduced in its support; at the same time it must be granted that there are some difficulties in the way of accepting it entirely. The arguments in favour of both these views will appear as we proceed.

The cell element of cancer has naturally proved an object of much interest, inasmuch as the essence of the disease would seem to be almost concentrated in it, the rapid growth and self destructive or decaying tendencies of cancer being to a great extent proportionate to, if not dependent on, the quantity of cells developed in the meshes of the fibrous stroma. Pathologists hoped, therefore, to find some distinctive structural peculiarities attaching to these cells whereby the nature of the disease might be recognised at once and with certainty. This expectation has not however at present been confirmed by observation: it is the opinion of those best qualified to judge that cancer cells do not present any decidedly characteristic peculiarities, that they vary in appearance a good deal, that in each of their different forms they resemble some of the primary cells of other tissues, and that in the form, which from its frequent occurrence in specimens of well-marked malignant disease might be taken as the type, they are not to be distinguished from the cells of cartilage or the cells composing the deeper layers of epithelium. Indeed some of the structures which present in a sufficiently well-marked manner the practical tokens of malignancy, do not appear to contain the cancer-cell at all as an ordinary constituent; such are some of the varieties of cancer of the skin and cancer of the muscular coat of the intestinal canal. The cells commonly found in cancers, which may be seen in the fluid scraped from a section of the morbid mass, and to which the name, "cancer-cells" has been applied, are larger than blood-globules, of about the same size or rather larger than pus globules, composed of a tolerably well-defined cell-wall, with one, two, or more nuclei, in which nucleoli may be often seen. The cell-wall is rendered transparent or dissolved by acetic acid, the nuclei being unaffected. The cells vary a good deal in shape, being round or oval, or

elongated at one or both ends into a caudate or spindle form, or they may send out processes from various parts of their circumference. It is the general opinion, that they do not, at least ordinarily, advance beyond the cell-stage of organization, that they are not transitional to any other form of structure, but that having attained to a certain size they are disintegrated, and their constituent atoms are returned to the fluid from which they were derived; or by a process of endogenous growth they may become the parents of other secondary cells formed in their interior; that is to say, their nuclei and nucleoli enlarging and converted into cells may fill up the interior of the parent, and at the period of its dissolution may become set free and undergo like changes in their turn, the materials for the growth of their nuclei being furnished by imbibition through their walls. Some authors have described the cells to increase by fissiparous gemmation, and Dr. Bennett speaks much of their occasionally undergoing a retrograding process; the nuclei disappearing instead of enlarging, the cell-wall shrinking, collapsing, becoming infiltrated or intermixed with oil, and ultimately resolved into fragments and granules. He finds the yellowish masses often seen in cancerous tumours to consist in a great measure of cells thus altered.

With regard to the nature of these cancer-cells, and their physiological relations to the fibrous element and to the natural tissues of the part affected, it is not easy to form an opinion. By some authors they have been looked upon as independent existencies, like entozoa or fungi, growing in the body and propagating themselves to distant parts through the medium of the blood by sporules which find their way into the circulating current, either through the delicate walls of the capillaries, or through openings in the small vessels. It seems to me on the whole most probable, that they are the result of some peculiar influence exerted upon the nutritive elements of the blood effused among the tissues by an altered or morbid state of the nutrition of the part, being in this respect, to a certain extent, analogous to pus-cells, which they also resemble, in their incapacity to undergo further organization; and in their being in terminal, not transitional, stages of development. The two morbid products differ, however, in the important particular that the cancer-cells possess the property of self-multiplication, absorbing and assimilating the elements of the blood, whereas the pus-cells are dependent for their increase on the continuance of the inflammatory process causing fresh exudations, endued with similar tendencies to those from which they sprang themselves. There are some circumstances, such as the accumulations of pus in certain cavities or abscesses, which render it probable that even the pus-cells exert a certain assimilative influence upon the fluid or even the solid lymph effused in their immediate proximity, but they do so only in a slight degree, and with a force scarcely comparable to that of the cancer-cell. This point of difference between the products of inflammation and the elements of cancer, is of great importance, and constitutes one of the most marked features of their distinction.

Besides the cells just mentioned, there are commonly found floating in the same fluid nuclei and granules, with perhaps other cells, such as those which are in process of development into tissue, pus-cells, &c. Oily matter, in the form of minute globules dispersed through the mass, is also a very usual constituent; and there are commonly found many elements not belonging to the cancer itself but to the structure in which it is produced, such as striated muscular fibre, fat, glandular tissue, &c. The blood-vessels are often of large size, and very numerous; they are generally admitted to be derived from an increased growth of the vessels naturally supplying the affected part.

It should be observed here of the two chief elements of cancer, that they are not only intermixed in very different proportions, but that they do not invariably coexist. In some few instances the cells alone are present, being infiltrated among the tissues of the affected organ, or they may be intermixed with lymph effused in consequence of inflammation taking place in a person who is the subject of malignant disease, or in whom the cancerous diathesis is strong. So on the other hand cases now and then occur in which a tumour, consisting only of fibrous stroma, without the intermixture of any cancer-cells, and resembling, therefore, a fibrous tumour, may exhibit the destructive and inveterate qualities of malignant disease. As a general rule, the rapidity of growth and the tendency to decay in a tumour are proportionate to the quantity of cells developed in it; they are greatest in encephalona, less marked in scirrhus, and least marked of all in those specimens of scirrhus where the fibrous element constitutes the entire mass.

The relation which the cancerous elements bear to the natural tissues, and their effects upon them, are points of so much interest, that we must again revert to them. It is evident that at first the natural and morbid structures are, to say the least, very closely connected together. Most pathologists agree that the cancerous matter is infiltrated among the original elementary parts of the parent tissues, and occupies nearly all their interstices; that in process of time the elements of the tissues become compressed, appear to be blended with the deposit into a homogeneous mass, and gradually become atrophied and disappear. Indeed the connection between the natural and the morbid structure is in some cases so intimate, the one being scarcely distinguishable from the other, as necessarily to suggest the idea that there may have been not merely a blending, but an actual transformation of the healthy into the cancerous tissue. This is particularly true in some of the glandular organs. In the liver, for instance, the first indication of the disease is commonly afforded by a mottled appearance, resulting from a slight discolouration of some of the lobules; they retain their proper shape and size, and their distinctness from the neighbouring lobules, but they are of white colour, and the natural components of the lobules are replaced by, if not transformed into, the elements of cancer. As the disease increases, adjacent lobules are affected, their structure is more completely altered, their individuality

lost, and they are fused into one mass. In the breast also the lobules which have undergone the cancerous degeneration for some time retain their natural outline, and their separation from one another by septa of areolar tissue. Even when the whole gland has become involved, we may sometimes trace the remains of the lactiferous tubes branching in the interior, and the fibrous septa penetrating the exterior of the morbid structure. It is the presence of these latter which bind the integuments down to the breast, and assist in producing the knotty tuberculated state of the surface often observed in cancer of the mammary gland; after a time both the lactiferous tubes and the intercurrent septa disappear, either wasting away, or becoming transformed into cancer, and no trace of original structure remains. I have used the word "degeneration," to express the change in these cases, because that change really seems to correspond in many respects with certain other alterations in the tissues usually described under that name, more particularly the fatty degeneration. Although aware that the best authorities are quite opposed to such an opinion, I cannot help thinking that the relation now alluded to is not one of mere coarse similarity, but that the cancerous and fatty degenerations are, to a certain extent, really allied in the mode of their occurrence.

However this may be, when once the cancerous change has commenced it is almost sure to spread. The assimilative energies of the morbid product are so intense that the neighbouring tissues yield under its superior force, their own nutritive powers are as it were prostrated, and they soon disappear in the same manner as the part first affected. Before being thus completely destroyed they are found in many instances to undergo certain alterations, such as atrophy or fatty degeneration, which indicate that their nutrition is impaired and that they are ready to fall an easy prey to the destructive influence which is encroaching upon them. Whether these alterations are entirely the result of that influence operating on them, though at a distance, or whether they are in part also the result of some inherent deficiency, which is the common cause both of the cancer and the atrophy I cannot say, but am inclined to think the latter is the case. At any rate it is a common thing to find bones affected with cancer in some parts, and atrophied or greasy at others; the mammary gland, which is the seat of scirrhus in some of its lobules is often shrunken or loaded with fat in others; sometimes you see, as in the specimen shown you on a former occasion, a small scirrhous lump under the nipple imbedded in a mass of fat, which occupies the seat and retains the shape of the mammary gland. In like manner, when a muscle is affected with cancer, the fibres contiguous to the morbid product, are often observed to be in a state of more or less advanced fatty degeneration; their transverse markings are indistinct or invisible, their nuclei imperfect, and they are pervaded with oil. Further, although the general wasting of the body, so constantly accompanying the progress of cancer may be occasioned by pain, discharge, and various accidental causes, it must be allowed that the disproportionate quantity of fat often found in such cases, both under the skin and about the internal organs, —that fat having a remarkable deep yellow colour—is attributable to some peculiar condition of the nutritive functions dependent on, or associated with cancer.

To this general rule of the association of atrophy with cancer there is a remarkable exception which claims our particular attention. I mean the frequent manifestation of hypertrophy in those septa of areolar and fibrous tissue which have been described as surviving for a time amid the desolation induced by cancer, and which may be traced for some distance into the morbid mass. The fibrous processes passing from the skin into the mammary gland become thick, tough and contracted in cancer of the breast; and when cancerous tumours are situated under the skin in other parts of the body, they are often intersected by processes of thickened areolar tissue passing into them from the skin. The most striking examples of this change are afforded by the formation of malignant tumours between bones and their periosteal coverings. The periosteum is in such cases separated from the bone by the gradual increase of the morbid product between the two; but it for some time retains a connection with the bone by means of the fibrous filaments passing from the one to the other; these filaments traversing the cancerous substance, and stretched by it, become greatly thickened, and for the most part are ossified, in course of time giving rise to those plates and spicules which you may have noticed extending perpendicularly from the surface of a bone into a malignant tumour. That this explanation of the origin of the osseous fibres and plates in malignant tumours of bones is correct, was almost proved by a recent specimen which I had an opportunity of examining not long ago: it was a case of encephaloid disease of the femur in a young woman, and the several stages just described could be traced at different parts of the exterior of the bone. In one place the periosteum was just elevated from the surface of the bone; and the stretched connecting filaments, somewhat thicker and coarser than natural, were seen in great numbers passing from the periosteum to the bone through the intervening cancerous medium. In another place the separation of the periosteum was more complete, and the filaments failed to reach it; still they could be distinguished attached at one end to the bone though the other was lost in the tumour. Nearer the middle of the limb they were replaced by osseous fibres taking the same direction and evidently originating in the same manner. At a still later stage the osseous fibres would doubtless, like the other tissues, and like the bone itself, have yielded to the superior assimilative forces of the morbid product, and have disappeared. This hypertrophy and ossification of the stretched periosteal fibres, though most common in malignant tumours, is not peculiar to them. It is not found when the growth of the tumour has been very rapid, but is most marked in cases where the tumour has made comparatively slow progress, and has exhibited the other evidences of malignancy only in a moderate degree. In such a case the osseous substance

may constitute the chief portion of the tumour, forming large porous masses, which, when macerated, resemble pumice stone. The new bony matter under these circumstances is generally less dense and firm than true bone; sometimes it has scarcely the proper structure of bone, resembling rather an amorphous cretaceous deposit. It is not confined to the outside of the bone, for the cancellous texture in the interior is often solidified, and is sometimes rendered very dense and ivory-like by a similar process taking place in it. Tumours of this kind, where the osseous substance forms so large a portion, and the malignant qualities are only inactively displayed, have been described by Müller under the name "osteoid;" at least it appears to me that the tumours so named by him are of this nature. They sometimes attain to very large size and are most frequent about the extremities of bones, particularly the lower end of the femur.

Changes analogous to this hypertrophy and ossification of the periosteal fibres are afforded by certain other tissues when they are the subjects of cancerous infiltration. The lactiferous ducts already mentioned as occasionally persistent in scirrhous breasts are usually found to be increased in size. In a case of cancer of the skin described by Dr. Bennett* "the tissue of the dermis was considerably hypertrophied, consisting of curling filaments of elastic tissue, with a fibrous network, in which numerous loculi or round openings were observed. Some of these were completely filled with cancer-cells." The epidermis was hypertrophied, and the scales offered a striking resemblance to some of the forms of cancer-cell. They were, however, external to the fibrous tissue, whereas the true cancer-cells were situated within the meshes formed by it. Another very remarkable instance of the association of hypertrophy with cancer is afforded by the stomach and intestinal canal, more particularly by the muscular coat, which you may observe by examining these specimens of scirrhous disease of the pylorus. In this one the mucous membrane is a little thickened, pulpy, vascular, villous or warty, and preternaturally adherent to the muscular coat. The peritoneum is also thickened, and in like manner adherent to the muscular coat; the layers of areolar tissue between the three tunics being also thickened and indurated. The chief changes have taken place in the muscular coat, which is more thickened than either of the others. It is tough and hard, and is composed of parallel bands or fibres, of pale greyish colour, placed side by side, closely compressed together, and united by more opaque intervening septa of indurated tissue. The disease terminates abruptly at the duodenum, diminishing gradually in the opposite direction, where the fibres and bands become less thick and less adherent to one another, though they are somewhat hypertrophied throughout the specimen. This and some of the other specimens have been dissected for the express purpose of showing, which they do clearly, that the alternate pale and opaque bands, giving a striated appearance to the section, are composed of the muscular fibres and the intervening areolar tissue, in a thickened, indurated, and compressed condition. In one instance this condition exists throughout the whole stomach; and we occasionally meet with tumours of considerable size, composed of the muscular coat thus altered and projecting into the cavity of the stomach. The physical characters of this change are so obviously such as I have described that some pathologists have found a difficulty in supposing that it can have any near relation to cancer; while others, not finding the part to possess the requisite microscopical structure, have concluded it to be a different disease. For my own part I am fully persuaded that the change in question, if not of genuine malignant nature itself, is most intimately related to cancer and entirely dependent upon it, It is almost always found to be associated with undeniable cancer in the mucous membrane or in the adjacent absorbent glands; and after a time the striated appearance is lost, the muscular and cellular structures being blended together into one homogeneous mass, which is subject to decay and ulceration in the same manner as the other forms of cancer. Moreover, well-marked cancer-cells have sometimes been seen infiltrated into the mass so formed. So far as I have been able to ascertain, this change is confined to the pale unstriped muscular fibre; I do not know of any instance in which the more highly developed form of that tissue was affected in a similar manner.

It seems to be the general result of the preceding observations that the higher or more organized tissues—the striped muscular, and the glandular—are commonly affected with atrophy and degeneration in connection with cancer, and that the more simple and less organized tissues—the unstriped muscular, the cellular, and fibrous—being less amenable to the destructive influences of cancer, are often hypertrophied or thickened by its first impression. We frequently find the two effects simultaneous in the same organ; the glandular element wasting, becoming fatty, or replaced by cancer-cells, while the fibrous element is increased to many times its natural thickness. You will not forget that the latter also does, after a time, yield to the destructive influences of the disease, being impregnated with cancer-cells, or infected with the general tendency to decay and ulceration. To what extent may not the lower tissues thus hypertrophied contribute to form the fibrous basis of cancer? At any rate the occurrence of this change in them deserves particular attention, and acquires particular interest, when taken in connection with the remarks made in former lectures with regard to the nature and origin of simple tumours.

You will understand that malignant tumours increase in size, partly by the assimilation of the neighbouring tissues to themselves, and partly by the hypertrophy of certain elements of those tissues, as well as by the development of new elements, the cancer-cells, &c., in their substance. Sometimes one and sometimes another of these modes of increase has the preponderance, which explains the fact that tumours of this species may or may not be invested with capsules. As a general rule,

* Bennett on Cancerous and Cancroid Growths, p. 15.

the cellular and other structures from which the capsule would be formed are involved and destroyed by the advancing growth; there may be no distinct line of limitation between the morbid and the healthy structures, much less any compressed layer of areolar tissue, such as we should call a capsule, separating them from one another. There are cases, however, where, owing to the immoderate cell development and internal growth in the tumour, it increases in bulk so much more rapidly than it destroys the neighbouring tissues that the latter are distended and compressed and form a capsule over it. This, of course, is most likely to take place when the structures around a tumour are loose and easily displaced, so as to offer little resistance to the expansion of the growth. Hence we commonly find that encephaloid tumours growing in the axilla, about the kidneys, and in other similar parts, are invested with well marked capsules in all respects like those which generally enclose simple tumours.

When you cut open a cancerous tubercle, you will often find that, at or near the middle, it is softened or converted into a more or less diffluent pulp; and if such a part be examined more closely, it is seen to have lost all regular structure, and to be composed of fragments which appear to be the disorganised remnants of cells and tissue. The softening depends, probably, upon a failure of the nutritive powers taking place to such an extent that the component atoms are no longer held in those structural relations into which they had been thrown, and in which they had been maintained by the vital or nutritive forces of the growth. It commences naturally at the part first formed, viz., the centre of the tubercle, and is similar to the softening that takes place occasionally in simple tumours, or more frequently in scrofulous deposits and tubercles, and is similar also to the softening and disintegration of the natural structures often induced by inflammation. Though occurring in cancers, for the most part, as a regular or natural process, it may be induced by any cause which prematurely impairs their vital energies, such as an attack of inflammation or a blow. Strange and paradoxical it seems that these same morbid products should possess such irresistable assimilative influence over the surrounding tissues, and should be so unable to maintain their own existence, so liable to decay and dissolution.

The softening may commence at one or more points, and sometimes leads to the formation of several small cavities in various parts of the mass, containing a turbid fluid which often looks like pus and may contain pus corpuscles. Indeed the process frequently resembles and is associated with suppuration; the smaller cavities coalescing into a larger one which approaches the surface like an abscess, bursts through the skin, and leaves an ulcer. When the cancer is situated near the skin, the softening commences on the superficial side, and takes place earlier than when it is deep-seated. This breaking up of the morbid mass is usually attended by some inflammation of the surrounding tissues with effusion of lymph uniting them together and rendering them a more easy prey to the ravages of the disease. At the same time the adjacent lymphatic glands are commonly observed to become inflamed, and to participate in the malady, if they have not before done so. It is by no means uncommon for inflammation in the surrounding tissues to precede the softening of the cancer; indeed it sometimes is contemporaneous with the earliest appearance of the disease, and attends it through all its progress so assiduously that some pathologists have regarded cancer to be only one of the multiform results of inflammation. The cavity or ulcer commencing in the manner just described continues to increase by the progressive softening and disintegration of the neigbouring cancerous tissue, so that particle after particle is separated and forms a component in the discharge; the disease still advancing in the circumference while the dissolution of the mass is thus going on at the centre. In this way huge caverns are sometimes formed, and large parts of the body destroyed. Sometimes the work of demolition proceeds at a greater rate, mortification succeeds to ulceration, and considerable masses are detached. Now and then, in consequence perhaps of a slight inflammatory attack, the whole mass appears to slough away and leave a clean surface behind; but the hopes of a cure thus excited are almost always doomed to be disappointed by the reappearance of the disease in the sides of the chasm from which the slough has separated.

The cancerous ulcer is distinguished from any other, inasmuch as it is preceded by the substitution of the cancerous structure for the natural tissue of the part affected; the substitute structure being indued with a power of growth and a remarkable assimilative influence over the adjacent tissues. Certain other kinds of ulcer, such as the phagedenic ulcers and cancrum oris, seem to approach to the malignant type in their determined progress, and in the mode of their increase; but they are not dependent, so far as we know, upon a previous structural alteration corresponding with that of cancer. In the scrofulous disease a structural alteration does often precede the ulcer, and bears many resemblances to the cancerous change; but the new product does not exhibit the evidences of an inherent power of growth, neither is it attended with any very marked assimilative or destructive tendencies. The discharge from a cancerous ulcer is thin, dirty, bloody, and peculiarly offensive. It consists of the fluid element of the growth escaping from the areolæ of the fibrous stroma, together with decaying fragments of the structure; the rapid tendency to decomposition in the latter imparting to it, no doubt, its fœtid odour. It is often intermixed with blood, and occasionally with pus. You cannot usually distinguish any cancer-cells or other definite structure, because the elements of the morbid mass are, for the most part, distintegrated before they are separated. The non-existence of cancer-cells in the discharge collected from an ulcer is, therefore, by no means to be regarded as conclusive evidence of the absence of malignant disease.

Some of the peculiar appearances which the cancerous ulcer presents are due to the combination in the same structure of a tendency to grow and a tendency to

decay. In some cases the former has the preponderance, when the surface of the ulcer is raised, granular, or warty, with an everted edge; perhaps the mass shoots forth through the skin as a large and overhanging fungus, or it forms a great tumour extending for a considerable distance under the skin. When, on the other hand, the decay and ulceration proceed rapidly, a large excavation, with raised sharp edges, is the result.

ON THE EXAGGERATION OF IDEAS

RELATIVE TO

CERTAIN SANITARY TOPICS.

By DANIEL NOBLE, Esq., M.R.C.S.

Read at the Conversazione of the Royal Institution, Manchester, Dec. 11, 1850.

There exists a power in new ideas which, as the novelty ceases, the ideas themselves do not maintain. Let opinions or conclusions be boldly advanced and perseveringly promulgated at variance with those which, time-honoured though they be, exert but a measured and steady influence upon society, and it will be seen that, for a season, they agitate the minds and determine the actions of their votaries to a degree far beyond what is noticeable in after periods. This is the case with doctrines the truth of which becomes ultimately demonstrated; and yet to a much greater extent with the fleeting vagaries or the half-truths of successive epochs. Undoubtedly this power of novelty is a great fact in universal nature; we recognize it in all classes of phenomena; it is a fact, moreover, everywhere witnessed as qualifying physical, moral, and social agency. Look at the workings of vegetation on the final disappearance of a retarding frost; how notable is the progress when the earth and the air become newly influenced by the genial warmth of a kindly spring. See the energizing influence of great moral truths, observable in so remarkable a manner on first being realized vividly by communities or individuals. We only need for one moment to reflect upon the past history of society to perceive that all its extraordinary commotions and upheavings have been preceded by, and are traceable to, the influence of new ideas. And although this important truth is susceptible of the plainest illustration by adverting to experience on the widest scale, a careful inquiry will yet show us that, in every department of thought and action, even the most minute—the same fact exists; all things attesting, indeed, the unwonted force, the exaggerated influence of ideas in their freshness.

In all matters which involve considerations of life, health, and disease the susceptibility of mankind to the influences of novelty is very striking. Let an idea for instituting improved modes of cure, or for prolonging life, be propounded, with even moderate plausibility, and see how large numbers arise to catch at it. And no experience of the falsehoods or the mischiefs which empiricism exhibits in its successive phases, leads to a popular recognition of its fallacies or its dangers. Each generation witnesses the rise and fall of numerous systems of quackery; yet faith revives always in the latest, and multitudes do it homage. Amulets and sympathetic powders constitute the illustration in one age, as galvanic rings and infinitesimal doses do in another. No matter for the inconsistencies and contrasts which impudently-advanced innovations present, novelty has always its charms for a time. If *brandy and salt* fail to realize the sanguine expectation of individuals, they will probably seek, with corresponding avidity, for relief in its opposite—*cold water*. And so it is ever. *Newness* strikes the *ignorance* of mankind, and *wonder* moves the world—a lever more potent than good sense, even in the nineteenth century.

A fact must here be kept in mind:—Whilst the influence of false ideas perishes very generally with their novelty, the power of those which are true for ever endures. Yet these latter display an energy very frequently in their birth which is not permanently sustained. But this phenomenon is further observed. Men becoming newly conscious of some extraordinary agency, proceed in their admiration to invest the source of it with attributes beyond those which are properly its own, just as certain nations of Pagan antiquity were led to imagine that a true divinity inhered in the visible source of light and heat. So what is true becomes overlaid and disfigured by that which is false, and in this way exaggerations arise of notions in themselves not unjust.

The exaggeration of ideas relative to certain sanitary topics, forms at the present period a striking exemplification of much that has been said. Men's minds at this time have become awakened to certain truths of importance—truths of which, twenty-five years ago, the bulk of the nation for all practical purposes was in ignorance the most profound. It must yet be acknowledged that from having, in a former era, attached little or no consideration to the physical conditions upon which health depends, the opposite error would seem now to have place. There is every disposition in the world amongst many to attribute the origin of almost every disease to some defect in the sanitary condition of the place of residence. Ailments with which, from the very nature of the thing, the mere dwelling-house, or the locality, can have had nothing to do, are ascribed very often, in accordance with the fashion of the day, to some possible fault in the drainage or the ventilation. Over-exertion of mind, depressing passions, late hours, irregularity in diet, and silk stockings, are entirely overlooked, whilst the presence of a ditch or a cesspool, some hundreds of yards off, is keenly detected, and possibly referred to as the origin of diseases rightly attributable to the influences ignored. A merchant capitalist has his days and his nights unceasingly harassed by care and anxiety, and suffers of course in his stomach and nervous system; hereupon he persuades himself fondly that all may be remedied, and be in future avoided, by removing a few miles from the town. Fevers and other contagious diseases decimate

at intervals the population of large places; it is rashly inferred from this circumstance that all such maladies are absolutely extinguishable by what have been called preventive measures—that is to say, by drainage and ventilation. The effects of bad food or scarcity, are but too often left out of the calculation. Indeed the speeches and the writings of some of our sanitary enthusiasts, would lead very near to the hope that all mankind, as the world advances, would die no longer of actual disease, but only of old age. We will contrast the existing state of popular sentiment with that which obtained some twenty years ago, before the public mind was systematically directed to this topic, and then we will attempt to strike a balance, in determination of the position which recent inquiries and discussions have apparently made good. Every one who is of sufficiently mature years will remember that, prior to late investigations, the subject of health in connection with residence was rarely deemed of sufficient consequence to occupy serious attention. The aspect of a house in relation to prevalent winds, the drainage of its neighbourhood, the ventilation of its rooms, or the quality of its water-supplies, only excited attention and thought under speciality of circumstances. When rheumatism seriously enfeebled the head of a family, or consumption deprived it of its flower and its hope, then the importance of a dry atmosphere and free ventilation became practically realized. Epidemic maladies ravaged the impoverished parts of our cities and large towns, but the miserable hovels in which the victims had lived were but little regarded in discussions of a remedy. Everything was believed to have been done if some hospital were established, or some physician sent to *see* the sick-poor at their own pestilential abodes; I say *see*, for *cure* or medical care were impossible under the circumstances. Overcrowding and filth were in ignorance allowed to do their worst, and abominations unspeakable degraded humanity to the level of the brute. For ailments generally, *drugs* were almost the only aids invoked. The necessity of placing the human organism in some understood harmony with external nature, if health were to be secured, was but little considered. In these respects, indeed, man seemed to know, or at least to think, less of himself than of the lower animals, over whose physical condition the elements were at all times known to exert a paramount influence.

From such a state of practical imbecility the researches of the last few years have aroused the public intelligence. And facts and laws long comprehended in their general bearings by the scientific physiologist, have now been brought home to the consciousness of the many. And persons in exaggerated homage to a new and admired truth, would at this time render almost exclusively important what had heretofore been so much disregarded. Thus it has happened with sanitary topics, as with numerous others, that ideas have been estimated beyond their just value, considered alike in their intrinsic worth and in their extrinsic relations, exemplifying in a striking manner that disposition in the popular mind which subjects it to so largely to the sway of novelty.

It has been established and placed beyond doubt, that towns are less healthy than country places. It has been shown that the average age of death in the former is lower than in the latter, and that a greater proportionate mortality takes place annually in urban than in rural districts. Further, it has been made certain that epidemic and contagious diseases are much more destructive in towns than in the country. In order, however, that the fundamental truth which these facts disclose should be correctly seized, the facts themselves must be submitted to some analysis; and, this being done, the result is to show that what ordinarily is affirmed of towns generally, is true only of particular localities. Thus, the lower average age of death in towns than in country places, is obtained by including the narrow streets, courts, and alleys, where overcrowding, filth, destitution, drunkenness, and neglect of young children, form causes constantly operative in the destruction of human life. When districts occupied by the middle and more opulent classes are selected for the investigation, to the exclusion of pauperised localities, little or no difference is discoverable between such places and the country. The annual mortality, moreover, under such circumstances, is not proportionately high. And it is a fact, that diseases which diffuse themselves, more especially under bad sanitary conditions, no more spread nor produce greater fatality, in the better parts of a town, than they do in the country. Let the epidemic fever of 1847 furnish the illustration. *Typhus*, in Manchester, raged during that year with thrice the severity of any visitation of the kind; yet it never became prevalent in any of our moderately-conditioned streets. If some few individuals became the subjects of attack residing in localities raised above the pauperised, it was from contagion imbibed through habitual attentions to the sick, and from such persons the disease never extended itself. I was furnished myself with unusual opportunities for observing the several circumstances of that memorable epidemic, and I do not know of a single instance where, in Manchester, the fever was transmitted to another from a patient dwelling in any of our better class streets; proving, most amply, that a very moderate ventilation is capable of extinguishing the virulence—the zymotic property—of the typhus poison. It would carry me beyond limits and exceed altogether the present design to enlarge upon this theme. I will simply reiterate the conclusion, that epidemic and contagious diseases neither destroy life, nor imperil the constitution in the well-conditioned parts of a town, more than in rural districts.

Facts and considerations like the foregoing, as well as a more particular and intimate experience, will authorize the assertion that, under the circumstances in which mankind at large are placed, and with reference to the human constitution generally, towns, as such, need not be less healthy than the country; and that, in point of fact, a well-selected dwelling in most of our great towns as they actually exist, will, in an immense majority of instances, be found just as conducive to health and longevity as one that is strictly rural. I say in an immense majority of instances, because, in a subject of this kind, no rule that can be laid down will apply

universally; the truth being, that, to some constitutions, the country, and to others the town, is the most advantageous. With large numbers the difference is neither to be realized nor appreciated.

That I may make this part of the discussion a little more intelligible, I will briefly state and explain a point of doctrine in physiology, which is this:—True health consists in the harmonious performance of all the functions of life, and harmony in this respect is secured and promoted by adapting the several organs and systems of the body as much as possible to the external conditions upon which their just exercise depends. Thus the lungs need pure air, the stomach good food, and the brain and nervous system require that every influence which affects the consciousness should be agreeable. I do not here state the whole case, but only what the occasion would appear to demand. Now, if there be a defect or a vice in any of the conditions just adverted to, the result must certainly be more or less to injure the health. The effect, from littleness of the cause, may scarcely be appreciable, but undoubtedly some result of a prejudicial character must always ensue from any deviation from the strict requirements of health.

To apply this doctrine. Certain constitutions require more especially that the inspired air should be pure, in order that the health be sustained in full measure; in such instances, a country residence will generally be found the best. This is most frequently the case in scrofulous habits of body, particularly if the temperament be phlegmatic. Young children almost always flourish more in the country than in towns. It must yet be noted that, in very exposed situations, there is more liability to inflammatory disease, and a greater violence upon its taking place. These countervailing considerations, however, can very well be obviated by corresponding watchfulness and care.

Now, on the other hand, there are persons so constituted, that health depends much more upon moral and social influences than upon any extraordinary advantages affecting the respiration. Such individuals will often enjoy much better health in the town, or the immediate suburbs, than in the country; always supposing that some fair judgment have been exercised in the choice of a dwelling-house. Where the mind is active and the disposition social, the tranquillity of a country life, and its comparative loveliness, operate prejudicially upon the brain and nervous system, and thus health becomes deteriorated at its source. It is under circumstances of this kind, that the invigorating effects of a temporary London life are often witnessed, when dissipation and excess do not antagonize them.

To hard-working persons whose days are actively engaged in the commerce and busy pursuits of a town, it is an unmitigated advantage to have lodgings in the country. Yet, where the permanent residence is rural, the wives and the daughters very often sustain detriment from want of due activity in the brain and nervous system. In such instances there is an absence of that proper succession of agreeable impressions upon the mind, so essential to that harmonious action of the organism which constitutes true health. And so it is universally: human nature must be estimated in its totality in all questions of its well being. The functions severally demand an appropriate *pabulum* or sustenance, and however excellently disposed may be the external relations of any one portion of the organization, health will fail if the beneficial action of some other be prejudiced.

I will, in this place, reiterate the facts and the inferences which I conceive to have been made out by recent sanitary investigations:—It is the poverty-stricken, over-crowded, and ill-constructed parts of large cities exclusively, that supply the evidence which renders urgent the demand for sanitary reform; the well-conditioned streets and suburban localities are not sensibly injurious to health, under ordinary circumstances; and the question whether particular individuals will be benefitted by a country or a town residence, is a matter to be determined by the specialities of each case.

It may be contended by some persons that, however plausible much of the foregoing may appear, popular experience and medical prescriptions are alike opposed to the idea that towns, under any circumstances, are as healthy as the country. It may be said:—"See what happens when the body is exhausted, and the energies enfeebled, by protracted disease of almost every kind, the country invigorates and revives when medicine of every kind has only exhibited its powerlessness; the patient emaciated by fever, or other acute disease, but slowly convalesces till he removes from the town; the harassed dyspeptic consumes drugs and executes prescriptions innumerable, but finds no decided or enduring relief excepting in change from the air of a town to that of the country. Look, further, at the experience of persons not regarded as actually sick, how the appetite and the spirits, and the sleep, become improved during a brief sojourn some miles from the smoke of a city; nay, indeed, but notice the amelioration of health that will sometimes occur upon removal from a locality that is four miles from a town to one that is six." And so on: the illustration might be considerably extended.

The accuracy of such facts as the above may readily be conceded; they do not, however, affect the justice of my argument. In a large number of cases, it is undoubtedly true, that the physical qualities of the atmosphere as realized in certain rural districts, have an especially beneficial and curative action. In instances of exhaustion after acute disease, country air is almost essential to a sound recovery. Many unhealthy habits of body, moreover, are incorrigible by medicine, unless the patient breathe the purest atmosphere. It must yet be maintained, and the fact should never be lost sight of, that a leading element from which the advantages often flow, consists in the *change* of air; and think how much is comprehended within this well-used phraseology—temporary immunity from the ordinary cares of life, cessation of toil, daily recreation, novel scenes and agreeable society; circumstances all most conducive to the restoration of shattered nerves and broken health. Again and again have such agencies been seen to effect wonderful improvement in disease,

even where the *change*, so far as physical conditions are concerned, may have been for the worse, from country to town. The influences which attach to novelty are exemplified once more. It is certain—and no matter how the fact is to be explained—that mere change of air sometimes is advantageous to health, irrespective of concomitant circumstances acting through the mind. It is the same thing with food, as every one knows. Let the most delicate and the most nutritious viands be habitually and uninterruptedly employed, and a *change* abstractedly for the worse, will not only be relished but will improve the digestion. The *toujours perdrix* is endurable by no one.

Hence it happens that change of air so often accomplishes good after medicines have been tried in vain. It is a superficial judgment, however, which ascribes to the *place* the benefits that really flow from the *change*. Disappointment has often resulted when this judgment has been acted upon. Permanent residences have been established in the charmed locality, whereupon the fallacy has been detected. The spell has not long survived the novelty. Nervousness, biliousness, and sleeplessness, you have found to vanish upon a fortnight's sojourn at the coast; but that this fact should receive its just interpretation, you must seek out the anxious-minded, disappointed, and over-wrought inhabitant of the favoured spot, and you will find that he suffers very much as you did before you left home. Take him back with you to town, make him forget himself, and regard the world without, interest him with strange sights and novel circumstances, and your own atmosphere, pestilential as you thought it, will also seem to have disclosed a health-restoring charm. A very little reflection upon these principles will discover their application in much of the experience of daily life.

I would guard myself against being misunderstood. Whatever may be the case with the great majority of mankind, there are, as before stated, exceptional instances of constant occurrence, where town and country are not indifferent as places of residence. The chest, for example, in certain individuals, constantly suffers in towns, whilst in other persons the brain and nervous system become disordered in the country, developing the phenomena of hysteria and hypochondriasis. In some instances the lungs in summer need, for their healthy action, the pure air of the country, and in the winter the more genial warmth and protection of a town. The same diversity of requirement obtains with regard to the nervous system. Some cases of disorded function are relieved by the bracing air, and free respiration, procurable in the country; and there are others rather benefitted by the social and exhilarating influences of large cities. It is very much the same thing with derangements of the stomach. There are cases in which abstinence is good, and there are others in which generous diet for a time becomes desiderated. But all exclusiveness and *system* here, as elsewhere, are to be avoided. There is a parallelism between *vegetarianism* and ultra-sanitary enthusiasm.

Neither the origin of diseases nor their modes of cure can be vigorously set forth in axiomatic phrase, neither can their doubtful points be elucidated by adoption of some favourite speculation of a particular era. As a matter of fact, however, the prominent idea of the day is very generally invoked to explain phenomena with which it is deemed to have some correspondence. In accordance with this circumstance, the fancied elucidation of disease and current systems of empiricism, are determined very much by the course of thought that happens to be predominant in the popular mind. In an age of witchcraft, maladies spring largely from magic, and are curable by amulets. In a later age, science displays the wonders of electricity, galvanism, and magnetism; these strike upon the imagination. At the same time certain ill-understood conditions and actions of the nervous system engage the public attention; hereupon animal magnetism comes into fashion, is thought to shed light upon disease, and to furnish the means of cure. A fanatical teetotalism, ascribing diseases almost universally to alcoholic drinks, developes a water-cure of all saving efficacy. And in like manner the theory which would trace maladies without number to ash-pits, cess-pools, and streets, leads to a horror of towns, and would almost regard the country as Eden again realized. Such is the influence of ideas in their freshness: such is the power that attaches to novelty.

Diseases have certainly their origin in numerous other circumstances than those which mix themselves up with the dwelling-house; and the remedies, too, are correspondently diverse. Inherited fault in the constitution, vicious or defective diet, injudicious clothing, irregularity of life, and exposure to vicissitudes of temperature, constitute severally most prolific sources of ill health. Excessive thought, or mental idleness, violent passions, corroding grief, anxiety and suspense, and the common cares of life, form causes systematically productive of disease. In a community like the one in which we dwell, disappointments in business, and the anxieties of all kinds associated with it, are potent beyond expression in their undermining influence. I am very much inclined to think, that these latter circumstances, in some respects, exceed most other agencies in the destruction of health and the shortening of life.

There are diseases, moreover, which arise from the action of poisons; I do not refer to these in their proper forms, but to such as are subtle and not appreciable by the senses, and which produce epidemic and contagious diseases, and from which no sanitary improvement can furnish an absolute immunity. It is perfectly true that the virulence of most epidemics can be mitigated considerably by appropriate drainage and ventilation, but some will rage, and very destructively too, under every known physical condition. There certainly is not a more demonstrable fallacy than that which attributes diseases, like cholera and scarlet fever, to known and removable causes—a fallacy that has originated in the reasonings of persons having neither a medical education nor a medical experience, but one in which there is little or no participation amongst thinking members of the profession. Extended remarks, how-

ever, upon this branch of the subject, would very unjustifiably encroach upon the time of the present auditory.

It is conformable to reason, and corresponds with the lessons of experience, that remedies for disease, and for enfeebled frames, must vary with the circumstances of the individual case. Good air and effective drainage are of the highest importance certainly, and I should be sorry to interpose a thought in seeming opposition to the ameliorations in these respects to which public opinion is leading. I do not, however, see that the discouragement of preposterous expectations can have any unfavourable tendency; on the contrary, I should rather believe that future disappointment which always follows upon over-wrought anticipation, would be much more likely to bring about prejudicial reaction than any attempt to establish more moderate views. At any rate it is right that the case should be justly stated, and in all that has preceded this has been my aim, whilst denouncing exaggeration and eliminating that which is *false*, to give greater distinctness to, and render more appreciable, the *true*.

ON GOUTY AFFECTIONS OF THE EAR.

By WM. HARVEY, Esq., M.R.C.S.L.,

SURGEON TO THE ROYAL DISPENSARY FOR DISEASES OF THE EAR.

In my last contribution on the "Rheumatic Affections of the Ear," I stated that there were some that partook more of the gouty diathesis, and in which the seizure commenced with tinnitus, and not unfrequently also attended with otorrhœa. This latter symptom was commonly presented to the surgeon under very aggravated forms in some cases, either from a wrong diagnosis, or from stimulating applications having been used. I am also of opinion that if the disease be early ascertained, and the constitutional symptoms treated more decidedly, it is much under the control of the surgeon. Those whose attention have been directed to this department of surgery, must frequently meet with this disease, either affecting the ear originally or from metastasis, the latter action more frequently, and thus it behoves the surgeon to treat the case actively, as the organ is soon irreparably lost. In the more chronic affection, or where it takes place in the aged, if diagnosed, much relief may be afforded to the distressing tinnitus. I have selected a few cases which will be appended to the second part of this paper, some of which I have been fortunate to trace to the termination.

Arthritic inflammation of the ear attacks chiefly the fibrous and nervous structures of the organ of hearing, and appears simultaneously or alternately with the manifestations of gout in other parts. It occurs, therefore, sometimes as a sympathetic affection of contiguous organs which may happen to be in the neighbourhood of the organ of hearing, and are attacked with gout, sometimes as the product of gouty metastasis. Should the inflammation develop itself rather on the external division of the ear, the patient feels on the external ear increased warmth and an intolerable itching. The itching becomes constantly more insupportable, and at length passes into a burning, tearing, and pinching pain, which spreads on all sides over the entire circumference of the ear. In this case the patient complains of constant tinnitus, and occasional singing in the ear, and of hardness of hearing. These symptoms increase to a considerable degree after midnight, and become somewhat mitigated towards morning On examination the external ear presents an erysipelatous redness, feels hot, and is extremely sensitive to the touch. The entire surface of the meatus auditorius is found to present a redness, rather pale than dark, is entirely denuded of cerumen, or covered here and there with a dark brown, thin, and dried deposit of the same, and the membrana tympani of a dull appearance, traversed by some large vessels. Should the inflammation continue to remain at this low point, the epidermis of the meatus auditorius throws itself off in mealy scales or in larger portions, or becomes agglutinated with the cerumen of the ear, which now becomes secreted in more than the ordinary quality. If the inflammation becomes more intense, amid an exacerbation of pain, small abscesses or furuncles burst in the muscles of the ears and in the meatus, which eventually discharge a sanious pus. All inflammatory symptoms are gradually mitigated upon this, and are renewed only when an abscess makes its appearance. In old people there is observed simultaneously a considerable swelling, which spreads over the parotid and the mastoid process, is associated with a rose-coloured inflammation of the skin and cellular tissue, and prevents all motion of the lower-jaw. In weakly and cachectic subjects the parietes of the meatus present an œdematous swelling, and there sets in an obstinate mucous discharge. The discharge is somewhat thick, almost without odour, flows not constantly or equally profuse, but varies with respect to quantity. In damp or wet weather, and when the patients catch cold, the quantity is most considerable; when the atmosphere is dry and warm it is, on the contrary, very small. If the otorrhœa is of long duration, polypus growths may form. In case of frequent returns of the inflammation varicose vessels become developed on the membrana tympani, the membrane itself becomes turbid, assumes a dappled or spotted appearance, becomes thickened, and exhibits the look of a bit of patch-work. When gouty inflammation seizes on the middle ear, it is not rarely the reflection of an arthritic angina. If it have only a short course, and the inflammatory irritation is but small, the patient complains merely of dull pinching, and lacerating pains of the ear, which become exacerbated in cold and damp weather, and diminish in severity when the atmosphere is dry; he complains also of a sense of fulness and tension in the ear; of a buzzing, singing, and tinnitus in the ear, of indistinctness of hearing, and burning pain and dryness of the fauces. The Eustachian tube is commonly open, still air when pressed in enters only with some difficulty. If the inflammation rises to a higher degree, it commences

with febrile symptoms, violent shivering, followed by heat and violent headache. Soon after an almost insupportable tearing, squeezing, and boring pain shows itself in the interior of the ear, which extends to all the affected side of the head, to the face, the teeth, to the gums and the throat, and becomes extraordinarily increased on speaking and swallowing. It continues a considerable time, returns after short intervals of rest, and has attained its acme by evening, so that sometimes loss of consciousness, rambling speech, and even convulsions, are observed to take place. During this the patient complains of increased sensitiveness to every thing which emits a sound or a noise from it, and of loud ringing, knocking, and buzzing in the ear, which shoot up his head as it were, and render his state almost insupportable. Sometimes the symptoms suddenly abate, if the paroxysm of gout shows itself in other parts of the body.

I recently saw a case where the ear affection disappeared rapidly after pains which showed themselves first in the shoulder, then in the loins, next in the knee, and lastly in the big toe. But when the inflammation attains its height, suppuration comes on; the pus breaks through the membrana tympani, and with the escape of the same outwards the disturbing symptoms gradually disappear. The pain now becomes more obtuse and heavy; it is not so extended; it is confined more to the ear and jaws, and returns at longer intervals. The purulent discharge, however profuse it may have been, diminishes; and if the disease get better, the function returns. The tinnitus aurium and hardness of hearing continue longest. As however the ear continues for a long time sensitive to every alternation of temperature, the inflammatory symptoms also sometimes return, and a state of blenorrhœa of the cavity of the tympanum with its appendages becomes established. In some cases it comes in these parts even to effusion of plastic lymph, and even to caries. If the inflammation had a more sub-acute or chronic course it may happen that chalk-like concretions form in the cavity of the tympanum, and in the mastoid process, which are naturally connected with deafness. Dr. Garrod has frequently found the cells of the mastoid process filled with chalky concretions in these cases.

Women, after cessation of the menses, suffer with acute pains of the head and deafness, the cavity of the tympanum is filled with a hard, white, gypsum-like mass, which extends to the Eustachian tube, and holds the ossicula of the ear together. That tophi and exostosis exist in the bony parts of the middle ear, is common; and many specimens are recorded of the fact. The causes of gouty inflammation of the ear are in general the same as those of gout. To the predisposing causes belong hereditary and acquired disposition to gout, venous plethora, climacteric changes, the suppression of accustomed discharges of blood, too high living, abuse of the pleasure of the table, indigestible food, excesses of all kinds, much study, dwelling in a moist unwholesome atmosphere, great hardships. As occasional causes all those influences may act, which are capable of giving rise to inflammation of the ear in general, but most frequently very rapid alternations of temperature, draughts of air, cold to the head and feet, and excessive drinking of spirituous and strong liquors. Sometimes the inflammation is also the product of metastasis, whilst some gouty attack in the head, in the hands, in the feet, in the hip, &c., suddenly disappears, and thereupon the entire process becomes developed in the organ of hearing.

2, Soho Square.

Provincial Medical & Surgical Journal.

WEDNESDAY, FEBRUARY 19, 1851.

Our anticipations with respect to the attempts which would be made by certain naval "Jacks in office," to neutralize the good intentions of the Admiralty towards the Assistant-surgeon, have been but too speedily realized. It appears from a letter to one of the daily papers, that in the fitting out of the *Indefatigable*, ample cabin accommodation had been provided for two Assistant-surgeons, and the navy authorities no doubt fully believed that these gentlemen would have sailed with every advantage which their position required. Not so, however. In the sapient imagination of the Captain, the purveyor of grog and biscuits is a functionary of far more importance than the superintendent of the health of his crew, and he therefore coolly dismisses the Assistant-surgeon to the intellectual purlieus of the cockpit, and appropriates the cabin to his own and the ship's steward. This "*Smart*" transaction has very properly called forth a severe animadversion from Mr. Browne, a gentleman whose name is identified with the movement for the enfranchisement of the Assistant-surgeon, and we trust his spirited letter may not fail to induce the Admiralty to see that their well-intentioned concessions are not in future nullified by the impertinence of the ship's captains

In connection with this subject we are induced to allude to an occurrence which has been severely commented upon in one of our contemporaries—namely, the resignation of two Naval Assistant-surgeons, when ordered to Jamaica to take charge of cholera patients. Although the last to screen any man from the odium which should always attach to the dereliction of duty simply because that duty is accompanied by personal risk, we must nevertheless think it hard

that two surgeons should meet with exclusive condemnation, when the fault committed by them, or what is tantamount to it—the exchange of commissions—is an every-day occurrence when a particular regiment is ordered for foreign service. But we are unwilling to believe that a personal fear had anything to do with the resignation in question. It is too repugnant to the spirit by which we are proud to acknowledge our profession is always animated, to conceive for a moment that apprehension of individual danger would interfere with the duties attaching to the cure of disease. The ardour with which medical men have always confronted the deadliest pestilences of modern times, forbids such an admission. It is far more probable, that these gentlemen were not altogether insensible to the degrading treatment to which their class had always been subjected, and that when it became a question whether they should expose themselves to toil and pestilence, not only without increased pay, but with no prospect of promotion, the disgust with the service, which had long been felt, then came uppermost in their minds, and that they took that opportunity, not of shunning danger, but of disconnecting themselves from a position unsuited to the feelings of an educated gentleman. So far from blaming the individuals in question, for their resignation, if this were their motive, we should like to see their example followed by others: a few such occurrences would, we think, go far to bring Government officials to a proper sense of what they must effect in the way of reformation, if they would have the important office of Assistant-surgeon in the navy filled by trustworthy men.

Of all the classes in Her Majesty's dominions, whose tempers are tried, and whose poor exchequer is diminished by the income tax, surely none is so hard hit by it as the medical profession. Supposed to be a gentleman, and constrained, therefore, to maintain an appearance upon, generally speaking, a most scanty income, the medical practitioner affords so striking an example of the hardships inflicted by that most odious tax, that even the *Times* thinks fit to take him as the most apt illustration, in a leading article which we print at a further page. We do not notice this to descant upon the iniquity of the income tax—the unfairness of taxing £500 a year derived from the most self-denying toil, as highly as the same sum coming in from funded property, and so on—but we do so to protest against the tone in which this writer thinks fit to speak of our profession. It was surely possible to exhibit the injurious pressure of the tax upon the hard-working country surgeon, without calling him "Mr. Camomile," and his domicile "Opodeldoc Lodge." Neither was there any necessity for alluding to "bergamy pitch," nor for designating an important part of his avocation as "pill-rolling." This may be wit in Printing-House Square, but elsewhere it may chance to be considered egregiously bad taste. We shall always feel grateful to the conductors of the daily press, when they lend their powerful aid to the furtherance of the interest of the medical profession, but we would inform them that their co-operation will be doubly appreciated when it is not marred by the expression of insulting superciliousness.

Proceedings of Societies.

THE BRISTOL ROYAL INFIRMARY MEDICAL SOCIETY.

This Society has been lately formed by several of the students of the above institution, with the view of advancing the professional acquirements of its members, and of promoting a feeling of friendship and co-operation amongst them, by meeting occasionally for the purpose of reading papers on any subject connected with medicine or surgery, and their subsequent discussion. The physicians and surgeons of the hospital act as patrons, whilst the office of president is filled by the house-surgeon. The introductory meeting took place on Thursday, January 9th, at which Dr. Wallis, one of the patrons, and Senior-Physician to the Infirmary, read an Introductory Address. The following is a brief abstract of the proceedings of the meeting, which took place in the Board Room at the Infirmary, where there was a good attendance of students—past and present—as well as several medical men resident in the city of Bristol.

The President opened the meeting by stating that it had long been the wish of many students that such a Society should be instituted in connexion with the Bristol Royal Infirmary, but various circumstances had occurred to prevent its formation until the present time. It had been formed on the model of the Medical Society of King's College, London, a Society which had been in existence seventeen years, and from whose ranks many men of the highest order of talent had sprung. He would not detain the meeting longer, but would call on the Secretary to read the laws of the Society,

which having been done, the President begged to introduce Dr. Wallis to the meeting.

Dr. WALLIS, who on rising was greeted with much cheering, said:—Every step which is taken to promote knowledge, is a benefit to society generally, but in no science is the welfare of the public so much concerned as in that which belongs to the healing art. This advancement of science is not so much to the profit of the medical man as to the public generally; they reap the benefit of it, and it is to promote an increase of power by which life and health may be more effectually protected, that medical science is so ardently cultivated by its professors and practitioners; and there is no means so powerful for sharpening the penetrating power of the intellect, as that of discussing scientific questions in societies like this. There is the touch-stone of a man's acquirements, loose suppositions will avail nothing here, an erroneous opinion is pinned to a man's back, and is picked at first by one and then by another, until the utterer shrink from his assailants, and is glad to hide his diminished head by retiring from the field. Reading societies connected with large institutions like these, where materials for knowledge lie scattered profusely around you, are of incalculable benefit to the rising youth who are destined to be important actors in the drama of human life; the part you will have to perform is often one of deep tragedy, and justice sternly demands your perfect acquaintance with what you have undertaken to perform. Our profession is the labour of the intellect, and not of mere muscular or brute power. Intellect, however, is a corporeal or material function; it is the act of the material substance of the brain, and like all other corporeal or muscular actions, becomes more quick and perfect by exercise and training, and this society which you have so wisely established, will be a most valuable means of giving acuteness and vigour to your growing mental energies, by affording to them a battle-field on which you may try and exercise your powers. Having made this statement of the materiality of the intellect or mind, a word or two of explanation becomes necessary, lest I should be misunderstood. When you have made yourselves intimately acquainted with the physiology of the brain, and the effects of injuries and diseases of that organ on the mind, you will I am sure totally disregard the fanciful speculation of the philosophers and metaphysicians of the old school, such as Locke, Paley, &c. I reject their doctrines altogether, as having no foundation in truth, and I am justified in doing so by a correct reading of the Holy Scripture, given to me by the late celebrated Dr. Adam Clarke, who, in a discussion on the subject, agreed with me fully, and said that the Mosaic account of the formation of man, rendered literally from the original Hebrew, was:—"And God made man, and breathed into him the breath of *lives*," and not *life*, as in our translation, thus giving to him two distinct principles, the living principle, as an animal, and an immortal principle, to be made responsible in a future state, for the acts of that order of intellect with which man is endowed higher than he has thought fit to bestow upon animals; and for this purpose he has given to man, a larger, more complete, and perfect brain, for the purpose of producing that higher order of intelligence. Gentlemen, I have a full confidence in the existence of an immortal principle and its future responsibilities, but still I am bound to confess myself a materialist as far as regards mind or intellect. Having said as much as I hope will satisfactorily prove to you that intellect is a function of the brain, and this being a corporeal organ, its activity and power can be largely extended by constant exercise, and rendered more acute and powerful by those contests of intellect which it is the prominent object of your Society to produce. When you have stored up doctrines which you may gather from books in your minds, you must put all these doctrines to the test of practical proof by the cases you have an opportunity of seeing in this house, and if they bear the test, let them be stored up in your minds as facts for further corroboration by experience, and in your discussions of professional questions you may adduce such facts with confidence, and you will see by debate whether any new light can be thrown upon them, or whether you have misapplied what you have read. In this way your intellects will be strengthened and polished by the rubs and hits you will give one another, much like the way I have seen cannon balls perfected by putting a number of them into a large iron barrel, and turning it rapidly round, when the hammering they give each other, not only polishes them, but renders them perfectly spherical. These benefits have been found practically useful at other Societies of a like nature. The Royal Medical Society, of Edinburgh, was of great use to myself; there I not only strengthened and corrected my opinions, but formed valuable friendships, many of which have lasted to the present time. The King's College Medical Society, on the plan of which yours has been formed, has been also of great benefit, many valuable men having arisen from that. Ours may be only a minor star in respect of these, but we hope, that though small, it may still shine and become at last almost as useful to its members as either of the other societies. Hence comes the advantage of a debating society, you must prove your own opinions to be true as far as proof can be obtained, and when proof cannot be obtained directly, all must be satisfied with reasonable and fair deductions; it is the capability of some men, above others, of making accurate deductions from collateral evidence, that makes one practitioner more successful than another. The more societies like these are encouraged, the more kindly feeling is engendered amongst the members, which often begets friendships which are valuable through life. I therefore congratulate you on the formation of a Society, the benefits of which I have endeavoured to set before you, and which, I hope, will be lasting. I am the more pleased to congratulate you upon this occasion, as being an old student myself of this Infirmary, and I feel a desire to promote every thing likely to be of advantage to you in your future life to the utmost of my power. Dr. Wallis then sat down amidst the cheering of those who heard him.

Mr. ROSSITER moved, and Mr. Powell seconded, a vote of thanks to Dr. Wallis for the kindness with which he had delivered his excellent address. A vote of thanks was then moved, and seconded by Mr. SWETE and Mr. CRISP, to the Medical and Surgical Staff of the Infirmary for their kindness in consenting to act as patrons.

Mr. Green, in an interesting speech, assured the meeting that no effort of the patrons should be wanting to uphold their newly-formed Society. He himself had seen the value of looking deeply into cases, and comparing the precepts of books with the practice of the wards; he should strongly recommend all students present to join the Society.

After a few words from the President relative to the working of the Society, the meeting separated.

At the close of the meeting, several gentlemen entered their names to be ballotted for as members.

E. H. SWETE, Hon. Sec.

Bristol Royal Infirmary,
January 17, 1851.

BIRMINGHAM PATHOLOGICAL SOCIETY.

May 2nd, 1850.

Large deposit of Caseous Matter around the Neck of the Femur.—By Mr. Pemberton.

The *right femur* was diseased by a copious deposit of cheesy matter in the fibrous tissue around the neck, forming a large mass of diseased structure. The osseous material of the neck was nearly absorbed; the opposite femur was healthy. The *right kidney* was twice its natural size; the upper two-thirds were occupied by a deposit resembling tubercle. The left kidney was pale, and slightly granular externally. The coats of the bladder were thickened. *Lungs:* The *right* was congested, it broke down under the finger; the *left* had a gangrenous odour, and was rotten in its lower portions, and contained in its middle, cavities from broken down tissue. The *brain* was softer than natural.

The patient was a tool-maker, aged 56. He was steady, sober, and always healthy. Six months before his death the right hip was severely injured by a fall; he was confined by the accident, but no diagnosis of the injury could be formed. A month after, whilst he was standing upright by his bed, the neck of the femur gave way spontaneously. He became cachectic and debilitated. Large bed-sores formed, and diarrhœa preceded his death. His surface had assumed the tinge of malignant disease.

June 6th, 1850.

A very fine specimen of Fibrous Tumours of the Uterus. By Dr. Russell.

The fibrous tumours were embedded in the wall of the uterus, in number they exceeded twenty; they formed together a large irregular mass, quite unadherent, eight inches long and seven broad. The cervix uteri was exceedingly elongated, and projected from about the middle of the anterior face. A single large oval tumour formed the lower and narrower part of the mass, lying below the uterus, and occupying the true pelvis. The upper and larger portion of the mass was subdivided into two lateral halves by the enlarged uterus, which was completely flattened, so as to form a thick vertical partition. On its left was one large tumour; on its right were three or four considerable ones, closely connected into a group. The cavity of the uterus was much enlarged, but quite closed by the lateral pressure of the tumours. The group of tumours on the right of the uterus formed a rounded eminence in its interior, even indenting the opposite wall; this eminence was covered with a large recent clot, which ran down through the neck of the organ. The length of the flattened uterus was above five inches. The elongated neck had been divided by mistake. All the tumours were enveloped by a prolongation from the uterine tissue, from which they could be readily separated. There were also more than sixteen smaller tumours, from the size of a pea to that of a walnut, either embedded in the uterine coverings, or projecting, like nodules, from the outside of the mass.

By the microscope.—The tissue was composed of flattened bands, crossing each other very irregularly. They presented distinct though delicate fibrillation, but no separation into fibrils at the extremities, and became very transparent by acetic acid.

The patient's age was 46. She was unmarried. The symptoms were of eight years' standing, commencing with pain in the uterine region, and hæmorrhage per vaginam. The tumour was discovered four years from the commencement of the symptoms. She became subject to hæmorrhage of somewhat periodical character, which gave her a permanently bleached and cachectic appearance. She died in a sudden attack of convulsions. The head was not allowed to be opened. The os uteri could never be felt by vaginal examination.

Miliary Tubercles and Cavities in the Lungs.—By Dr. Russell.

The left lung was filled with miliary tubercles, in groups, which had coalesced towards the apex. There was an irregular cavity in the apex, and a second lower down, posteriorly. The general tissue was dense and non-crepitant. The base was congested. The base alone floated in water. Similar tubercles existed in the upper lobe of the right lung, with a small cavity, and also grey granulations throughout the middle and lower lobes. The tissue of a mottled grey. The left lung was covered universally by a dense false membrane, like a fascia. The right was clear and polished, with a slight adhesion at its apex. The bronchi and pulmonary arteries were healthy. Some scattered ulcers were in the cæcum and the colon. The liver and kidneys were free from fat in their cells.

The patient was a stone-mason, aged 36. His illness was of two years' duration; it followed upon exposure to the weather, privations, and intemperance through the winter. He was then laid by with cough, and remained subject to cough and short breath, which increased, and prevented him from working for the last fifteen months. He had pleuritic pains severely, most profuse perspiration by night and sometimes by day, and abundant expectoration of tenacious clear mucus. He decayed gradually, but his death was hastened by

diarrhœa for the last three weeks. His family are healthy.

Fœtal Heart Malformed.—By Dr. Fletcher.

The child was three weeks old. The pulmonary artery was continued into the descending aorta, by means of the ductus arteriosus, which thus conveyed the blood from the dilated right side of the heart to the trunk and lower parts of the body; these parts were more blue than the head and upper extremities, which were supplied from a *contracted* left side of the heart, by a *small* aorta, terminating in the usual branches of the arch, and in a small trunk communicating with the large descending portion.

July 4th, 1850.

DR. ELKINGTON IN THE CHAIR.

Tubercular Ulceration of the Lungs and Intestines.—By Dr. Bell Fletcher.

The intestines were ulcerated; portions of the mesenteric glands also very much enlarged by tubercular deposit; the kidneys were granular; the liver was enlarged and fatty; the body extremely emaciated. The patient was a screw-maker, and aged 70. He had hectic fever, obstinate diarrhœa, albuminuria, and anasarca of the lower extremities.

Uterus after Delivery and Diseased Heart.—By Dr. Fletcher.

The patient had been delivered fifteen days. The uterus was in the usual state; the heart was diseased, and the mitral valve considerably contracted; the left auricle was much dilated; the lungs were intensely engorged; the tubes were filled with mucus, and there was fluid in each pleura. There was general anasarca and ascites. The other organs were healthy. The patient died of intense general bronchitis, occurring in the last stage of pregnancy. She was delivered after a protracted labour, the child dead. She died fifteen days after delivery. She had long suffered from bronchitis.

Rupture of the Heart.—By Mr. Humphry.

The heart is large and weighs ten ounces. There was much fat on its outer surface; the tissue pale and soft. There was a fissure in the wall of the left ventricle five-eighths of an inch long, at the apex, and near to the posterior surface; the tissue around was almost pulpy and many hæmorrhagic spots existed in the fat of the apex. The pericardium contained twelve ounces of blood. The patient was a female, aged 87, she was in good health, became suddenly pale, and died in an hour.

Diseased Heart; Miliary Tubercles.—By Dr. Fletcher.

The mitral and aortic valves were thickened and contracted; the left auricle was dilated to about double its size; the right lung was greatly condensed; the left was partially so; there were some miliary tubercles in the right lung. The patient was subject to rheumatism, and had troublesome cough, together with frequent hæmoptysis. He died from severe inflammation of the right lung. There were no sounds indicative of the valvular disease.

Tumour around the Pylorus and Duodenum containing Pus.—By Mr. Savage, Westbromwich.

There was a large firm tumour, containing pus, surrounding the pylorus and duodenum; the liver contained some tubercles; the right kidney was enlarged; but the other abdominal viscera were healthy The patient was a forge smith aged 70; he was healthy though subject to indigestion for the last year. Seven months before his death he was attacked with diarrhœa, which continued throughout, with intervals of relief from various remedies; sweating came on and he gradually became emaciated. A tumour was discovered two months before death, which at first was rather tender, but increased and became softer. The last seven days he voided twice per anum a little pus mixed with blood.

August 1st, 1850.

MR. RUSSELL IN THE CHAIR.

Extensive Tubercular Deposit on the Pleura and Peritoneum.—By Dr. Fletcher.

The right pleura was filled with *bloody* fluid, rendering the abdominal surface of the diaphragm convex, and forcing the lung upwards; its parietal portion was studded with tubercles and with deposits of blood and fibrin. There were some elongated adhesions on both sides of the chest, but the left pleura and both the lungs were quite healthy. The pericardium contained three ounces of bloody fluid like that in the pleura, which apparently, was free from fibrin. The heart was healthy. The peritoneum contained eight or ten quarts of *bloody* fluid, it was studded with tubercles; the parietal portion was covered with fibrin entangling coagula. The omentum was nearly obliterated. The peritoneum was much thickened over the liver and gall-bladder, contracting the latter greatly. The gastric and intestinal mucous membranes were inflamed and softened. The pelvis of both kidneys and the ureters were dilated; the bladder was thickened and dilated. The left tunica vaginalis contained half a pint of muddy serum. The patient was 70, he was strong and healthy all his life, but for the last two years his habits were completely changed, by his being suddenly raised from indigence to wealth. Three months before his death ascites was first discovered, having been preceded by jaundice, which had quite subsided but was followed by emaciation. In a month paracentesis was urgently required, and three gallons of fluid containing about one quarter of blood, deprived of its fibrin, with compound exudation corpuscles, were taken. In six weeks the operation was again as urgently required, but less fluid was taken than before from an accident occurring, and the right chest remained obscured by the continued elevation of the liver. The second liver contained a little fibrin. He died a fort-

night afterwards. His mother and two sisters had malignant disease.

Malignant Tumour of the Thumb: Amputation.—By Mr. Pemberton.

The malignant tumour presented the character of soft scirrhus, springing from the periosteum of the proximal phalanx of the left thumb; the bone was equally atrophied all round, apparently by pressure, but together with the skin and extensor tendon, was quite unconnected with the disease, and was healthy. The patient was a woman aged 60. The tumour originated in a blow received four years previously. The pain at last required amputation.

Very copious deposit of Calcareous Matter in the Mitral and Aortic Valves: great enlargement of the Heart.—By Dr. Russell.

The heart was dilated and hypertrophied on the left side to a great extent; in both ventricle and auricle an enormous deposit of calcareous deposit had taken place on the free edge of both flaps of the mitral valves; it had collected in great quantity at the posterior junction of the flaps, where it had ulcerated into the auricle, just by the side of the ventricular opening. There was also a large deposit on two of the aortic valves, with ulceration, extending into the insertion of the valve of Lieutand, and causing ulceration there. The flaps of the valves and the chordæ were hypertrophied, but healthy. The external surface of the heart was dimmed by very scanty lymph. The arch of the aorta was nearly free from atheroma. The lungs were healthy. The patient was a man aged 42. He was subject to symptoms of heart disease, frequently urgent, for at least twelve years. They were kept in abeyance by quietness and regular living, though progress in the disease was indicated from time to time. Seven months before death he had an attack of bronchitis, and his symptoms from that time advanced rapidly. He had anasarca, but no ascites; and there was jugular pulsation. He died very suddenly. He never had rheumatism.

Large Calcareous Excrescences from the Aortic and Mitral Valves: Enlarged Heart.—By Dr. Nelson.

Presented by Dr. Russell.

The heart was dilated and hypertrophied to a great extent on the left side, its weight was one pound three ounces. A large cauliflower-like excrescence of calcareous matter was connected with one of the aortic valves, and hung into the ventricle; the two other segments of the valve were nearly destroyed by the breaking down of the deposit between their laminæ. Other smaller excrescences adhered to the base of the mitral valve and to the valve itself. The right valves were healthy. The pericardium was healthy. A calcareous deposit was in the apex of the right lung. The patient was a male, aged 23. Had symptoms of his disease for ten months before death. He never had rheumatism. Anasarca came on with great dyspnœa and violent action of the heart; and he had also troublesome wakefulness. His urine was free from albumen.

Very large Tumour in the Anterior Mediastinum firmly attached to the Pericardium; Effusion of Blood into the Brain.—By Dr. Nelson.

The following case was presented through Dr. Russell:—

There was a *large tumour in the anterior mediastinum*, lying in front of the pericardium, and intimately connected with it; it extended from the entrance of the great vessels into the neck down to the diaphragm, to which it adhered, and on each side it was of equal extent with the costal cartilages. The general appearance of the growth was just that of the thymus gland; its tissue under the microscope had a simply granular appearance. The heart and great vessels were healthy, as was the pericardium. The left kidney was large, pale, and its structure not distinct. The brain was congested. The optic thalami and corpora striata were broken down by a recent clot, which contained some pus corpuscles; it weighed two ounces, and occupied chiefly the anterior cornu of the lateral ventricles. The bones of the hip-joint were diseased, the ligaments degenerated, and the head of the femur thrown on the dorsum ilii. The patient was a boy, aged 17. He had been somewhat out of health for two years, with pain in his head and right side. He was pale and puffy, but had no symptoms to direct attention to his chest. His urine was free from albumen. He had constant pain between his scapulæ, and pain and tenderness in the hepatic region; the latter complaint was removed by treatment. He suddenly became stupid, and fell into a state of coma, in which he died about sixteen hours after, with all the symptoms of compression of the brain, but without convulsions. He had long been the subject of disease.

Three specimens of Diseased Bones.—By Mr. Pemberton.

Acute Disease of the Left Hip.—The articular cartilages were destroyed, the bones were carious, the head of the femur was nearly absorbed, and there was a large opening, which would admit three fingers, through the floor of the acetabulum. The cancellated structure of the bones was soft, red, and vascular, and the cancelli were filled with cheesy matter. A large abscess, which had burst externally, communicated with the joint. The patient was a boy, aged 15, a needle-pointer. The disease was acute and rapid, extending over ten weeks only.

Scrofulous Necrosis of the Left Tibia.—The shaft of the tibia formed a large sequestrum, surrounded by a sheath of new bone, and perforated by numerous apertures. The articular extremities were still connected with the old bone, but were surrounded by the new growth. The fibula was perfectly healthy. The soft parts of the leg were perforated with numerous sinuses. The patient was a boy, aged, 14, a nailer. His disease commenced immediately after typhus, two years previously. The limb was amputated, and the patient recovered.

Anchylosis of the Ulno-humeral Articulation.—The

bones were much thickened, but the left condyle of the humerus, with the radio-humeral articulation, was quite healthy. There was a lumbar abscess, and caries of the lumbar vertebræ. The kidneys were in the first stage of Bright's disease. The patient was a girl, aged 19; she was a dressmaker. Had scrofulous disease of the elbow in early childhood. She recovered with a stiff joint, but retained the power of pronation and supination. She had albuminuria.

Foreign Department.

PROCEEDINGS OF THE FRENCH ACADEMIES.

ACADEMIE DES SCIENCES.

The following are the most interesting subjects of discussion at the late meeting of the Society:—

M. Curie endeavoured to explain the phenomena attending *sea-sickness*. "It is generally admitted," he observes, "that when the vessel descends into the trough of the sea, the moveable contents of the abdomen are projected against the diaphragm. When, on the contrary, the ship rises on the wave, a contrary movement takes place, the intestines dragging down the diaphragm. But as this muscle is the main agent in the mechanism of vomiting, in order to prevent sea-sickness some means must be found of neutralizing the effects of the ship's movements upon it." This remedy is found, according to M. Curie, in a particular management of respiration, taking care to inspire when the vessel dips, and to exspire when she lifts on the seas. This process continued at intervals he declares to be successful.

The workmen engaged in manufacturing quinine are subject to a skin disease, which has been noticed by M. Chevallier

M. Claude Bernard presented some remarks on an active poison, known as the *curare* (woorara?), which is in use among the natives inhabiting the regions of the Orenoko, Rio-negro, and Amazon rivers. It is said to be derived from a plant analogous to that which furnishes nux vomica; but it is also supposed to be a compound of the poisons of venomous snakes. It certainly has properties in common with the latter; for though deadly when inserted into the skin, it may be taken into the stomach with impunity. Its poisonous action is instantaneous when injected into the veins, but inserted under the skin, it is delayed for a few instants, according to the strength and size of the animal. In birds it destroys almost instantaneously, without pain or expression. So also in dogs which were experimented upon.

In animals thus destroyed, M. Bernard always remarked signs which were indicative of a complete paralyzing of the nerves, which immediately after death look as if the animal had been dead for many hours; the blood was always pitchy black, and did not redden on contact with the air. It was also noticed that contact of the poison with the mucous membrane produced no sensible effect upon it.

M. Demeaux mentioned the existence of peculiar albuminous granules in the seminal fluid of unprolific men. They are kidney shaped, insoluble, and become opaque on the addition of alcohol or nitric acid.

M. Claude Bernard made further remarks on a new function of the liver, that of forming sugar. This subject has been noticed in a former number of this *Journal*.

M. Coste also lectured at the present meeting on *Gestation in the Human Species*. He has had numerous opportunities of examining women during and at the close of menstruation. In all, without exception, he found the interior of the uterus lined with a membrane, so thick, that but for the constancy of its presence it might be regarded as morbid. Thus it appears that on each maturation of an ovule, the uterus prepares itself to receive it. M. Coste has also ascertained that the fallopian tubes are not closed by this adventitious membrane, but are perfectly free to allow the passage of the ovule into the cavity of the uterus. In the unimpregnated state, therefore, the ovum falling into the new membrane, becomes imbedded in it, and is then developed, pushing before it a lamina of this membrane, which becomes the decidua reflexa, while other portions become the placental layer of decidua, and the parietal or uterine layer.

On the Elastic Fibres of Phthisical Sputa.

Dr. Schroeder Van der Kolk (*Revue Médicale*) has stated that the existence of cavities in phthisis may be ascertained with certainty by the discovery of the elastic fibres of the pulmonary cells in the sputa with the aid of the microscope. These fibres are liable to be mistaken for a species of conferva which is generated in the expectoration, but the latter is distinguished by terminating in cellular enlargements.

Male Fern in Tapeworm.

The value of this medicine is corroborated by M. Martin Solon, (*Bulletin de Therapeutique.*) He gives it in powder, in the dose of ten drachms, followed by castor oil. The oil of the fern is also very efficacious, mixed with the powdered root. The expense of the kousso has induced British chemists to prepare a tincture of the root, which has been very successful in some of the London hospitals.

Treatment of Encysted Tumours by repeated Injections of Iodine.

In the *Journal de Medicine de Bruxeles* of January 1851, M. Borelli describes his method of treating encysted tumours. After piercing the cyst with a lancet, and evacuating its contents, a saturated solution of iodine is injected, and retained by closing the external wound with diachylon; over this a poultice is

placed as soon as inflammatory symptoms arise. The tumour soon softens and collapses, and the pus mixed with the adventitious fluid escaping at the same time. After one or two injections the vitality of the cyst is destroyed, and it may be drawn out with pincers. This proceeding is quickly followed by a radical cure.

General Retrospect.

ANATOMY AND PHYSIOLOGY.

On the Round Ligament of the Uterus.

By G. Rainey, Esq.

Speaking of the difference between the striated and non-striated varieties of muscular fibre, Mr. Rainey denies that the round ligaments are composed of the latter; and affirms, on the contrary, that they are composed of the striated or voluntary fibre. This opinion he supports on the following grounds:—first, that the round ligament arises from three tendinous and muscular fasciculi; one from the tendon of the internal oblique, a centre one from the upper column of the external abdominal ring, the third from the inferior column of the same. These uniting form a round end, which expands upon the angle of the uterus. The striped fibres chiefly occupy the centre of the cord, but as they approach the uterus they lose this character, and assume that of the dartos muscle.

Mr. Rainey further states that the round ligaments do not, as was supposed, emerge from the external ring to be inserted upon the mons veneris; and that their use is in some manner connected with the act of coition.

In the same essay the author investigates the changes which the uterus undergoes during gestation. He regards the increase in size to depend upon the development of the embryonic nucleated fibres of the unimpregnated uterus, which receive a new impulse on the reception of the ovum. After parturition he supposes the fully developed fibres to be absorbed and replaced by fresh embryonic ones.—*Philosophical Transactions.*

PRACTICAL MEDICINE AND PATHOLOGY.

On a Functional Affection of the Spine which may be mistaken for Organic Disease.

By Henry Kennedy, A.B., &c.

The affection to which Dr. Kennedy alludes is essentially a disease of early life, generally occurring between the ages of twelve and twenty. It is more common in males than in females. It consists in a pain in the back and loins, commencing gradually, and may or may not be attended with the feeling of weakness, and occasionally it is only the latter that is complained of. The patients will say that if they have occasion to stoop—as, for instance, to tie their shoe—the rising up gives the feeling as if the back would break. When we come to examine the spine, the patient is nearly always able to refer the suffering to a particular part, but Dr. K. has seen cases where they could not do so, the feeling being then more diffused; and it is particularly worthy of notice, that a rough examination of the part may be made—the spine may be twisted, or percussion strongly used, and yet the patient will not complain of it. When left to their own feelings, they invariably prefer the recumbent posture. Walking is much less irksome than sitting, and particularly when they have no support for the back. In addition to an ordinary chair, they will use a cushion, so as that it may press on the spine where they complain; and even when reclining at full length, it is not uncommon to see a cushion placed in the hollow of the back, and in this way to cause direct pressure, in fact the feeling of support is one they cannot do without, and they will use many devices to attain it. Those whose business leads them to stand and work at a desk, seem peculiarly liable to the affection.

The following case illustrates the affection:—Mr. ———, a young gentleman of 18, whose employment was in an office in Dublin, where he spent six to seven hours a-day, partly standing and partly sitting, at a desk, began to suffer from pain in the small of the back. He was a person of small size, but of a highly-developed nervous system, as was shown when he laboured under any common indisposition—as, for instance, a cold. The pain in the back was trifling at first, though constant, so that he was able to pursue his usual avocations for about four months, when it became so distressing that he was compelled to confine himself to a sofa the greater portion of the day, and when he did sit up he always used a cushion between his back and the chair. On examination nothing wrong could be detected with the part of the spine of which he complained most, which was about the third lumbar vertebra; it could be twisted, and otherwise roughly handled, without causing any inconvenience, but to sit without support could not be endured beyond a few moments. And it is particularly to be observed, that when he had any inducement, he could go through an amount of exertion on his feet, which seemed totally incompatible with the other symptoms present. His general health appeared good, his tongue clean, his appetite not impaired, and, in fact, except for the complaint of the back, he was otherwise well.

He continued in this state for four months, during which time he was seen by the late Mr. Carmichael, and a variety of treatment was adopted, but no means used were of decisive benefit. In two months more he had recovered so far as to be able to resume his business, and at a still later period recovered completely; nor has he ever since, though some years have passed, suffered from the same affection.

On the subject of treatment the author has nothing of a very definite nature to offer. A considerable variety of means have been used, of both a local and constitutional kind. The former included local bleedings, dry cupping, blisters, frictions, the cold douche, and galvanism; and the latter aperients, tonics, change of air, and relaxation from business. Of these two,

the latter have, in his experience proved by much the most useful. He has also seen benefit follow the application of small and repeated blisters, as also the use of a weak stream of galvanism, applied daily, or every second day, according to circumstances. The patient, too, has often got great relief from wearing a stiff belt; indeed, this is a measure which should not, in any case, be forgotten. Still the general measures are the more important. In all the severer cases the patient will have to give up his business for a time; two to three months' complete relaxation must be enjoined, and if the patient can change his air so much the better.—*Dublin Medical Press.*

SURGERY.

Compound comminuted Fracture of the Femur; Separation of the Patella, and a large portion of the lower end of the femur; Recovery.

A hawker, aged 36, was admitted sometime back under the care of Mr. Luke, having sustained a fracture of the ilium, which united in about six or seven weeks. On examining the right lower extremity, the effects of an old accident were evident,—the limb was shorter than the left by two and a half inches, its axis directed downwards and somewhat forwards and outwards, the leg being, in relation with the thigh, at an angle of 130°. There was imperfect anchylosis, and the knee-joint admitted of slight flexion and extension. A large depressed cicatrix existed at the lower and inner part of the thigh, oblique in direction, and six inches in length. The most depressed part of the scar was bounded below by the prominent inner part of the circumference of the head of the tibia, which had been drawn considerably upwards, to the extent, in fact, of about two inches beyond the level of the other, and occupying the place of the inner condyle of the femur. No trace of the patella could be detected, but the anterior and outer part of the head of the tibia was bounded by a prominence of bone broader below than above, continuous with the shaft of the femur, and evidently its modified external condyle. The measurement round the circumference of the right leg, (which presented at its upper and outer part the continuation of the cicatrix observed at the lower part of the thigh,) at its upper third, was ten inches; the measurement round the unaffected limb, in the same situation, being thirteen. The measurement round the upper part of the affected thigh was sixteen and a half inches; of the left, eighteen inches.

The patient stated, that when he was 18 years old he was pitched out of a loaded cart, and the wheel ran over the knee and leg. The injury was of that severe character that the medical man who was called in urged the propriety of the removal of the limb. The patient, however, would not consent, and his mother treated the limb herself; poultices of various kinds being had recourse to. After he had lain a long time in bed, he pulled away several loose pieces of bone from the lower and inner part of the thigh, and ultimately the knee cap. In two years after the accident he was able to walk to school on a short crutch, and ultimately got so far well, "that he could walk, was able to wheel a barrow, and do many pieces of laborious work; and, having to cut grass about hedges or among trees, got expert, and every harvest had to work."—*Medical Times*, December 7, 1850.

Treatment of Internal Hæmorrhoids.—By Dr. Garvin.

Dr. I. P. Garvin, in an interesting article in the *Southern Medical and Surgical Journal*, states that he has treated a considerable number of cases of internal hæmorrhoids, some of them very severe and of long standing, by the use of cold water, in the following manner:—He directs about a gill of cold water to be thrown into the rectum immediately before *every attempt* to evacuate the bowels, and that this enema be retained several minutes, if possible. This usually produces an evacuation of the fæces, which have been so far softened on their surface as to permit their escape without the least straining or irritation. After every evacuation it will be proper to use ablutions of the parts, more especially in such cases as are attended by some protrusion of the bowels. The treatment is to be continued until some days after all uneasiness is removed. In old or very severe cases, to effect such amendment generally requires several weeks. It is highly important to impress upon the patient the absolute necessity of perseverance in the use of cold water, even though he should be so far relieved as to feel *almost* well, for if it be suspended too soon, a very slight cause will bring on a relapse. So decided is the relief afforded, by this treatment, that few persons would be disposed hastily to abandon it, but for the inconvenience of applying it daily. The ordinary apparatus for enemata are so unwieldly, that they cannot be carried about conveniently. All difficulty from this source may be obviated by the employment of a small pewter syringe, with a ring handle to the piston. One which will hold two ounces is very convenient, and may be carried in the pocket when necessary. When such enemata of cold water fail to procure sufficient alvine evacuations, the quantity of fluid may be increased to half a pint, or it may be necessary to resort to mild laxatives. Active purgation must be carefully avoided. The patient should be advised never to aid the natural expulsive action of the bowels by straining.—*Amer. Journ. of Med. Science*, and *Dublin Medical Press.*

MIDWIFERY AND DISEASES OF WOMEN.

Treatment of Infantile Convulsions.

By Dr. Schopferei.

During the paroxysm medicine can do but little In general harm is done by hasty interference. Many practitioners no sooner have a case of convulsions than they apply leeches. The author thinks that in most cases they are useless or pernicious. He opposes the indiscriminate theory of congestion.

During the fit, if the child be weakly and anæmic, he orders the head to be inclined downwards; if, on the

contrary, it is robust, the head should be elevated. He also strongly advises enemata, sometimes simple, at others containing infusion of camomile or valerian. In weak infants he has seen much benefit from compressing the vessels of the thighs.

Leeches are indicated when the child is robust, and when in a strong child the fit continues in spite of a lavement. If there be evidence of dental irritation, no time should be lost in scarifying the gums.

When the fit is over, the subsequent treatment will be regulated accordingly as the disease is idiopathic or symptomatic. In feeble children a tonic and nutritious regimen is required. In some iron is indicated, and cod-liver oil is beneficial in giving an impulse to nutrition. Cold affusion and exposure to a dry bracing air are very important adjuvants in the treatment.

The author objects to the free use of mercurials which is so commonly resorted to in this country.

In chorea he places greater faith in cuprum ammoniatum than in any other medicine.—Translated in *Edin. Month. Journ.*, December, 1850.

CONVENTION OF POOR LAW MEDICAL OFFICERS.

To the Editor of the Provincial Medical and Surgical Journal.

Sir,—I am desired by the Committee to forward to you the accompanying report of an interview with Lord John Russell, on Friday last, relative to an improved system of Poor-Law Medical Relief; and to request of you the favour to publish it in the next number of the *Journal*.

I am, Sir, your obedient servamt,

HERBERT WILLIAMS,

4, Hanover Street, Feb. 4th, 1851. Assistant Secretary.

REPORT OF THE INTERVIEW WITH LORD JOHN RUSSELL.

On Friday week a deputation from the Convention of the Poor Law Medical Officers had an interview with Lord John Russell, with reference to the evils of the present system of medical relief to the sick poor, at which Sir George Grey was present.

The deputation, which was accompanied by General Sir De Lacy Evans, M.P.; Jacob Bell, Esq., M.P.; Dr. Wilson, Senior Physician of St. George's Hospital; Thomas Hunt, Esq., representative of the Provincial Medical Association; James Stedman, Esq., Vice-President of the National Institute of Medicine, Surgery, and Midwifery;—consisted of Dr. Hodgkin, the Chairman of the Committee; Dr. Bainbridge, Messrs. W. Lobb, J. Liddle, E. White, W. Cantrell, of Wirksworth, Derby; Peter Martin, Reigate; E. Boulger, Bletchingly; G. Ross, J. T. Mitchell, Dr. Barnett, and Charles F. J. Lord, the Honorary Secretary.

The deputation having been introduced by the Chairman, the Honorary Secretary stated, before reading the memorial, that M. Foster, Esq., M.P., H. A. Aglionby, Esq., M.P., Thomas Wakley, Esq., M.P., J. Wyld, Esq., M.P., and several others members of Parliament, had expressed a desire to join the deputation. Delegates from the Medico-Ethical Society of Liverpool, and other Associations, had also expressed a similar wish, but unexpected engagements and the shortness of the notice, rendered their absence unavoidable. It was further stated that a movement of a similar character to that which originated this deputation, was becoming active in Ireland, and that a large meeting had just been held on the subject in Belfast.

The memorial set forth the evils of the present system, and showed that the three thousand poor-law medical officers, who administered relief to nearly three millions of the suffering poor in England and Wales, were so inefficiently paid, that the cost of drugs alone was, in many cases, barely met by the salary. The average rate of payment for each case of sickness, as ascertained from 805 returns from Officers of Unions, is 1s. 6¾d. for metropolitan districts, and 2s. 7d. for country districts; whereas the cost of drugs for dispensary cases, amounts to 2s. 1½d., and for hospital cases 4s. 4½d. It further stated, that the burthens which have been imposed on union surgeons, through the regulations of the General Board of Health, under orders from the Poor-Law Board and Guardians, while no provision existed to secure extra payment for these important services, were of a distinct character from those imposed on them by their contracts with the Board of Guardians. In illustration of the evils of the present system, special allusion was made to the case of "Hyet *v.* the Cheltenham Board of Guardians," in which Mr. Justice Patteson, in his address to the jury, stated that, "the medical officers of unions were the hardest worked, and worst paid class of officers in the kingdom." The memorial concluded by suggesting, for the amendment of the system, the following principles:—1st. Permanence of office during competency and good conduct. 2nd. Remuneration proportioned to the extent and nature of the duties. 3rd. Responsibility to professional authority under medical inspectors; and praying his lordship to introduce a Bill into Parliament embodying these provisions.

Mr. Boulger, of Bletchingly, represented, "that the uncertain tenure of office appeared to be greatly detrimental to the due discharge of the duties of the medical officers of the poor-law districts. The medical officers were often prevented from acting conscientiously towards their patients, through fear of incurring the displeasure of their employers, the guardians. That the medical profession was not more venal than any other body of men, and that if the appointment of a medical officer was made to endure *quamdiu se bene gesserit*, such an arrangement would redound no less to the benefit of the poor, than to the honour and advantage of the medical profession. Mr. Boulger mentioned, that in his own neighbourhood a medical officer had been removed without cause, and without a moment's notice by the guardians, who elected a person in his stead, whom they subsequently deemed inefficient. The guardians in a few months stultified themselves by re-electing their former medical officer. Such circumstances and changes must be fraught not only with discomfort, but with actual injury to the poor."

In reply to a question by Sir George Grey, Mr. Boulger apprehended that the decision as to the com-

petency or incompetency of a medical officer would rest with the proposed medical inspectors.

Mr. Cantrell, of Wirksworth, Derbyshire, stated that he represented the opinions of a great number of medical officers in Derbyshire, and had had much experience of poor-law medical practice, having been a parish surgeon before the passing of the present law, after which he acted as guardian for two years, and had ever since been a medical officer of an extensive poor-law district; that he considered the remuneration was both unequal and inadequate, and suggested that the mode of payment should be based on the population, extent, and poverty of the districts, which could be easily ascertained. He objected to a payment per case, as it would act injuriously to the poor, as disease would become fixed and death often occur, before an order would be obtained, if it involved an extra fee; to show which he stated that since he had become medical officer he had never received more than six orders to attend labours because it involved an extra fee. He also referred to the advantage of having medical inspectors.

Sir George Grey asked the deputation with whom they intended that the power of electing and appointing the medical officer should rest? Lord John Russell also desired to know whether it was proposed that the entire expense of medical relief should be discharged through the consolidated fund?

The Honorary Secretary stated, in reply to both these questions, that, as half of the expense was already paid by the Government, it was deemed desirable that the entire cost should be derived from the same source; it had been suggested, however, that the cost of drugs should be met by the poor-rates. It was proposed that the guardians should still have the power of nominating their medical officers, but that the Government should appoint the medical inspectors.

Mr. Liddle stated that he had had sixteen years' experience of the working of that part of the poor-law which related to medical relief, and he could confidently affirm that it required great alteration and amendment. He would, however, only direct his Lordship's attention to the necessity which existed for appointing medical inspectors. At present the medical officers of unions were under the entire management and control of the Boards of Guardians, to whom they had to make weekly reports, but which reports were seldom, if ever, looked at by the guardians, or if they were, the guardians could not understand them; they were, therefore useless; but if such reports were submitted to a medical inspector, much benefit would accrue, not only to the medical profession, but to the public at large, as the medical inspector would be able to make most valuable statistical returns, which would materially tend to the advancement of science, and the physical improvement of the people. The labour which was now imposed upon medical officers, in compelling them to keep useless books, was extremely onerous and burdensome. Secondly, it often happened that sanitary duties, and very properly so, were imposed upon the medical officers; but under the existing arrangement, it was impossible they could conscientiously do their duty to the public, if they were desirous of keeping their appointments, for it frequently happened that much property in poor neighbourhoods belonged to individual members of the Board of Guardians, and which was in such a bad sanitary condition that it was positively injurious to the health of the neighbourhood; but the medical officer dared not report it to the Board, for fear of losing his appointment. Thirdly, disputes often arose between the medical officer and the patient, which of course were referred to the Board of Guardians, but the guardians were altogether unable to come to a satisfactory decision upon the subject in dispute, not understanding the nature of the case. The matter was then sometimes referred to the Poor Law Board, who (from there not being a medical man in that department) were just as incompetent to form a correct judgment of the matter in dispute. For these and other reasons which might be adduced if time permitted, Mr. Liddle pressed upon the attention of Lord John Russell the advantage to be derived from assimilating the civil service in the department of medical poor-law to that of the army and navy.

Mr. Hunt, of Bedford Square, said, that he had the honour to represent the Provincial Medical and Surgical Association, consisting of about 1500 members of the profession, residing in various counties of England and Wales. This Association was accustomed to meet annually in large numbers. Many of the members were poor-law medical officers, and the subject of the medical administration of the poor-law had frequently been discussed, and after careful consideration, the Association had petitioned Parliament on the subject. In this large body of practitioners, Mr. Hunt believed there was unanimity of opinion on the subject of the memorial now presented to his Lordship, in the petition of which they cordially concurred. They especially felt the necessity of medical inspection, and the injustice of non-medical guardians deciding upon questions of medical competency and services.

Mr. Stedman, of Guildford, stated, that in his capacity of Vice-President of the National Institute of Medicine, Surgery, and Midwifery, he was constantly in the habit of hearing from the numerous members of the Institute and National Association, that one of the great grievances of the profession, was the unsatisfactory way in which the medical officers of Unions held their appointments, and the very insufficient remuneration they received from the Boards of Guardians. That a medical inspector would prove acceptable to the profession, as a medium for regulating the payments to the medical officer, and as a general referee to whom all medical questions might be referred. He also directed the attention of his lordship to the difference of the amount paid for medical attendance on prisoners, and on the poor.

Sir George Grey was under the impression that the medical officers of prisons devoted their whole time to the prisoners.

Mr. Stedman stated, that the surgeon to the Guildford House of Correction received a salary of more than double the sum given to the surgeon of the Union House, the inmates of the prison being numerically fewer, and that the gentlemen holding those appointments were both engaged in general practice.

Jacob Bell, Esq., M.P., stated, that having been many years a guardian, he could testify to the defects of the present system, one of which was the very inadequate remuneration afforded to the medical officers; another was the absence of medical authority in regulating their

duties, and supervising the whole administration of medical relief to the poor. He entirely concurred with the principles of the memorial, and was anxious to further its objects.

Dr. J. Arthur Wilson said, that although unexpectedly called on, he should have great satisfaction in supporting the memorial of the medical officers of the Unions. He was pained and surprised that nearly three thousand gentlemen of education, the physicians of the poor, for they were called on to conduct the most important cases, both in medicine and surgery, should be subjected to such treatment as was described in the memorial. He had observed, in a periodical of last week, two cases which struck him as shocking in a country like ours. At Bury, an inquest had been held on a poor man aged seventy-one, who had fractured his thigh, and who died in consequence of bed-sores, the guardians having obstinately refused to supply for his use, as requested by the medical officers, either a water-bed or one of Hooper's water-cushions. At the inquest the guardians attempted to transfer the blame to the medical officer, by alleging that the sufferer died from improper medical treatment; the jury, however by their verdict, fixed the blame of neglect and cruelty on the Board of Guardians, who ought to have supplied every applianee considered necessary by competent medical authority. After mentioning an analogous case at Southampton, Dr. Wilson went on to say, that such examples, which were unfortunately too common, proved the absolute necessity of an intermediate authority, which should possess the requisite professional knowledge to direct guardians in doubtful points respecting medical matters. Dr. Wilson in strong terms expressed his sense of the injury done to society by the occurrence of such incidents as those above related, and said that he believed the mind of the medical profession in London was aroused to the evils of the present system, and to the stigma cast upon it by the treatment to which so large a section of the profession was subjected. As Physician of an Hospital, he knew the poor, and he knew that, in sickness especially, it was unwise and ungenerous to afford them medical aid in a way which might not be agreeable to their sympathies, rendered keen under pain and affliction. After what he had heard to-day, he should advise medical pupils, of whom he had seen successive generations, to avoid contact with Boards of Guardians. They should be always ready to afford aid to the sufferer, whoever might apply; but if they valued their comfort and respectability, they must be careful how they accepted medical appointments under the Poor Law.

Sir De Lacy Evans, said, that as he was with one exception a non-professional person, he might be excused for offering a few observations to his lordship. He felt the importance of a question which involved proper medical attendance upon 3,000,000 of the poor in the hour of sickness. He first, however, wished to correct an omission in the memorial, which stated that the Poor-Law Board had only in two cases ordered a reduction of salary to the medical officer contrary and in direct opposition to the votes of the guardians; he alluded to the case of St. Martin-in-the-Fields, Westminster, as another similar instance in which the Poor-Law Board had, against repeated applications and unanimous votes of the guardians, enforced a reduction of the salary of the medical officer of the workhouse. Perhaps it might be arising from his military education, but it appeared to him a great anomaly that there should not be some reference to medical authority in this civil service (which concerned 3,000 medical gentlemen) as there was in the army and navy. It struck him also as remarkable, that there should be so great a contrast between the payments made to the medical officers of prisons and those who attended the poor. It appeared that in many instances the payment to medical officers of prisons was five, six, and seven times greater than that given to poor-law medical officers.

Sir George Grey observed, that those appointments were made by magistrates, and that the whole of the time of the officer was given to those duties. This was immediately met by several of the deputation asserting that these officers practised generally, as well as attended to the prisons.

Mr. White stated that he was a medical officer of one of the Unions alluded to, in which the Poor-Law Board had recommended a lower remuneration for services than that submitted for their confirmation by the guardians. In his Union there were three medical officers; their cases averaged 9,000 annually, for which they received £465 per anuum, or about 1s. per case; the guardians, after refusing any remuneration for attending cases of cholera in 1849, determined on adding another medical officer, although no complaint was alleged against the old ones, thus taking off one-third of their salaries, and the *four* now received £65 a year less than had been paid to the *three*. In making these remarks he wished to do justice to a large portion of the Board of Guardians, as these changes were effected by small majorities of one and two only, and a protest was entered on the minutes by the Chairman and a large number of the Board against this injustice to the medical officers. The medical officers obtained an interview with the Poor-Law Board, who, upon further consideration, recommended an increased allowance, *but still less than that first suggested by the guardians.*

Lord John Russell having courteously and attentively listened to the facts and suggestions set forth in the memorial, and to the remarks of the deputation in support of them, stated that he had had much communication with the late President of the Poor-Law Board, Mr. Charles Buller, and lately with Mr. Baines, on this subject, that the question was surrounded with difficulties, financial and otherwise: he would, however, speedily communicate with Mr. Baines with reference thereto.

The Hon. Secretary, in thanking the Premier for the lengthened audience his lordship had given to the deputation, trusted that his lordship would not allow them to depart without an assurance that the subject should meet with remedial legislation. He presumed to press this the more, as a mass of evidence in favour of such redress was collected by the Parliamentary Committee in 1844; and also, as the question had been constantly agitated by the Convention for more than three years, and furthermore, as they had been on former occasions assured by Government and the Poor-Law Board, that it should be speedily considered in relation to an amended law on the subject.

His lordship again promised that he would specially

communicate with the President of the Poor Law Board with reference to the objects sought by the deputation.

The deputation then withdrew.

BIOGRAPHICAL NOTICE OF THE LATE R. THORPE, ESQ., SURGEON.

Our last *Journal* contained a notice of the death of this eminent surgeon, which took place on Tuesday, at his residence in Piccadilly, Manchester, in the 63rd or 64th year of his age. We have sought to collect some particulars of the early life and subsequent professional career of a man who was known not only in Manchester, but throughout the kingdom, as one of the cleverest anatomists and operating surgeons the three kingdoms contained; but we have not succeeded to the extent we desired or expected.

Mr. Thorpe was the son of Mr. John Thorpe, himself an eminent surgeon, who resided in King Street for a number of years. He was educated at the Manchester Free Grammar School, when conducted by Mr. Charles Lawson, and having creditably passed through the curriculum of study then pursued there, he became a pupil with his father, and commenced that career which in future life was destined highly to distinguish him. Having passed through the usual course of instruction in London, and the ordeal of examinations in a manner that gained him many compliments, he subsequently returned to Manchester, and commenced the practice of his profession. He became connected with the Manchester Royal Infirmary in 1812, by his election on the 2nd of April in that year. We need not, in this brief memoir, refer to the very different position of that institution then and now, or to the changes which have taken place in the town since the period stated. Mr. Thorpe entered upon his office with that alacrity and energy which was always a trait in his character, and continued to perform the duties which devolved upon him with untiring assiduity until the 19th of Feb., 1849, when he resigned the office of surgeon. He was elected the same day one of the consulting-surgeons to the institution, and held that honourable position at his death, in conjunction with his old schoolfellow and attached friend through life, Mr. J. Ainsworth. Mr. Thorpe was distinguished alike for professional skill and for private worth. In respect of the former, it is scarcely possible we can say too much. Intimately acquainted with the minutest details his own researches or those of other investigators had revealed in anatomy, possessed of a ready and most accurate perception of the condition of a diseased part, he had, further, that indispensable requisite for an operating surgeon, an iron nerve and a steadiness of manipulation never exceeded. Ever careful not to inflict unnecessary pain, once assured that nothing but an operation remained, its magnitude never appalled him, nor did its momentousness cause him to falter. This decision, and strength of nerve, combined with certainty of eye and hand rendered him most successful, and spread his fame even in London. So solid was its basis, that among his professional brethren in Manchester his word had almost the authority of law, and his decision was looked for with deference. A fact we have heard illustrates this in a striking manner. At the Royal Infirmary, when an operation appears to be necessary, it becomes a matter for consultation among the medical staff before it is undertaken, and the decision depends upon the majority of votes recorded, commencing with the youngest member and ending with the senior. Mr. Thorpe could not always attend these consultations, and it has happened that a patient about whose case he had not been in consultation, when arranged on the operating table, has been removed because he (Mr. Thorpe), after examination, expressed his opinion that it would be better to wait a short time. Such a fact is perhaps the strongest proof we can cite of the deference paid to his skill by his colleagues. Of course so distinguished a man could scarcely fail, during a long professional career, to be the instructor of others; and we might easily point to surgeons in Manchester who remember their pupilage under him with feelings of great pleasure, and who acquired in that position the talent which now elevates them. In private life Mr. Thorpe was distinguished by the benevolence of his character, and by the unostentatious manner in which he distributed his ample means among those whom he believed to be requiring and deserving of aid. Little known through the medium of newspapers as a public benefactor, he was one of our most active dispensers of assistance to distress, to an extent which will never now be known. Clever and enthusiastic as he was in the pursuit of his profession, we do not hear that he published anything upon any department of medical science; and though he was possessed of literary tastes, his public appearances, as a man of letters, were very few indeed.

Correspondence.

ON MEDICAL REFORM.

To the Editor of the Provincial Medical and Surgical Journal.

Sir,—Your correspondent "L.A.C.," is in error when he states that I should be a gainer by the establishment of a new College of General Practitioners. I have passed an examination, and by the license of the Apothecaries' Company am legally entitled to practise the science of medicine.

The question, however, is one far above personal consideration. It is one upon which the permanent *status* and usefulness of a great profession depend; and, therefore, I may perhaps be excused if I state my views upon the subject more at length.

I believe the greatest error that ever was perpetrated in medical legislature was that of perpetuating, by the Act of 1815, the union of the science of medicine with a trading corporation. I do not wish to derogate from the respectability of fair and honourable barter, as it exists among the great body of tradesmen in this country; I merely assert that it cannot, without great injury, be united to a science like that of medicine. By the Act of 1815 the licence to practise the "art and mystery" of medicine could only be obtained by passing an examination before a Board selected from a trading corporation. By that Act the principle of charging for medicine was legalized; and the practice of the great body of general practitioners since that day has been to charge a certain sum for the medicines taken by their patients, by which they were remunerated for the exercise of their skill and scientific attainments.

Now, the charge for medicine is either a direct trading act, or it is a roundabout way of charging for medical attendance. In the first case, every principle which regulates barter among tradesmen is violated, inasmuch as the charge for the medicine is infinitely greater than its real value in the market. In the second case, it must be wrong in principle to charge a

person for one thing, meaning at the same time to pay yourself for another.

In neither case can I allow that expediency should be set up as the cause for the commission of error. This expediency is, in fact, a legislative blunder created by an Act of Parliament, which was intended to raise the standard of medical education. Had the Act of 1815 been framed on principles similar to that of the University of London, the practice would long since have ceased to exist. By the Act of 1815 the old-fashioned apothecary, with his blue bottles in his window, was raised from the position of one who sold drugs, and was paid for them as such, into the position of one who studied medical science, and was paid for his science through the medium of his drugs. Since that day the Apothecaries' Company has done much in raising the standard of medical education, in spite of the Act of Parliament; but I have yet to learn that the science of medicine has been much indebted to the Apothecaries' Company. They are examiners in physiology and anatomy, in chemistry, in medicine, in botany. As a body, they have not advanced the progress of these branches of medical science a single step. Of course, as intelligent and, for the most part, well-educated men, they have kept pace with the times, and have raised the standard of their examinations in the same ratio as the necessity for doing so has been created. But we must not be told that these are the only requisite qualifications for those to whom the regulation of medical education and examination should be entrusted.

The great blunder committed by most men in medical polity is the tacit admission and practical belief that medicine is two things; that there is one science for the higher and another for the lower grade of medical practice—one for the guinea, another for the half-crown fee;—one amount of knowledge requisite for the peer, another for the peasant;—one scale of learning for the rich, another for the poor. But what absurdity; what perfect nonsense is this. Disease is the same, *cæteris paribus*, and human life of equal value in all places and in all ranks. True, the amount of intellect and knowledge brought to bear in the treatment of disease differs with the capacity or the industry of the medical man. Why not, then, let the distinction of rank, or grade, or degree, be based on this difference? and not upon the assumption created by Act of Parliament, that one science of medicine is taught here and another there.

The great cause of this anomaly is, in my opinion, the connection of the science of medicine with a trading body as its head, and the union of the treatment of disease with the dispensing system, as a means of payment. By the establishment of a College of General Practitioners we shall retrograde to the year 1815, instead of taking advantage of the "progress" as it is developed in 1851. Every reflecting mind must in his heart, though obliged to do as others do, and as the law directs him, be disgusted with the pill, powder, and draught-system of practising medicine. If he does not *the public does*. It is a system which, as long as it is practised, will not only degrade the science of medicine, but will always keep the medical man in an inferior position in the eyes of the public, It tends, too, more than anything else, to retard the progress of medical science. So long as the contest is that of securing a good connection, and filling their books with a long diurnal list of medicine, study too often goes to sleep—men fail to keep pace with intellectual advancement—prejudice steps in—they refuse to alter or amend their mode of treatment—a certain curriculum of draughts, pills, and powders "always did good"—and so on to the end.

But let a medical man be paid for his opinion or his advice, or his medical or surgical assistance *only*, and depend upon it he will find the pressure from behind too sharp to permit his going to sleep. But we must begin at the right end—that of a system of education and examination similar to that of the University of London, and not merge all that we have been struggling to attain in an institution which will neither confer honour on the profession, add dignity to the science, or respectability to the practice of medicine; but which will be equally despised by the public and by all practitioners of medicine, who look upon their position as students in the highest, the noblest, the most enlightening of all sciences; that combination of so many brilliant and exalting pursuits into the one grand object of medical practice—the study of man in health and disease, the cure of otherwise mortal affliction, or the alleviation of human suffering.

One of my objections then, (as stated in my protest inserted in the *Journal* of January 22) to a College of General Practitioners, may be gathered from the above remarks. The very name is one which ought to be abolished in a learned profession. You might as well designate it a College of General Dealers as General Practitioners: the one would obtain quite as much public respect as the other. Why is it, I ask, that medical men are held in such low estimation by the public? Who with the feelings, the tastes, and the pursuits of a gentleman, would not blush to find himself placed before the public in company with the picture drawn by Dickens or Thackery, in their acknowledged masterly pictures of human nature. Both questions, I answer, will find a solution in the fact of his being looked upon as a dreaded person, who will drench you with physic and send you in a long bill at Christmas, in company with—

"Butchers, bakers, and candlestick makers."

And yet this reproach it is proposed to perpetuate by a chartered College. In the middle of the nineteenth century—in the days of rail-road and electric telegraphs, and of general education;—when discoveries of surpassing importance in science are daily startling the world;—when thinkers are becoming the rule of society and drones the exception, it is coolly proposed to establish a Royal Scientific College, which will give a name and a habitation, and a *prestige*, to a system false in principle, injurious to the public, and degrading to the medical profession.

But I may be anwered—there is no binding clause in the proposed Charter to enforce the system of which you complain; men may practise and charge as they like. Very true: so they can and do, now. But your new college, instead of taking high grounds and illegalising the charge for medicine, merely perpetuates the present system, with the addition of enabling apothecaries to practise and charge for surgery, which they may have never been taught, and permitting

surgeons to practise medicine which they may never have studied; midwifery and the sale of drugs being thrown in to be divided by the two.

Shame, I say, upon an enlightened age, that will for a moment entertain a position so derogatory to the true dignity and honour of medical science. Was it for this that Harvey discovered and Hunter laboured? Is there no feeling or spirit of a Cullen, a Heberden, a Mead, or a Baillie, still existing? What will such men as Brodie, or Watson, or Latham, or Louis, or Andral, or any of those rising spirits of the age—the Budds, the Garrods, the Birds, the Walshes, or the Joneses say to the prostitution of the science which they advance and honour?

But say, objectors, your system is not practicable. How can we locate chemists and druggists in remote districts? I answer. "Do not interfere with any medical man who wishes to dispense his own medicine, only prevent him from charging for it. Let every future medical practitioner have a high minimum of education to pass. When he has done so, let him take an oath to preserve the honour and dignity of his college, by charging only fees for his advice and attendance."

But say others,—Will not the medical man suffer in his interest? I answer. "No; I think he would be a a gainer in income, and I am quite sure he would be a gainer in respectability. It would not put an end to honourable competition, but at all events it would prevent the dishonourable sneaking mode of getting into practice, too often seen in the present day, that of selling mixture, pills, powders, &c., at a lower rate than men of perhaps much higher attainments." If I am asked how I would prevent competition by lower fees, I answer, "that, by my system—a higher grade of education, and a higher standing in society—could ensure more uniformly gentlemanly conduct than medical practice now can boast of."

But say other objectors—*Will the public benefit by the change?* I answer. "Immensely. If much medicine is requisite in the case, the medical man will be freed from the reproach of drenching; if not, you may depend upon it the patient will find no fault. In either case he will pay simply for what he gets, and if he is not satisfied, all I can say is, he *ought to be.*"

I have thus dilated at some length upon one of my six heads of objections to the proposed new College. I hope those who agree with me will continue to send me their names to add to a general protest, and do so as soon as possible.

I am, Sir, your obedient Servant,

C. R. BREE.

Stricklands, Stowmarket, Feb. 8, 1851.

MEDICAL POLITICS.

To the Editor of the Provincial Medical and Surgical Journal.

Sir,—I quite agree with the very excellent remarks of our associate Mr. Cartwright, contained in a recent number of the *Journal*, on the subject of your abandonment (as Editor) of all discussion respecting Medical Reform. Rely on it, your yielding to the small pressure of some gentlemen, whose opinions are of the ultra cast, will damage the usefulness of our *Journal*, and indeed deprive it of an essential part of its vitality.

Truth needs not silence, but *a voice* frank, clear, and intelligent. You give our opponents in this matter a hearing, and surely a *very small minority* ought not to govern seven or eight-tenths of the whole.

Do, Mr. Editor, write honestly, and you will succeed, nay, perhaps, even convert the unconverted; and by such a course be finally the means of uniting our body in one harmonious whole—"a consummation devoutly to be wished."

I believe the greater proportion of medical men in this locality, go for reformation in existing institutions, rather than for the establishment of new ones. When we consider the jealousies, the heart-burnings, the rival interests, the nepotism, which new institutions excite, I must say, and I speak the sentiments of a large majority of my brethren, give me a reformed College of Surgeons, rather than any new College which the ingenuity of the most clever amongst us could devise.

"Better to bear the ills we have, than fly to others which we know not of."

Once more, therefore, Mr. Editor, let me urge you to speak *what you know to be the truth*, and the almost unanimous voice of our giant association will approve, and be satisfied.

I remain, Sir, yours obliged,

EDWARD HUMPAGE.

Redlands, Bristol,
February 7, 1851.

Medical Intelligence.

THE INCOME-TAX AND ITS OPPRESSIVE EFFECTS ON GENERAL PRACTITIONERS.

[We take the following from the *Times* newspaper.]

"The usual argument in favour of the present method of assessment is stated in a few words. Income is only taxed whilst it lasts: the assessment, therefore, is fair. Let us now suppose the case of *a general practitioner in medicine*—of a man who, by the most unceasing labour, by the utmost anxiety and carefulness, is earning his £500 or £600 per annum in a country neighbourhood. We will give him every professional advantage—he shall be medical adviser in ordinary to the union in which he resides, he shall have contracted with the Grammar School and the young ladies' boarding establishment in the adjacent town to keep the systems of the pupils cool and comfortable for an annual sum certain. He shall be well with the squire; a sound Churchman, and on dining terms with the rector; and yet no violent party man, lest the Dissenting pneumonia of the country side should fly for relief to the opposition brass-plate in the county town. He can calculate the exact money-value of the zymotic, and strike an annual average upon the sporadic diseases within his beat. Altogether he is in as comfortable and permanent a position as any member of his class can occupy. There is nothing wanting to complete his felicity. He occupies a square white house neatly slated, with a little pill-box of brick and mortar attached, in which he himself or his assistant—who has paid him a premium—spreads the 'bergamy' pitch-plasters, and 'exhibits' the aloes and jalap. Behind the house is the stable with two stalls, whose inmates are never

destined to enjoy each other's society, as Mr. CAMOMILE drives one about all day and rides the other round the country all night. Now at the end of the year, with all his riding and all his pill-rolling, the unfortunate practitioner just manages to make both ends meet; for the time has come when little JOHNNY must go to school to be initiated in the niceties of Roman versification, with a view to making his way in the world at a subsequent period. The eldest daughter, ANNA MARIA, too, must be gently led in the direction of CRAMER'S exercises, and be instructed in the art of hemming pocket-handkerchiefs. Poor CAMOMILE, who was born with a kindly, genial soul, cannot but entertain the local dining club once a year at Opodeldoc Lodge, when the planned furniture of the dining and drawing rooms is divested of its brown-holland epidermis, and even the tissue paper which had been pinned round the broad gilt frame of Mrs. CAMOMILE'S portrait, for fear of fly-blows, is removed for that night only. The expense of that entertainment, which exactly equals CAMOMILE'S overpayment to the Income-tax, is probably the only expense throughout the year which will not bear the strictest investigation, but it helps, with his necessary outlays, to pull him down. The life, no doubt, is a hard one—a harder one than great politicians would readily imagine; but still, while health lasts, it is tolerable, and not without its compensation, to a man of honest and humane temperament. But the night comes, when poor CAMOMILE, who has been roused from his sleep to assist at a premature birth, at some seven or eight miles distance from his own house, rides there through the pelting rain, and sits during the anxious night by the bed-side of his suffering patient in his wet clothes. A cough follows; he cuts off his dinner, but continues his rides; his symptoms become aggravated by exposure to the weather, and in a fortnight he is beyond the reach of his own skill, and in a fortnight and a day beyond saving by any physician upon earth. He goes where we all must go; but Mrs. CAMOMILE, and JOHNNY, and ANNA MARIA, awake from their dream of security to find that their means of support have gone as well. They must content themselves with being—as political economists would phrase it—absorbed into the population. That is to say, when the two horses and the planned and other furniture, and the house, and the galley-pots are sold up, there is just enough to clear scores all round, and pay for the only spot of earth in which CAMOMILE had known the peaceful rest of an hour since the day he first established himself at Opodeldoc Lodge. Why did he not insure his life for a few hundred pounds? will be the comment of many a strong-minded person upon this faint outline of a life. Simply because it pleased the Finance Minister of his country for the time being playfully to suppose that his income would inure to his children after him, and to mulct him accordingly. To be sure he might have dropped his annual entertainment to the members of the Hawthorn Dining Club—but then some of us come from one side the Tweed, some from the other."

EPIDEMIOLOGICAL SOCIETY.

The third ordinary meeting of this Society was held on Monday, February 3rd, in the rooms of the Royal Medical and Chirurgical Society. Dr. Babington, the president in the chair. Seven members, nine corresponding, and one honorary member were admitted, and seven new candidates for membership were proposed.

A paper by Dr. Hoskins, "On the Origin and Progress of Cholera and Small Pox in Guernsey," was read by Dr. Gull. The facts recorded by Dr. Hoskins were highly interesting, for the most part adverse to the doctrine of contagion.

Mr. Grainger said that if a widely extended view were taken of the history of cholera, he thought that the diffusion of the disease appeared to be effected rather by places than by persons, and that the proof of its communicability from one person to another would be found insufficient.

Mr. Hunt admitted that at certain times, and in certain places, the disease did not appear to be contagious, but he believed that on other occasions it was clearly to be traced from person to person. He, therefore, was inclined to think that, like erysipelas, puerperal fever, and other diseases, it varied in its type, being sometimes contagious at other times not so.

Dr. James Bird said that he had seen much of the disease in India; that, in a certain sense, it was never contagious, and never thought to be contagious in that country; but that where the diseased were congregated together a degree of infection was generated; and that when it broke out among troops, many sleeping in the same apartments, its spread was soon arrested by the men being ordered into separate tents.

Dr. Gull said, that if the disease were generated by the diffusion of putrid gases, he did not see how it could ever become contagious. On the other hand, if the germs of the disease were transmitted in a solid form from person to person, a condition in some sense necessary to contagion, it was difficult to conceive that atmospheric influence alone should promote the disease.

The paper announced to be read at the next meeting in March, is "On the Yellow Fever which has lately appeared in the Brazils."

The President announced that the Treasurer had received a cheque for five guineas from David Fullarton, Esq., of Kidbrooke Park, Forest Row, Kent, as a contribution toward the funds of the Society; and expressed a hope that so good an example would be followed by many others.

APPOINTMENTS.

Mr. W. W. James has been elected one of the Surgeons to the Exeter Dispensary, in the room of Mr. W. P. Kingdon, resigned; and Mr. W. P. Kingdon has been elected Consulting-Surgeon to the same Institution.

ROYAL COLLEGE OF SURGEONS.

The following gentlemen were admitted members on Friday, the 7th inst.:—William Paul Bullock. Bristol; Edward Connor Cornelius, Upper Canada; Charles Manteiro D'Almeida Lempriere, Australia; Duncan MacCallum, Montreal, Canada; Frederick Francis Ormond, Plymouth; Philip Henry Tribe, Bengal; Watkin Sandon Whyloch, Chatham.

SOCIETY OF APOTHECARIES

The following gentlemen ware admitted members on Thursday, Feb. 6th:—Francis Thomas Van Hemert, Frodingham, Lincolnshire; William Lay Williams, Manchester.

OBITUARY.

On the 8th inst., at Hastings, James Mackness, M.D.

ERRATUM.—In Mr. Bree's "Protest," January 22, page 55, col. 1, second paragraph, for "unfair" read "inferior" College.

TO CORRESPONDENTS.

Communications have been received from Dr. Nelson, Mr. Hatton, Dr. Tilt, and Dr. Durrant.

A Frequent Reader must authenticate his communication prior to its insertion.

CLINICAL LECTURES

ON THE

PRACTICE OF PHYSIC,

DELIVERED IN THE

THEATRE OF QUEEN'S COLLEGE, BIRMINGHAM, 1849-50.

By DAVID NELSON, M.D.,

Physician to the Queen's Hospital, and Professor of Clinical Medicine, &c

[Reported by MR. WILLIAM ROGER BANKS, Student of the College and Clinical Clerk.]

LECTURE II.

On the Morbid conditions of the Brain and Nervous System, and of the Organs of Sense.

There is no part of the body where slight incipient symptoms ought to excite so great a degree of regard and anxious attention as the head. It has been my constant endeavour to impress this lesson strongly and irremoveably upon the student's mind, for trite and hackneyed as it may appear to some, it is always apt to be forgotten in actual practice, because of its very triteness, and of the puzzling and often intangible evidences which present themselves in head affections. Their appearance may take place so long after the exciting cause, such as a blow or fall, that the reason is not brought at once to see the connection between this distant excitant and the present slight symptoms. There may be merely some faint degree of mental confusion, with partial loss of memory, and consequent repetition of the same facts, or a little nausea or sickness, coupled with headache. There may be sudden screamings and excitement, and yet these may be accompanied with a very calm pulse, cool skin, and clear eye. On the contrary, there may be an unusual quietness and inclination to drowsiness, which shall be viewed as natural sleep. Or there may be a curious mixture of intense irritability on the one hand, and dozing stupor on the other, that shall give rise to the most contradictory manifestations of alternate or combined suffering and indifference, so anomalous as almost to excite the suspicion that the patient is clumsily attempting to simulate a state of disease which could not possibly exist in nature. All this has a tendency to hide from view the destructive work that is going on within, and it is often not until the young practitioner has actually witnessed two or three unexpectedly, yet inevitably fatal cases, that his mind becomes duly alive to the importance of those seemingly trivial symptoms by which the attack was ushered in.

In reviewing the affections of the brain I shall also include some notice of the affections of the spinal marrow and special senses, in fact I shall embrace not only the nervous centres, but their various peripheral expansions, as they are all connected one with another in a manner too intimate for separation in a practical point of view. The organic or ganglionic system is perhaps more decidedly distinct from the other two systems than these latter are from one another, yet it is not so entirely independent in the human body as to permit of its being placed under a separate head, while we are treating of those complicated ailments which may frequently involve all three at once. It has already been laid down as a fundamental rule in the introductory lecture, that in no case should you omit a general examination of the leading organs of the body, whether they be especially affected or not, because, in the first place, you cannot ascertain the latter fact without due inquiry; and in the second, because the condition of each principal organ must react on the rest, and may be such under the influence of this or that agent as to make you hesitate in the administration of some remedy which otherwise might be highly advisable. To omit an examination of the head under any circumstances would be palpably inexcusable. I shall dwell more fully on its condition when I treat of it as a seat of special action, but at present I shall merely point to the chief features which should engage your attention in that casual review of its condition, which should take place in every case whatever. In the first place we have to inquire regarding the existence of pain, and of what character the pain may be, for there is nothing that is more varied, or that indicates so many different conditions. It may be simply of a spasmodic kind, occurring at intervals of a greater or less duration; due to anæmia, or other causes of debility; to irregular transmissions of nervous force, or to that functional perversion of the sensific centres which are denominated hypochondria and hysteria. This pain is to be distinguished by its not being increased, but rather lessened, under exertion of mind or body, by the eccentricity of its visits, and by its being relieved by antispasmodics, stimulants, or tonics.

An organic pain will be fixed, and always aggravated under exertion, or any other stimulant to the circulation, and may depend either on acute hyperæmia or passive congestion, or any of their results, from a solid clot to a simple effusion of serum. In the event of acute action, the pain will be of a darting character, with much heat of the scalp, fiery sensitive eyes, and great watchfulness, and will require abstraction of blood, mercurial purgation, and the application of cold. In passive congestion, or in effusion, the pain will be dull and heavy, with perhaps some heat of the scalp, but the eyes will be darkly suffused, the general frame less sensitive of external agents, and the sufferer will rather be inclined to drowsiness. The pain may further be of a rheumatic nature, depending on some especial determination of irritating urinary salts which may be retained in the circulation; this is to be inferred from the general history of the patient's constitution, from the presence of contemporaneous pains in the joints, and from the state of the urine. If confined to the external parts, as it commonly is, it will readily be removed by the ordinary remedies for rheumatism, but if it involve the brain itself, or its membranes, it is likely to prove as fatal and irresistible as other affections of that organ are known to be. The headache that proceeds from derangement of the stomach or bowels, is commonly called a sympathetic one, arising from the immediate

nervous connexions that exist between the abdominal viscera, and especially the stomach and brain. At its first onset it will certainly be subdued in exact correspondence with the success which attends your treatment of the digestives, whether such treatment be directed to the neutralization of acid, or oils, or the simple expulsion of any other irritating matter, or to the removal of hyperæmia. But it will certainly sometimes continue long after the stomach and bowels have been brought back to a tolerably healthy state of action, especially when the previous complaint happens to have been of very long standing. This is especially illustrated in the hydrocephalus which supervenes as a secondary effect on the abdominal affections of young children, though it may perhaps be doubted whether the functions of any organ can ever be perfectly renewed after any protracted attack of inflammation, however mild. Another sort of headache is consequent upon very long fasting, or watchfulness, or mental effort, or any other cause of nervous exhaustion, and this of course can only be removed by nutrients and rest, aided by some stimulant, as very well instanced in the headache which succeeds a debauch, or excessive grief. I have already spoken of the heat of the scalp, of the appearances of the eye, and of the nature of the pain, as illustrative of the different forms of hyperæmia which may be supected, but may also add that the condition of the tongue has a close connection with such a state of things. Along with the bilious sympathetic headache, and that of congestion, we have a tongue thickly furred with white or brownish yellow; emetics are advisable for the first, but not for the second, if much straining be anticipated. In the nervous headache, and that which is concomitant with affections of the lesser bowels and colon, it is almost always clean, but entirely red; but as alteration of structure advances, the fur again returns, at first of a simple white, next a yellow, afterwards brown, and lastly a deep dry black. In the headache that accompanies certain enlargements and other affections of the liver, the tongue will be found of a bright pink colour, moist, and of a glassy smoothness, either in whole or in part; or, on the other hand, it will be deeply fissured transversely.

With the exception of an occasional eruption of blood from the nose we have no external discharges by which we can judge of the internal condition of the brain; yet the state of the eye gives us some evidence of the degree in which pressure may be exerting its influence. A slight turgescence of the vessels, or a slight liquid effusion, may show such marks of its presence; but a higher amount of those morbid occurrences will produce excessive contraction or immense dilatation of the pupils, along with drowsiness and diminished sensibility. It has been made a subject of argument amongst certain physicians and surgeons as to whether the contraction or dilatation indicated the higher degree of pressure, some of whom said they always observed contraction to occur in the worst cases; but where all are so bad it is difficult to decide which is worst. For my own part, I should consider that to be the worst state of affairs which is nearest death; and I have always observed, that though both pupils might have been previously contracted, or one contracted and the other dilated, yet both of them would become greatly dilated before the supervention of the fatal event. Even in ordinary cases of dilatation of the pupil, when the patients are walking about and engaged in their usual occupations, great attention should be paid to this index of cerebral pressure, generally proving an effusion into the ventricles, with disturbance of the optic lobes. It will be very commonly found associated with affections of the smaller intestines or curvature of the colon; and unless there be any likelihood that it arises from an idiosyncrasy or family inheritance we should never desist from perseverance in mercurial alteratives and local blistering until it be fairly subdued. These blisterings should be behind the ears and also over the abdomen, especially in one or both ilio-pubic regions, should any tenderness be there discovered under pressure, indicating inflammation or ulceration at the ilio-cœcal valve, or sigmoid flexure. So persistent, however, is this mild form of cerebral dropsy, and in so many persons of this aspect have I seen proofs of it after death, that I am persuaded it may exist in people almost during a lifetime, producing constant uneasiness but no fatal results, until the fluids be in such excess as to interfere with the ordinary function of the brain, and at length induce death by syncope. In all these pains and other affections of the head, except those that are merely nervous or rheumatic, it will be necessary to recollect that though sedatives may be safely employed yet narcotics ought to be strictly avoided. No harm can be done by conium, digitalis, or hydrocyanic acid, but much injury might be inflicted by the use of stramonium, and more especially opium. Hyoscyamus and hops are the two agencies of the latter class least objectionable in their effects; and both of them ought rather to be ranked with the former as sedatives. But above all let opium be eschewed, except under acute delirium, and even then let it be cautiously allied with antimony and mercury, and saline laxatives, for it will always have the tendency to increase venous hyperæmia, and promote that kind of sopor, the gradual increase of which ends in coma and death. This applies in an especial manner to children under eighteen months or two years of age, the peculiar liability of whose brains to be overcome by the deadly influence of even minute doses of this drug is now well established, and ought positively to prohibit its use in these cases, except under circumstances the most pressing and necessitous. The arrest of the functions of the brain and spinal prolongation involves instant death, so far as the animal life is concerned. This may take place from what is called shock, by which the action of the heart may be stopped in an instant, and the person die by syncope or a withdrawal of the blood circulating in the brain. It is this that occurs in those suddenly fatal cases where, without any attempt at reaction, the whole constitutional powers sink at once, either under a severe blow or an extensive scald, or some overwhelming mental sensation. It is a well estab-

lished fact, not only illustrated by various experiments, as gradual removal of the brain in animals, but also by the continuance of the heart's action under various diseases which slowly destroy the brain and chord, that this instantaneous fatality from sinking of the cardiac energies is rather due to the suddenness of the change than to the amount of injury. This kind of death is comparatively rare; and in most cases that prove fatal from the head the issue is rather traceable to the secondary conditions of inflammation or congestion. In blows and other physical shocks, called concussion, fainting is the first consequence, and the victim is found pale, pulseless, and cold; but should he not die while in that state, reaction with or without effusion will supervene, and then you will have the flushed countenance, the full bounding pulse, the stupor, the contracted or dilated pupils, the stertorous breathing, the coma, and death of apoplexy.

When death occurs from syncope except under such shocks as above mentioned, it is generally due to the anæmic condition of those who have either recently lost much blood by hæmorrhage, or by the slower drain of a protracted exhausting disease, in the latter stages of phthisis (such as the case of Sheridan, mentioned in reports) the patient will sometimes go off in syncope merely in consequence of the erect posture mechanically drawing the blood from the head. Such persons will feel comparatively easy while lying down, but as soon as they rise they have headache or giddiness, with loss of vision and threatened syncope. A milder and more frequent form of syncope occurs in weakly men and women, as an habitual matter under slight irritation. These are only partial faintings and of little moment. In all such cases, however, whether trifling or serious, the obvious treatment is to restore the balance of the circulation; first, mechanically, by placing the head as low as possible, and secondly, by the administration of stimulants, the most readily applicable one being ammonia, which, from its gaseous nature, can easily be made to reach the expansions of the pneumogastric nerve, which has most influence over the suspended functions. The attention, therefore, will be chiefly turned to the different forms of hyperæmia and their consequences as they take place within the brain and chord. But while reviewing such affections, I shall not deal with their symptoms, &c., in all that detail which belongs to a systematic course, but rather with those leading points of interest which chiefly occupy the minds of those engaged in actual practice, who wish to test the efficacy of different medicines, to settle disputed doctrines, and to confirm or refute the ordinary rule of diagnosis, by a reference to the revelation of the dead-house. And here I must remark, that without an appeal to that last court of medical truth, the brayings of folly will too often succeed in destroying the still small voice of reason, and we should never cease to advocate the cause of cadaveric examination as an essential point of duty, both with the profession and the public; I must plainly assert, that he who is content to watch the progress of the disease in the living body, and treat it again and again in the same way, without seeking to test the truth of his opinions by a comparison with the state of things after death, is utterly unqualified for his profession. He is not only groping in the dark, but he is groping for something which he does not know even when he happens to stumble on it. I have already reflected on those who look to morbid anatomy *alone* as a guide to practice, but the merely empirical recorder of symptoms, and administrator of the fashionable drugs of the day, is something infinitely worse, and we need not feel surprised if such an one should encourage the ignorant prejudices against *post-mortem* examinations, under a fearful misgiving that they might expose his own errors to the light of day. Gentlemen, let me specially admonish you, as my pupils, against this slovenly want of interest in the real results of your cases, as a deep shade of doubt must necessarily be thrown over all the opinions of that man, who is notoriously known never to seek for their verification in the one right place, but is rather content to keep them oscillating between this or that favourite authority, whose book, like himself, may be a mere compilation of unsifted gleanings, and whose days may have been spent in as little practical inquiry as his own. But to return to our special subject. Inflammation may occur in the brain and its appendages as in other organs, and may, as in the other organs, be of two kinds, either acute or chronic. The causes of an inflammation in this quarter may be of various characters: such as exposure to cold or over-excitement of the mind, or an external mechanical injury, a poison circulating in the blood. Minute distinctions have been made between an inflammation in the substance of the brain itself, and in those various membranes which invest it all round, or penetrate into its fissures or cavities. But although such divisions are very interesting and highly proper in a purely pathological point of view, there is the less necessity for entering minutely into them in this clinical course, considering that though the symptoms may be a little varied by the seat of the disease, the treatment of either case must be altogether the same. The substance of the brain itself being an insensible structure, inflammation of that tissue will generally give rise to less acute suffering than a similar affection in the membranes. It will also spread more rapidly over the latter than through the former.

In either event there will either be a very acute pain, coming with piercing shock from time to time, and causing the patient to utter wild screams, while he clasps his hands over his head; or there will be a dull overpowering headache accompanied with a sickness beyond expression, different from that which occurs under other circumstances—a "sickness unto death," as I have heard one such patient say. This state of things may be accompanied with a high fever, sensitive eyes, and a hot head, but it may also be without those symptoms, or else having taken place, they may subside very suddenly, and leave the patient as I have already observed, with symptoms of a very anomalous and contradictory kind, some that must of necessity excite alarm in the mind of the experienced, others calculated to lull the

anxiety of those who have not seen so much of cerebral disease. Hence you will witness the cool skin, the comparatively mild pulse, and the clean tongue, combined with pain, and sometimes seeming indifference, giving way from time to time to the most impatient irritability, under the slightest interference of those around.

Thus the girl, Baylis, in typhus, screamed whenever the finger was drawn across the skin; and the boy, Stewart, under his cerebral affection, though almost comatose, ground his teeth, rolled his head, and growled, whenever his eyelids where opened. All this must tend to impress upon your mind the vast importance of real clinical study. For you to enter the sick wards under no other guidance than that of those schoolboy epitomes which profess to curtail your labours by inflating you with *verbiage* instead of knowledge, and wherein the symptoms of this or that disease are laid down in the most prim and exact order, you would find yourselves staggering with confusion at every step. There is no safety but in great general principles, combined with zealous personal observation. To reach the first you must drink deeply of the profound authors of every age, not so much for technical knowledge as for correct habits of thinking; and to attain the second, you must accustom yourselves to watch assiduously the minute and varied changes which are found to occur in the progress of disease and curation. For it is no opprobrium to physicians, as some of the ignorant fondly suppose, that their art is not so certain as that of a mechanic. It is evident, from the very nature of the frame under our study, that that art can never be of an uniform and unvaried application, because there exist within each subject certain independent emotions and feelings utterly beyond our control, which shall come and go often without any apparent cause, and exert such a perturbing influence over all the functions of the body as shall greatly modify their operations under any imaginable circumstances, and so place an insurmountable obstacle against all attempts at strict uniformity of practice. All inflammation must have been preceded by some irritating cause, and here, as already observed, you will either find a revulsion of excretions determined to the head, as in exposure to intense heat and cold, giving rise to that form of disease consequent on *coup de soleil*, or that other delirium and raving madness, followed by coma, which occurred in the French expedition to Moscow, and in the black hole at Calcutta; or that which follows the absorption of alcohol and other poisons, or the poisonous retentions of rheumatism and fever. A blow, especially amongst the aged, whose arteries are brittle, may give rise to a very slight effusion of blood, which, however, will gradually increase by gentle tricklings, and at length form a clot, which may either cause death by its simple pressure, or by exciting this secondary inflammation. In every case, though the symptoms at the commencement may be obscure and uncertain, they will ultimately assume an aspect that will dispel all doubt. The bowels will usually be found much constipated and the stomach sick. Heat of the head will appear sooner or later. There will be first some confusion of ideas, afterwards irritability or indifference, or both, according to their natural temper, and then delirium and altered pupils, at first perhaps accompanied with three or four tossings of the arms and picking at the bed-clothes, but ultimately ending in partial or unusual paralysis, followed by coma and death. The delirium proceeding from acute idiopathic inflammation of the brain, however, is different from that which generally attends typhus. In the latter disease it is almost always a merely unintelligible low muttering, and it is only when the patient is of a very excitable disposition, or of the more intelligent order of society, that delirium ferox is witnessed. In inflammation of the brain, this delirium is frequently of a startling kind, considering the other symptoms of the patient. Thus, while the individual is unable to recognize any one, or understand the simplest question, being apparently deprived of all means of communication with the external world, and while the arms which had been incessantly swinging about, have become, the one of them stilted by hemiplegia, and the other reduced to slight pickings at the bed-clothes, there will be such an inimitably rapid volubility of speech—such an astonishing shifting from idea to idea, and such a reproduction of all the scenes and persons connected with them in past life, that the observer will feel astonished at the psychological phenomenon thus presented to him. It is also singular how, not only the actual instincts, but acquired habits, will continue to influence persons in this condition. I have seen a lady under such circumstances, who, feeling inclined to vomit, held her hand to her mouth while she beckoned for a bason. After this has ceased, and deep coma supervened, the organic life, if previously vigorous, may be maintained for a period of several days; but if weak, it will soon be extinguished; stertorous breathing or puffing with the lips may occur, but this is by no means constant. The muscles will be completely motionless; the pulse, which had been, perhaps, slow and full, will become more small and rapid, the face will be more flushed; the breathing will become slower; the power of deglutition will cease; the pupils will be fixed and expanded, or oscillating from side to side; the tongue will be black; the face cold, and so the scene will close without any further perceptible change, except that at two or three very long intervals there will be an expiring breath, or little catching sigh.

Such is the general history of inflammation of the brain, whether it proceed from one cause or another; and the chief point to decide is, whether it be idiopathic, or is simply symptomatic of rheumatism or fever. The key to this will be an inquiry into the previous history of the case; the principal difficulty may be in distinguishing it from the head symptoms of fever. Both may be ushered in by the same accompaniments of headache, shivering, sickness, and prostration; and if there be a probability of infection, with an absence of any evidence concerning local injury, it will behove us to proceed very cautiously in our treatment, as what might benefit one disease might prove injurious in the other. The tongue, however, and the state of the pulse will

generally prove, in no long time, what is going on, and indeed, even in the early stage, though it should be typhus. I do not see that injury could be done by some slight local abstraction of blood, and the administration of mercury and antimony, if it should so happen that the tongue was moist and the pulse very full and slow. In the event of delirium tremens, however, we must be exceedingly cautious to discriminate, as then a very opposite line of treatment would be demanded, from the importance of the organ involved, therefore, we must be very decided in our procedure from the first. Even then recovery is exceedingly precarious, and much more so in the later stages, when it becomes altogether improbable. I certainly believe that inflammation may take place in sundry instances, and that exudations may be thrown out, and serum or a clot of blood continue pressing on the brain, to be ultimately softened and absorbed along with a portion of the natural texture, and yet no symptoms beyond, perhaps, some confusion or drowsiness, and dilatation of the pupils appear in the patient. In such instances all evil consequences may be removed by nature or art. Clots, so long deposited as to have been reduced to pus, have been found in the brain without giving rise to any urgent symptoms until the end. In other cases there have appeared proofs of a total absorption. But, doubtless, under such circumstances, the injury, by some means or other, has not reached that degree or extent by which alone the essential functions of the organ could be effected; but when the more advanced symptoms begin to manifest themselves, I think they generally indicate such a change in the condition of the brain as renders any idea of cure next to hopeless. However, as instances of recovery are occasionally recorded, even after the supervention of hemiplegia and coma, it is right that we should persevere with every remedy that appears in any way to have contributed to the result. The first remedy to be thought of is the abstraction of blood, either generally or locally, according to the constitutional powers of the patient. The opening of a large venous orifice, when the patient is young and plethoric, may be advisable, otherwise the repeated application of leeches behind the ear will be the more prudent course; along with this, the head should be shaved, and a constant evaporation be kept up on its surface by means of cold light cloths, continually moistened with a sponge; the system should be put under the influence of mercury and brisk purgation should be carried on throughout. It will sometimes be very difficult to move the bowels, both because they are sluggish in themselves, and because it is not easy to administer medicines after stupor has supervened. The best agent under such circumstances is the croton oil, and it is sometimes surprising what a degree of consciousness may be excited during the action of the purgative, though afterwards the sufferer may subside into his former stupor.

That stupor, however, will sometimes be intermixed with a restless and uneasy groaning, in consequence of the intense inflation of the bowels with morbid gases. In this state it is common to find injections of assa-fœtida, &c., proposed, but the most ready and effectual relief is afforded, especially if the bowels have been previously well opened, by ordering the insertion of a common clyster-pipe per anum, and then using gentle pressure over the abdomen. By these means an immense amount of inodorous gas may be discharged, and it does not readily accumulate again. When the inflammation happens to be of a specific character there will be required, as a matter of course, in addition to the above ordinary measure, or instead of them, those that are applicable to the specific disease. When rheumatic, with an inclination to fibrinous deposit, colchicum, nitre, &c., will be called for; but when simply symptomatic, as in typhus and delirium tremens, in both of which cases the blood is exceedingly liquid and all the vessels relaxed, then wine, spirits, and other stimulants will be demanded, the quantity being regulated by its effect. In cerebral congestion, recognised by the heavy headache or sleepiness, the dark suffusion of the eye, the loaded tongue, and constipated bowels, all indicative of general torpor, the same depleting line of treatment must be accompanied with tonics and stimulants. There is, under these circumstances, an universal languor of sense and of circulation which, if not checked in due time, is apt to induce dropsical effusions and other secondary effects of greater or lesser magnitude. It is necessary, therefore, to relieve the distended vessels, and re-excite them to a more contractile energy. If the obstruction be referable to any impediment existing in the right side of the heart or at the lungs, the complaint will be more obstinate and less amenable to treatment, but will be all the more deserving of attention. In ordinary cases the best commencement of the treatment will consist in the application of a few leeches behind the ear, followed by blisters, if there be any dilatation of the pupils. Headache and heaviness may be at once relieved by this step, but they will be pretty certain to recur, unless metallic tonics and aperients be persevered with for some time. The former may consist of nitrate of silver or sulphate of zinc, or any agent of that class; while the latter may consist of croton oil or scammony and colocynth, to make a decided impression at the beginning, while afterwards single-grain doses of aloes every night, with infusion of chireyta three times a day before meals, may be suffered to complete the curative process. To prevent returns of such a condition the patient must so regulate his diet and exercise as to avoid plethora on the one hand or debility on the other. Over eating, with indulgence in heavy liquors and sedentary confinement to close apartments, constitute very common causes for this condition of the brain, and ought to be avoided. The symptoms accompanying cerebral apoplexy, whether proceeding from shock and effusion of blood, or fibrin or serum, and the treatment to be adopted under the circumstances, will be gathered from the observations which have already been made under the preceding head. And it may be only further remarked that in sanguineous apoplexy, after reaction is once established, the greatest benefit appears to have been attributable to large general bleedings, by which the action of the heart has been subdued, and the current of the circulation so diminished

as to limit the amount of effusion. The head being kept high and motion strictly forbidden also contribute to the same end. Where fibrin or serum are supposed to be present, the object is to break down the solidity of the one and absorb both; hence mercury, accompanied at first with diuretics, and afterwards followed up by drastic purgatives, promises to be most efficacious. Serous apoplexy is far less likely to prove fatal than the sanguineous or fibrinous, partly because it is capable of being more easily removed, but partly, also, because it is of less sudden accession; and, therefore, as it gradually increases up to a certain point the brain becomes accommodated to the unusual pressure, so as to be able to perform its functions even under a great degree of the effusion. This was illustrated in the case of the poor woman, Whitehall, who got rid of all her dropsical effusions and got out of bed; after eating her breakfast with enjoyment she suddenly expired without a scream or struggle, and the ventricles of the brain were found so dilated with fluid as to make the brain itself appear like a mere shell.

I have also already observed that I believe many people pass nearly their whole lives with some partial deposits of this kind, leading to incipient but yet not fatal symptoms.

February 8, 1851.

CASES OF HYDATID DISEASE, WITH OBSERVATIONS.

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Case I.

Hydatid Cyst in the Right Hypochondrium: Puncture of Cyst: Recovery.

Thomas Skipper, aged 35, a shoemaker, admitted as an out-patient of the Ipswich Hospital, July 24th, 1849, of whose previous history the following facts were elicited:—He stated that he had not been intemperate, but that he had habitually drunk a large quantity of malt liquor. He had felt pain in the right side for between four and five years, and for the last six months he had remarked that the side had become considerably larger. He was much emaciated and looked wan and care worn, but in all other respects his general health was perfectly good. On examination, a large fluctuating tumour was found occupying the right hypochondriac region, rendering prominent, and extending below, the false ribs. Its surface was smooth and even, but not in the slightest degree painful on pressure. The fluctuation was more distinct at the first examination, but it subsequently became very obscure. His lungs and heart were healthy.

The treatment consisted of the successive application of three blisters, with full doses of the iodide of potassium. These measures proving, however, ineffectual, paracentesis of the tumour was decided upon, and performed by my colleague Mr. Bullen, August 27, 1849, when six pints of limpid colourless fluid were drawn off, its specific gravity 1012, alkaline, but not albuminous. The microscope developed merely crystals of alkaline salts. The sac having refilled, Mr. Bullen again introduced the trocar on the 10th of September, when two pints were evacuated. The fluid was now albuminous, and of an amber colour, alkaline salts appearing as before under the microscope. A flannel bandage was firmly applied to the body after each operation.

The sac partially refilled, but a third operation was unnecessary. The fluid was absorbed, the sac collapsed, and under the use of cod-liver oil, the patient became, and still continues, stout and strong.

Case II.

Hydatid Cyst in the Right Hypochondrium: Cyst Punctured: Recovery.

Mary Pegg, aged 43, a healthy looking woman, residing in the country, was admitted into the Ipswich Hospital, July 21st, 1849 She stated that she had had an enlargement of the right side for four years, that it had increased gradually, and without pain, her general health had been uninterruptedly good, and she had never been the subject of jaundice.

On examination, a convex prominent tumour was found occupying the right hypochondrium, the edge of which was felt well, and abruptly defined about four inches below the false ribs. Fluctuation was so indistinct that its existence was rendered almost doubtful

Paracentesis of the tumour having been decided upon, an exploring trocar was introduced by my colleague, Mr. Bullen, and sixteen ounces of a limpid fluid of a specific gravity 1015, and not coagulable, were drawn off. The microscope indicated the presence merely of a few alkaline salts. At the expiration of seven weeks, the sac having become refilled, it was again punctured and three pints of fluid, of a similar character, were now evacuated.

After each operation the body was firmly bandaged; the patient was directed to keep perfectly quiet and to avoid speaking, and a grain of opium was administered night and morning for three days. The sac did not again refil, and the patient's recovery was complete.

Case III.

Hydatid Tumour of Liver, Simulating Chronic Pleuritic Effusion: discharge of Hydatids through the Bronchi and Intestinal Canal: Recovery.

James Keeble, aged 35, an agricultural labourer, was admitted into the Ipswich Hospital, December 6th, 1849. His conformation was short and strongly built, and he stated that he had enjoyed good health up to the time of his present attack, which he refers to a cold and "inflammation of the chest," under which he laboured eighteen months previously, and since which period he had been subject to repeated attacks of cough and expectoration, disabling him more or less from work.

On admission, his countenance was sallow and muddy; expression, heavy and dull, but not anxious; tongue tolerably clean; appetite good; bowels regular; urine largely depositing lithates. Pulse about 100, regular, and of fair strength. Emaciation inconsiderable; cough troublesome, particularly at night; expectoration sanguineo- and muco-purulent, to which he had been subject previous to admission. Decubitus chiefly dorsal.

On examination the right chest was found to be rounded, and measuring half an inch larger than the opposite side. Intercostal spaces also slightly dilated, and tense. Vocal and tussive resonance abolished on the right side. Percussion afforded a dull sound over the entire right chest, both before and behind, but much more pronounced at the base. Respiratory murmur very feeble over the upper portion, but quite inaudible throughout the base of the right lung. Modified bronchophony and occasional muco-sibilant rattles obtained over the right scapular region. Position appeared to alter somewhat the intensity of the breath-sound, rendering it more distinct when the patient inclined upon his face. There was exaggerated respiration throughout the left lung.

The case having been regarded as one of chronic pulmonary induration, with effusion into the pleura, together with some bronchitis of the larger tubes, his treatment consisted of repeated blistering, mercury, and the free use of the iodide of potassium. These remedies, while they effected an improvement in the general health, failed in producing any marked change in the physical signs.

At this period (about five weeks after the patient's admission into the hospital,) he complained of pain below and beneath the false ribs on the right side. Upon examination, a small, rather deeply-seated, pulsating tumour was discovered, about an inch to the right of the ensiform cartilage of the sternum. The tumour was unaccompanied by murmur, and was only slightly painful on pressure. At this time the expectoration had increased in quantity, of a dirty purulent character, largely mixed with blood, but without odour. Although empyema was suspected, still the physical signs remained unchanged, and no sound indicative of a fistulous communication with the pleural cavity could be detected on the most carefully-repeated stethoscopic examinations.

The patient continued in the same position for some days longer, expectorating copiously, but *without corresponding emaciation*, and with a continued good appetite. He now, at the usual visit, produced for inspection what he termed skins, which he had that morning expectorated, and similar portions, which also he said that he had been passing for some days per anum, mixed with the evacuations. On examining these membranes, collected both from the expectoration and from the fæcal matter, they were found to be collapsed acephalocysts, containing in their interior the peculiar echinococci. The expectoration, and the occasional discharge of cysts, both through the lungs and bowels, continuing, an issue was inserted about three inches below the right mamma, and cod-liver oil, with a very generous diet of meat and porter, were prescribed. Under this treatment the patient's health steadily improved, the discharge of hydatids ceased, together with the expectoration, and when he left the hospital, (April 1st, 1850,) both the tumours had disappeared, and a generally healthy condition of lung had obtained. This patient has since worked very hard during the late harvest, regardless of weather, and on meeting him a few days ago, he assured me that he continued in perfect health. I may add, that when I last examined his chest, the only abnormal physical indication was very slight insufficiency of the vesicular murmur.

Case IV.

Hydatid Tumour of Liver, connected with the Kidney: discharge of Hydatids, Pus, and Bile with the Urine: Recovery.

Mary Stopher, aged 30, married, but has had no family, residing in the country, admitted into the Ipswich Hospital, June 13th, 1850. The history of this case was extremely obscure. She first presented herself as an out-patient, complaining of pain in the right inguinal region, with difficult and painful micturition. On examining a specimen of her urine which she had brought with her, it was found to contain both pus and hydatids in large quantities, and she was at once admitted as an in-patient of the hospital. She stated that four years ago, without any assignable cause, she first felt a "weight and uneasiness" in the right hypochondriac region, which has remained more or less permanent; and that for the last twelve months she had noticed a fulness and hardness in the same situation. She had also, at intervals during the past year, remarked that her urine contained (to use her own words) "skins mixed with corruption;" and that on these occasions she suffered very severe pain in micturition. She was a short healthy-looking woman, of a highly exciteable nervous temperament. She also stated that she had been for some time under medical care, but that her symptoms had remained unchanged. With the exception of considerable debility her general health appeared to have suffered very slightly. The countenance was ruddy; conjunctiva and complexion generally slightly tinged with bile, but she had never had jaundice. Tongue clean; appetite moderately good; bowels regular; catamenial flow healthy; urine very variable, sometimes clear and limpid, at others largely depositing lithates, or again, containing a very considerable quantity of pus and hydatids, and occasionally bile. The acephalocysts varied from the size of a large walnut to that of a pin's head; the larger hydatids containing abundant specimens of echinococci. Her pulse was 80, rather weak. Heart and lungs healthy. On examining the body, a well-defined tumour of about four inches diameter was found protruding below the false ribs on the right side. It was not painful on pressure, neither could fluctuation be rendered perceptible. An interesting circumstance has

become evident, viz., that the tumour considerably diminished in size upon each discharge of pus and hydatids with the urine, and again refilled and resumed its original size in the intervals.

The treatment by cod-liver oil and issue having been apparently so signally beneficial in the case of Keeble, this patient was at once allowed a generous diet, with porter; an issue was established over the site of the tumour, and cod-liver oil was administered internally. Under these remedies the discharge, as in the former case, gradually diminished, the pus and hydatids subsiding simultaneously, while the tumour progressively became less, and she left the hospital well on the 24th of August, 1850, having been directed to keep a discharge from the issue, and to continue for some time longer the use of the oil.

I examined her side about a month ago, when no vestige of the tumour could be detected.

Observations.—In offering a few practical comments upon the preceding cases, I may first remark upon the somewhat singular coincidence of the occurrence in the same small hospital, within twelve months, of four cases of a decidedly rather rare form of disease, and which, in all probability, may not again obtain under similar circumstances for many years.

It is not my intention to enter upon the history and pathology of hydatid disease generally, as this subject is in the current numbers of our *Journal* undergoing so full and masterly an exposition at the hands of Dr. Duncan, of Colchester. One or two points, however, in reference to the preceding cases, call for a few passing observations.

The two first detailed are examples of solitary acephalocysts, containing no floating hydatids; and they are particularly interesting in reference to the treatment adopted and its results. The only two medicines, as stated by Dr. Budd, that have been supposed to have the power of arresting the increase of hydatid tumours are the iodide of potassium and common salt. The full exhibition of the former of these, both externally and internally, was steadily tried, without effecting the slightest change in the hydatid growth. This failing, the question of puncture was mooted, and subsequently had recourse to with signal success.

Notwithstanding the apparently innocuous properties of the limpid fluid contained in acephalocysts, few foreign matters coming in contact with the peritoneal surface, produce such rapid and intense inflammation of that membrane. "It would seem," says Dr. Budd, in his admirable work upon "Diseases of the Liver," "that the bursting of an hydatid tumour into the sac of the peritoneum, causes death as surely, and just as speedily, as the bursting of an abscess, or as perforation of the stomach and bowel."

With these facts before us, the question will naturally suggest itself, how far the practitioner is justified in risking the operation when the tumour is small, and productive of no distressing symptoms. Under these circumstances, non-interference will be, perhaps, advisable. When, however, the tumour is large, and steadily increasing, and when from its size and position it causes distress to the patient, then I believe it will be proper to evacuate the fluid by trocar and canula, and with certain precautions, the operation may be considered as safe as the opening of a deep-seated abscess in a similar situation.

The points to be especially attended to in reference to the safety and well-being of the patient are, I believe,—1st, to maintain firm pressure below and around the tumour during the evacuation of its contents; 2nd, prior to removing the pressure to apply a compress and bandage firmly around the abdomen. 3rd; to insist upon the patient not only abstaining from all exertion, but even from speaking for at least twenty-four hours after the operation; and, 4th, to keep him under the decided influence of opium for forty-eight or sixty hours after the withdrawal of the fluid. With these precautions the evacuation of the contents of an hydatid cyst may, I believe, be undertaken with every prospect of a successful issue.

The third case, that of Keeble, is replete with interest, both in reference to the obscurity of the diagnosis and its happy termination in recovery. It will be seen that the patient dated his illness to cold caught eighteen months prior to his application at the hospital, and although he had been partially relieved, and even able to do some work, still at intervals cough and expectoration recurred, disabling him from following his employment as a labourer.

The symptoms and physical signs were essentially those of chronic pleuritic effusion, with condensed lung and bronchitis of the larger tubes, and until the expectoration of collapsed hydatids, such was believed to be the nature of the case.

The result of treatment hitherto, while it somewhat benefitted the general health, failed in producing any decided change in physical signs. At this period, *i. e.*, five weeks after his admission into the hospital, a small pulsating tumour was first discovered below and beneath the false ribs on the right side, and although the tumour itself was but slightly sensitive to pressure, he nevertheless now complained of constant pain and uneasiness in the right hypochondriac region. The tumour was unaccompanied by murmur, neither did its history predicate aneurism. Again there had been no distinct rigor, or other general disturbance, indicative of hepatic abscess.

The expectoration now became very profuse, bloody, and purulent; still the appetite continued good, and there was no corresponding emaciation. These symptoms we find persisting some days longer, when the evacuation of hydatids, both by the lungs and bowels, at once cleared up the nature of a previously very obscure case. The acephalocyst, in this instance, had probably compressed, and at the same time produced extensive and increasing irritation of the lung. This position, I think, we are justified in maintaining, from the circumstance of the comparatively speedy return of the organ to a healthy condition after the evacuation of the contents of the hydatid cyst. The inner surface of the sac of the parent hydatid had probably taken on

suppurative action, and subsequently made its way both into the bronchi and intestinal canal, while adhesive inflammation, forming union with the adjoining viscera, had been going on in the tissues surrounding the sac.

The above case beautifully illustrates the wonderfully adaptive power of nature in promoting a safe return to healthy function.

The history of the 4th case (Mary Stopher) was extremely obscure, and presented many points of great interest. The disease, as is usually the case with hydatid growths, was essentially chronic in its progress, giving rise at first to but slight uneasiness, which, persisting more or less for three years, was followed by intumescence of the right hypochondriac region. There we find suppurative inflammation, as in the former case, set up in the outer sac of the acephalocyst, which also becomes glued to the kidney by adhesive inflammation of the intervening tissue, and thus a communication is established through which channel the contents of the cyst, viz., pus, hydatids, and bile, find an outlet. The site of the hydatid tumour, and its communication with the kidney were established by the circumstance of the escape of bile with the urine, and the interesting phenomenon presented by the alternate decrease and increase of the size of the tumour, varying as it did with the amount of pus and hydatids discharged.

Had not the presence of bile in the urine indicated the hepatic origin of the tumour, it would have been more reasonable to have referred its probable site either to the kidney itself, or to its supra-renal capsule. It may also be interesting to observe that some of the hydatids discharged were entire, and contained a perfectly limpid fluid, notwithstanding the urine in which they floated was thickly purulent.

In reference to the medicinal management of hydatid formations, with a view to arrest their growth, but little satisfactory information can be advanced. In the treatment of the two last cases, which have been detailed, a very unmistakeable improvement in each followed the establishment of a discharge from an issue inserted over the tumour, together with the internal exhibition of cod-liver oil.

Although we are not justified in forming deductions from two cases, still I would strongly recommend, when the evacuation of an hydatid cyst by operation is not deemed advisable, that, instead of wasting time and possibly debilitating the patient by giving mercury and iodine, we at once effect a free discharge by issue over the tumour, administer cod-liver oil internally, and support the strength at the same time with as generous a diet as the condition of the system will bear.

CASES OF CHOREA,

TREATED SUCCESSFULLY WITH CARBONATE OF IRON.

By T. BROWN, Esq., Castle Donnington.

Case I.—John Potter, aged 20, living at this place, by trade a painter, was placed under my care March 20th, 1847, a victim of chorea. The symptoms were unusually severe, and required the employment of energetic measures. Copious depletion, from both the temporal artery and the median cephalic vein, was resorted to, and on account of threatened violence, a strait jacket was at once applied. So much were the voluntary muscles agitated, that when he attempted locomotion, his body was propelled in all directions, producing the most antic motions. When questioned he can only answer by monosyllables. After the copious depletion referred to, and the administration of some strong drastic cathartics, the violent symptoms greatly abated. During the three following days the violence of the symptoms continued abated, and the convulsive motions were chiefly confined to the upper and lower extremities. At this period, March 27th, I met Dr. Heygate, of Derby, in consultation on the case, and we agreed to administer the following:—R. Hydr. Chlor., gr. v.; Conf. Rosæ Can. q. s., ut fiat pilula alternis noctibus sumenda.—R. Dec. Aloet Co., oz. iss.; Pot. Tart., dr. j. M. Fiat haust cras mane sumend. Ferri Carb., scr. ij., ter in die sumend.

I may here mention, that I had for several days previous to Dr. Heygate's visit passed electric shocks through our patient without any relief, in fact I really thought the symptoms aggravated by the treatment. From the period that iron was administered, (the dose of which was gradually increased,) there was evident improvement in every respect, and on or about the 20th of April our patient was quite well.

Case II.—Mary Mugliston, aged 9 years, was seized with chorea on or about the 10th of November, 1850, and the symptoms gradually increasing, on the 20th my assistance was required. I found my patient incapable of walking, speech was prevented, and the want of power over the voluntary muscles evidenced a true case of St. Vitus's dance. Judging from the apparent irritation of the pituitary membrane, in conjunction with anorexia, that the bowels gave lodgement to some vermes, I commenced the treatment of the case by giving half-drachm doses of Ol. Terebinth. on sugar, three times a-day, the result of which was the expulsion of a large worm, of the lumbricus species. Afterwards drachm doses of carbonate of iron, combined with small quantities of Pulv. Curcumæ, was given three times a-day, and the effects were most satisfactory, and to me very pleasing, the child's power over all the voluntary muscles gradually returned; and a singular feature in the case was, that *the tongue* never failed to indicate the progress of this most satisfactory return to perfect health, which occurred on the 29th of December, 1850.

MANSLAUGHTER FROM A BLOW ON THE HEAD WITH THE FIST, CAUSING FRACTURE OF THE INNER TABLE OF THE SKULL.

By J. DEANE, Esq., Chatteris.

On the afternoon of Saturday, the 28th of September, 1850, a labourer named John Ladds, was killed by William Germain, labourer, both of Chatteris. There was no previous malice; they had always before been on good terms as companions and fellow-workmen. A few angry words having occurred between them, Ladds

took off his jacket declaring he would beat Germain. Threatening then became mutual. Ladds ran to Germain with all the posturizing of the pugilist, preparing to strike him, when Germain struck him on the head above the ear, on the left side, and Ladds instantly fell, a corpse. I saw him in about an hour. He had the aspect which a young man would present who had died in perfect health. The only abnormal appearance was occasioned by a quantity of froth which was constantly issuing from his nose and mouth. On the Monday following I made a *post-mortem*. Instead of froth, a quantity of blood was found issuing from his nose and mouth, and on the slightest movement given to the head, blood, perfectly fluid, would escape to any amount. On the examination of the external surface of the skull at the spot described by the witness present at the time of the injury, there was some little vascularity, and an imperfect elevation of the pericranium on the left parietal bone, directly below the parietal protuberance. On removing the upper part of the skull I found a lineal fracture or crack of the inner table of the skull, without depression, to the extent of more than half an inch. Along the seat of the fracture a small vein was seen ramifying and ruptured. We had a good deal of trouble in removing the skull cap, its natural adhesions to the dura mater being in this case very strong, but at the spot of injury, there was no adhesion, and over the greater part of the left side of the head blood was freely effused and perfectly fluid. There was no other trace of injury or of disease, and all the other organs were healthy, but the blood throughout the whole system was, as is usual in cases of sudden death, fluid. The body was in a most offensive state of putrefaction, although he had been dead only thirty-eight hours.

This case is interesting for two special reasons :—The fluidity of the blood and rapidity of putrefaction of the whole system have a bearing on the average of mortality after severe injuries. This case and many others that might be recorded, furnish the best possible reply to the question—"How is it that amputation after serious accidents occurring in healthy people are so fatal." The notion, *a priori*, would seem to be, that if a man has a comminuted fracture of the leg, and if the limb is removed directly, the remainder of the body is sound, and that the wound so made is in the condition and has a reasonable chance, about equal to the probabilities of an ordinary wound of similar size, inflicted with a sharp instrument on any other merely muscular part of the body and unpreceded by a general shock or concussion, or by any process of crushing to the nervous or arterial systems. We often find the stump mortify ; we often meet with consecutive abscesses, phlebitis, &c. The case now narrated illustrates this most important surgical question. A man in perfect health receives a blow on his head, is stunned, and does not rally : he dies on the spot. In thirty-six hours he is putrid. The condition of the system instantly produced by the blow, is the leaven that engenders in a few hours, the same sort of putrefactive changes which a month's illness with typhus will sometimes effect. Suppose he had rallied from the concussion, and had, in his fall, received a compound fracture of the leg, it is not to be supposed that the vital powers could so rapidly and so completely overcome the injuries produced by the shock, as instantly to bring him back into the condition of perfect health. The man has a fractured leg, but besides this *he is ill;* every tissue is for a time diseased. This is at once the best and the most recent* explanation of the awful averages of failure in so many operations, but especially of the consecutive abscesses following severe lesions, which are always most to be expected in proportion to the severity of the primary injury.

I will conclude this subject with a quotation from Mr. James's valuable "Essay on the Causes of Mortality after Amputations." "The immediate effects of violent injury are impressed on every system of the body. The heart falters, the stomach rejects its contents, the liver ceases to secrete, or secretes perverted bile, the nervous system is beat down, and the countenance betrays the deep defailance ; clammy sweats, tremors, and other consequences of nervous depression occur ; but these all pass away. These various systems after a while recover themselves ; but still a tendency to diseased action remains which did not exist before, and this tendency to diseased action is produced by the impression made on the system at the time the injury was inflicted ; and although the immediate effects, as mentioned above, may pass away, this tendency remains." Whence does this arise ? "I believe," says the same writer, "that it does arise from the changes wrought in the blood at the time the injury is inflicted, communicated originally through the nervous system, but persisting long after the direct operation of this cause has ceased."

This case is recorded not merely as an illustration of an important surgical doctrine, it has also a medico-legal bearing. It is a case of death from the first blow in a pugilistic encounter. Our Magistracy and the law itself will often inquire, in the investigation of cases of assault, "Who struck the first blow ?" It seems to be almost a maxim that any preparations for a common assault will not justify the infliction of a blow in self-defence ; that obedience to the law requires a patient waiting till some positive infliction is given—till the first blow is struck, and that blow may be death. The initiative of these brutal contests is, we know, generally harmless ; but reason suggests, and this case decides, that it may readily be fatal, either from misadventure or from severity. The only witness present at the death of Ladds said, on oath, that the blow did not seem to be given with any amount of violence. Such cases as these must lead the administrators of the law to deliberate before they justify in all cases the ordinary maxim on this subject. We all deprecate these brutal encounters ; but self-defence seems to demand that where an angry comrade gives unequivocal proof of his intention to do bodily harm we are not to judge too hardly of the man who, with no previous malice, and merely to

* See Humphry's Lectures, No. X. and seq.

repel an assailant, is so unfortunate as to deal out to another the very sort of death which, had he been one moment later, he might have himself received, and under precisely similar circumstances. It is quite clear that had Germain waited till Ladds struck him, Germain might have been the next moment a corpse, and Ladds the policeman's prisoner, because one was just as likely to give a fatal blow as the other. The only circumstance that seemed to make the case manslaughter, was, that Germain made no effort to avoid the contest. The Coroner, in a very able summary of the particulars of the case, admitted the difficulty which I have detailed, and said that if Germain had done anything by word or deed, even by a cautionary or conciliatory expression, he should have considered it a case of accidental death; but that one party having given, and the other having immediately accepted, the challenge, each was equally responsible for results; and the Jury entertained the same opinion. The case will be investigated in a few weeks at the Cambridge Spring Assizes.

Chatteris, Cambridgeshire,
Jan. 28, 1851.

[There is another point of view in which this case is interesting to the student of medical jurisprudence. It has been generally held that no blow of the human fist can cause fracture of the skull, and this doctrine was maintained by the judge before whom a man of the name of Maiden was tried, for a similar case of manslaughter, at the Worcester assizes, some years ago. In that case a fracture was found extending from the occipital protuberance to the ala of the sphenoid bone. Evidence was produced that a violent blow had been given with the fist over the ear, which was much discoloured, as were also the neighbouring integuments, and beneath the temporal bone a large quantity of extravasated blood was found. But there had been a fall on the pavement, and the judge charged the jury that the fracture must have been occasioned by the fall and not by the blow. We are not aware that there is any case on record so clearly proving the possibility of fracture of the skull by the mere blow of the human fist, as the one now published by Mr. Dean.—Ed. J.]

Hospital Reports.

BRISTOL ROYAL INFIRMARY.

SURGICAL CASES ADMITTED UNDER AUGUSTIN PRICHARD, ESQ., SURGEON TO THE INFIRMARY.

Case II.

Rupture of the Liver.

— Dobbs, aged 28, was admitted about four P.M. on the 21st of September, 1850, having been crushed between two heavy boilers immediately before his admission. He was in a state of complete collapse, from which he could not be roused, but which gradually increased until he died, about one hour after he was placed in bed.

Post-mortem examination.—All the organs of his chest were quite healthy; his abdomen was filled with coagula and fluid blood. The only injury here (besides slight ecchymosis upon the mesentery and omentum) was rupture of the liver, which was completely broken into two parts; the right lobe occupying its usual position, but the left had been altogether separated from the rest of the organ, and had fallen far back into the left hypochondrium.

This case is worthy of record from the extent of injury to the liver, and the entire freedom of every other part of the body from any share in the effects of the accident.

Case III.

Imperforate Anus; Life prolonged to the 102nd day without Evacuation.

Emily Plumley was born on the 11th of June, 1850; and a day or two after birth it was noticed that she was unable to pass the contents of the intestinal canal as children usually do. The parents, however, took but little notice of the fact, as one of the neighbour's children had had a similar condition of parts, and had lived comfortably for more than a month.

When the child was a month old it was admitted as a patient at the Infirmary. An examination of the nates disclosed a well-formed anus, into which the point of the little finger could be passed, and through which a probe or director might be made to enter about a quarter of an inch, when it met with firm resistance. She had never passed any meconium or other contents of the intestine, but she passed water freely, took her natural food as infants ordinarily do, and had not been sick nor apparently in any way uneasy.

Upon consultation it was considered a very favourable case for an explorative puncture, to be followed up by passing a curved trocar in the suitable direction along the curve of the sacrum, for as there was a naturally-formed anus it was more than probable that the greater part of the rectum was also there. To this the mother would not consent, although the certain death of the child, if no operation was performed, was pointed out to her; and she accordingly took it away. One of the students, however, found out where she lived, and kept his eye upon the case. The child died on the 21st of September, having lived one hundred and two days, or more than three months, without ever having had an evacuation of the bowels, and having been scarcely at all sick. It never threw up anything like fæcal matter, but now and then a little of the mother's milk regurgitated, as is the case with most children. In fact, the mother stated that it was scarcely as sick as her other children were at the same age.

Post-mortem examination, Sept. 23.—The limbs were very thin. The abdomen much swollen; the circumference of the body measured twenty inches and a half, and it was twenty-one inches and a half in length. The organs in the chest were quite sound; the liver was of a dark purple colour externally, but had a more natural appearance when cut. The stomach and first part of the small intestine were in a natural state; but about

the end of the jejunum it began to be dilated, and all the lower part of the ilium was enormously distended, so as to be really longer in calibre than that of an adult; its contents were almost entirely gaseous. The cæcum was situated in the right hypochondrium, immediately below the liver. The large intestine was also much dilated, and at the lower part of the rectum measured at least four inches in diameter. At the sigmoid flexure there was a slight contraction, so that the rectum itself appeared like a large and separate pouch, and this was full of yellow aud fluid fæcal matter. The muscular structure of this part of the alimentary canal was much hypertrophied, and large and distinct bands of fibre could be seen surrounding the cul de sac of the rectum. The termination below was a rounded fibrous cord, as thick as a crow quill, leading to the anus; and there was not more than a quarter of an inch between the lower part of the pouch which has been described and the highest point to which a probe could be passed through the natural aperture below. The kidneys were healthy; the bladder was distended with urine; and the ureters were very much enlarged in their canal, from the constant pressure exerted by the rectum upon the organs within the pelvis. There was a short diverticulum projecting from about the middle of the small intestine.

This case appears to me to be of considerable importance; for it shews beyond a doubt that if a child is otherwise healthy we need be in no great hurry as to operative proceedings; and that the milk of the mother is so well adapted for the nutriment of the infant that although it lived for three months and never had any evacuation, the collection of fæcal matter was only sufficient to fill the distended pouch in the rectum, and probably amounted to half a pint. Of course, also, any operation that might be undertaken in such a case would be rendered easier by a larger collection of fluid contents in the intestine.

Case IV.

Removal of a portion of Bougie from the Urethra and section of the Stricture.

James Allen, aged 30, had been troubled with a stricture of the urethra for ten years, for which he has treated himself by passing small bougies lately, made of gutta percha, of about four inches in length. He has been in the habit of passing the instrument into the stricture, and of walking about with it in his urethra, without taking any steps to prevent it falling out or slipping in. The stricture is situated just anterior to the scrotum. On the 10th of August, 1850, the bougie slipped behind the stricture, and he has been unable to get it forward again. This accident, he says, has occasionly happened, but never with so large a bougie as the present one, and he has always been able, hitherto, to drive it out by passing water.

He was admitted on the 12th, suffering no inconvenience from the existence of the bougie in the urethra; the anterior extremity presents just before the scrotum, and the posterior end is not to be felt, even with the finger in the rectum. He makes water freely. A No. 5 sound will pass in readily through the stricture by the side of the foreign body into the bladder. The bougie slips backwards when the sound is introduced, but is driven forwards again when he makes water.

After trying with the urethra forceps and various instruments to withdraw it, but in vain, as it was itself of the full size which the stricture would allow to pass, it was determined to remove it by operation, as there was a constant fear of its slipping back altogether into the bladder.

Holding the bougie forwards against the stricture, I made an incision through the spongy portion of the urethra, until the end of the instrument was exposed and turned out; it was not withdrawn until a catheter had been passed through the wound into the bladder. A director would readily pass from the orifice of the urethra to the wound, but a No. 6 catheter was too large to enter the stricture, I therefore passed a sharp-pointed bistoury from the wound towards the natural orifice, and slit up a portion of the canal. A second cut was necessary to divide the whole of the stricture, which grated as in the section of cartilage. A full-sized silver catheter was introduced through the entire canal and retained in the bladder.

13th.—A good deal of the urine has passed through the wound; he has not slept well, and complains much of pains in the stomach and back. During the latter part of the day the urine has chiefly flowed through the catheter. To have an opiate at night.

14th.—The catheter does not trouble him much. The urine does not escape through the wound. A little blood appears to be mixed with the water.

15th.—During the night the catheter escaped from the urethra, but it was introduced again without any difficulty. Some of the urine escapes from the wound. I removed the catheter in the evening, having observed that in Mr. Symes' published cases he does not consider it necessary to leave it in so long as has already been done in this instance.

16th.—Most of the urine comes through the wound, but some through the entire canal. Urine turbid, and apparently containing pus.

After this date the urine escaped entirely through the wound for three days, when I passed a gum elastic catheter with some difficulty through the stricture, which was evidently closing again, and as he was able to manage it himself, he was directed to introduce it whenever he passed water. Under this plan he improved, and the wound gradually contracted, until but a small opening remained, through which a drop or two of urine occasionally escaped. After applying a piece of nitrate of silver daily to the surface of the fistulous opening, and introducing a small pledget of lint so as to induce a little granulation upon the surface, I passed a thin "insect" pin, (such as is used for twisted sutures,) deeply and transversely across the wound, as nearly as possible at the edge of the urethra, and placing a piece of leather on each side to protect the skin, I brought the sides firmly together with a twisted suture. The pin was removed in two days, but the skin did not appear to have healed, although the deeper part of the wound

may have closed; and he went out the next day, with directions to return if he felt any inconvenience from the stricture, or if the fistulous opening remained. At the time of his going out of the infirmary, the urethra, at the place where the stricture had been, would readily admit a full-sized catheter.

I have seen nothing of this patient since, and therefore conclude that he remains cured up to this time. He remained six weeks under my care; and I cannot but think the time would have been very much shortened if I had kept an instrument in his bladder until the external wound had healed, instead of removing it on the fourth day. If he appears again with any return of the stricture, or other symptom of importance, it shall be recorded.

Provincial Medical & Surgical Journal.

WEDNESDAY, MARCH 5, 1851.

We take notice of this case, (The Queen *v.* the Inhabitants of Minster,) which has been recently decided in the Court of Queen's Bench, and is reported in the twentieth volume of the Law Journal Reports—Magistrates Cases, page 48—because it involves a point especially worth the notice of all medical practitioners who are engaged in the care of the insane. We will first state by way of preface, what are the present directions laid down by the law as to the admission of pauper lunatics into an asylum, information which may be found useful by many of our readers.

The statute 8 and 9 Vic., cap. 126,* is now the ruling authority on this point. By the 48th section of that act the medical officer of any parish or union who is aware that any person chargeable thereto is a lunatic, is bound within three days to give notice of the fact to the overseers. Within three days after the overseers must give notice to a justice, who must within the like time order the (supposed) lunatic to be brought before him, (or if necessary, go to his or her abode) and "shall call to his assistance a physician, surgeon, or apothecary, and examine such person; and if upon view or personal examination of such person, or from other proof, such justice shall be satisfied that such person is a lunatic, and such physician, surgeon, or apothecary, not being the medical officer of such union or parish, shall sign a certificate according to the form in Schedule (E.) No. I., to this act annexed, that such person is a lunatic, idiot, or insane person, or a person of unsound mind, such justice shall, by an order under his hand direct such person to be received into the asylum of the county or borough, in which such parish is situate, &c."

By the 50th section, if any medical officer omit to give such notice, he becomes liable to a penalty of £10 for every such offence.

By the 51st section this certificate is to be "dated not more than seven clear days previous to the reception of such patient," and "every person who shall receive any pauper or other such person as is hereinbefore mentioned into any asylum without such order and medical certificate, shall be deemed guilty of a misdemeanor." The following is the form of the certificate:—

"I, —— ——, being a Fellow (*or* Licentiate) of the Royal College of Physicians in London, (*or* a graduate in Medicine of the University of ———, &c., *or* a Member of the Royal College of Surgeons in London, *or* an Apothecary duly authorised to practise by the Apothecaries' Company in London,) hereby certify that I have this day personally examined A.B., the person named in the accompanying statement and order, and that the said A.B. is a lunatic, (*or* an insane person, *or* an idiot, *or* a person of unsound or imbecile mind,) and a proper person to be confined.

(Signed)
Name.
Place of abode.

Dated this day of 18 .

Such being the general law, we proceed to notice the particular point in question. Two justices having made an order on the parish of Minster for the maintenance of a pauper lunatic, the churchwardens and overseers appealed to the Court of Quarter Sessions for Cornwall. The Court confirmed the order, subject to the opinion of the Court of Queen's Bench on the case, which was accordingly argued before that tribunal. Amongst other grounds of appeal was one that the medical certificate was not made in the form prescribed by the act. The certificate sent in was as follows:—

"I, E. L. West, *being a surgeon,* do hereby certify that I have this day personally examined J. Davey, the person named in the accompanying statement and order, and that the said J. Davey is an insane person, and a proper person to be confined.

(Signed) E. L. West.

Dated, &c.,

After hearing the argument the Court reserved judgment, which was afterwards delivered by Lord Campbell (*inter alia*) as follows:—

"* * * The third objection was, that the medical

* The subsequent statute 9 and 10 Vic., cap. 84, is merely explanatory and confirming the former.

certificate by the surgeon did not follow the form given in Schedule E. of the statute, as he is not stated to be a member of the Royal College of Surgeons, and his residence is not added, it being contended that the confinement was therefore unlawful, and consequently the order for maintenance made without jurisdiction. But we are of opinion, that the confinement did not become unlawful by reason of this irregularity in the form of the medical certificate. The examinations show that all the substantial facts necessary for sending a pauper lunatic to an asylum existed. It was not contended that the surgeon was not in fact qualified, or that his residence was not known; and as he appears by the examination to be the surgeon of the union to which the appellant parish belongs, the contrary is to be presumed. The keeper of the asylum ought to have required a certificate according to the form in Schedule E., before he received the pauper, and incurred responsibility by omitting to do so, under the 51st section; but after he had received her with the imperfect document and the confinement had begun, we think it was his duty to continue that confinement till the lunatic should be discharged. In *Re Shuttleworth*, the Court refused to discharge a lunatic brought up by *Habeas Corpus*, on account of defects in the certificate for confinement under the 8 and 9 Vict., cap. 100, and held the confinement lawful, though the provisions requiring the form of the certificate are the same in both statutes. * * * As all the objections fail, the order of sessions is confirmed."

This decision is important, as showing, in conjunction with the one on the 8 and 9 Vict., which refers to lunatics *not* paupers, that when a patient is *de facto* confined on sufficient grounds, and all the substantial requirements of the act fulfilled, the Court will not hold the detention illegal on account of trifling informality; but on the contrary, consider it to be the duty of the owner of a lunatic asylum to retain such person in confinement until properly discharged. At the same time medical men who have the care of the insane should remember that the "responsibility" they incur in taking a patient under a wrong certificate is nothing less than a "misdemeanor," and it is quite possible to imagine the most upright practitioner placed in a very awkward situation by an oversight of this description. Considering that the parties who *give* the certificate are wholly uninterested in the matter, it is probable enough that instances of such inaccuracy are not few; and not long since an instance came before the public where a patient had been confined for several years without a proper certificate having been obtained. The case we have brought before the notice of our readers shews that the transaction alluded to was as free from legal, as it was from moral guilt; but, considering how easy it is, by keeping a copy of the certificate given above, and comparing it with every writing sent, to prevent even the smallest inaccuracy, we think that our medical brethren who have the care of the insane, would do well to see that the minute requisitions of the act are always, as far as they concern themselves, strictly complied with.

Reviews.

On the Identity or Non-identity of Typhoid and Typhus Fevers. By WILLIAM JENNER, M.D. London: Churchill. 1850.

THE pathological problem which Dr. Jenner here essays to determine has long been a *questio vexata*, and has recently given rise to not a little discussion on the opposite side of the channel. In this country typhoid fever is, comparatively speaking, so rare, that the mind of the medical profession has not occupied itself much with the subject, and hence a more than ordinary interest should attach to the author's labours.

In examining the subject Dr. Jenner tells us that he has endeavoured carefully to separate well-ascertained facts from doubtful cases, and this he appears to have succeeded in doing as far as his means have allowed. It must, however, be conceded, that howmuchsoever of value we might be disposed to place upon his researches, his deductions would come home to our convictions with more force, had the premises from which they have been drawn been more extended. Sixty-six autopsies, after all, afford but a scanty field for the elucidation of so debateable a point.

We may premise that Dr. Jenner maintains the non-identity of the two fevers—typhoid and typhus. In order to develop this opinion, he has made a careful analysis of the above cases, dividing them into two groups, in one of which Peyer's glands were diseased, in the other healthy. In the first group we have twenty-three cases, in the latter forty-three. He then contrasts the various phases of the pathological history of these groups as follows:—

Previous state of health.—This was much the same in both classes.

Complexion.—Of "typhoid" patients, 80 per cent. were fair; of "typhus" cases, 30.7 per cent. only were so.

Sex.—The proportion was much the same.

Age.—The average age of the "typhoid"

patients was 22.08 years; the youngest 10 years, the eldest 36. Among the "typhus" cases 41; the youngest 8, the eldest 70.

Duration.—On this point the author is not able to offer any satisfactory data, from the difficulty of ascertaining the exact date of the commencement of the disease. The most he can do is to note the day of admission, and the supposed epoch of the malady at the time. But this must obviously afford but unsatisfactory evidence.

On the subject of the eruption of the two diseases, the author has the following remarks:—

The eruption in typhoid was papular, but not acuminated; the patches were circular, and rose-coloured. *They disappeared completely on pressure.* These spots were detected in all cases admitted before the fourteenth day of the disease, and the ordinary duration of each spot was three days. Fresh spots appear every day or two till the thirtieth day.

In typhus the eruption was never papular, and its characters varied with its duration. At first it consisted of dusky pink spots, of irregular outline. In two or three days the spots lost their elevation, and became darker; they faded, but were not obliterated by pressure. Some became converted into true petechiæ. These spots are more numerous and crowded than in typhoid. They usually appear from the fifth to the eighth day, and disappear between the fourteenth and twenty-first.

The above is a fair sample of the manner in which Dr. Jenner has endeavoured to fulfil his task, but we have as yet mentioned only a small portion of the labour he has bestowed upon it. The same careful analysis has been made of all the prominent symptoms during life, as well as of the appearances after death, in the two maladies, but for the details on these points we must refer to the original, as our space will only allow of a general notice of the manner in which the author sums up his cases. After recapitulating the differences which appear in the analysis alluded to, he observes, that he entertains no doubt that in all particulars the two diseases are distinct, on the following grounds:—

1. In the majority of cases the general symptoms differ.

2. The eruptions, if present, are never identical.

3. The anatomical characters differ, thus the lesion of Peyer's glands is never seen in typhus.

Without committing ourselves to the assertion that we are entirely satisfied that the author of this treatise has made good his case, we have no hesitation in recommending it to our readers as a model of scientific medical investigation. Although, as we have before said, the number of cases analyzed may justly be considered too small to allow of very definite conclusions, we are still content to receive them in better faith than the loose deductions of others, though ostensibly founded on double the number of cases.

Proceedings of Societies.

BIRMINGHAM PATHOLOGICAL SOCIETY.

SEPTEMBER 5TH, 1850.

DR. FLETCHER IN THE CHAIR.

Calvarium of an old man, 68 years of age, after extensive Injury and Trephining.—By Mr. R. L. BAKER.

A calvarium, after having sustained extensive loss of its substance by fracture, trephining, and subsequent exfoliation, sixty-eight years ago. The space where the bone is deficient, in the lower part of the left parietal bone, measures three inches and a half by two and a half; it is filled up by a dense fibrous membrane, springing from the bony edges, and apparently formed in part by the dura mater, and in part by the external fibrous membrane. Both the dura mater and the epicranial aponeurosis were jointly adherent to the injured bone. The patient was a male, aged 78. He died of syncopal apoplexy, with atrophy of the heart. After the injury of the head he led a very active life, fifteen years of which were spent in the artillery service.

Perforating Ulcer of the Intestine in Fever.—By Mr. R. L. BAKER.

The ilium was perforated by an ulcer. There were signs of recent acute peritonitis, with effused lymph having a fæcal odour. The patient was a boy, aged 6. He had typhus, without intestinal irritation. For three weeks he was convalescent, but was suddenly seized with symptoms of acute peritonitis, and with diarrhœa. The diarrhœa ceased in four hours, but he died thirty hours afterwards.

Tumour of the Uterus, of Non-malignant form, Fatal by Profuse Suppuration.—By Dr. RUSSELL.

A tumour, the size of an orange, lay in the posterior wall, separated from the uterine cavity by the thickened lining membrane. Unhealthy suppuration had occured between the front of the tumour and the lining of the uterus, and the pus entered the uterus by a large sloughy opening in the lining membrane. The cavity of the uterus was much dilated; the os quite open. The cervix was healthy. The liver-cells were gorged

with fat. The right thigh and calf of the leg were occupied by one immense abscess, which communicated with the knee-joint, which was itself full of pus, the articular cartilages of the joint being almost destroyed. The large vessels were healthy. The tumour had precisely the character of the chronic mammary tumour of Sir A. Cooper.

By the Microscope.—It was found to be composed of a fibrous tissue, presenting the usual fine striation. By acetic acid the tissue became transparent, and exhibited nuclei and fragments of fibrillæ.

The patient was aged 55. She was married, but never pregnant. Catamenia had ceased, but had been regular previously. She was subject to occasional attacks of dysuria for the last seven years, and occasionally needed the catheter. Three months before her death she had an attack of purpura, from which she had nearly recovered, when at the end of the sixth week she had irritative fever, preceded by a rigor, and followed by synovitis of the right knee. Ten days after a profuse purulent discharge from the vagina occurred, quite suddenly, without a single sign of morbid action in the uterus; the discharge never diminished, the back sloughed from pressure, and the large abscess in the lower extremity burst a fortnight before death. The knee never improved under any treatment. She died, extremely wasted, six weeks after the vaginal discharge appeared.

Fungus of the Bladder, Diseased Abdominal Aorta, and Thickened Dura Mater of an old man, aged 96. —By Mr. Pemberton.

The fungus of the bladder sprung from the fundus, which it occupied. The pelvis and infundibula of the kidneys were dilated, and there were small cysts on the surface of the kidneys; the ureters were healthy. The arterial system, and most particularly the abdominal aorta, presented extensive calcareous deposits. The dura mater was remarkably thickened, resembling a piece of leather.

By the Microscope.—Characteristic cells were discovered in abundance in the fungous mass. The patient was a male, aged 96. He had bloody urine the last seven months.

Diseased Larynx, producing extensive Thickening of Pharynx and Abscess.—By Dr. Fletcher.

The patient died of inanition. The vocal cords of the larynx were thickened; the cricoid cartilage was softened, and pus exuded from it; the thyroid cartilage was healthy; the epiglottis thickened and ulcerated; the pharynx congested, thickened and ulcerated; abscesses had formed on each side of the pharynx, one of which communicated with the pharynx. The heart was closely contracted; the veins were prominent. The gall-bladder was much distended with bile. The coats of the stomach were atrophied; the duodenum was turgid with bile for a long distance. The intestines were nearly empty, and the colon much contracted, commencing suddenly and completely in the ascending portion, the gut being widely dilated just previously. The mucous membrane was healthy. The patient was a female. The disease was considered syphilitic. She became unable to take food after the formation of the abscesses, most of what entered the mouth escaped by one of the orifices.

Anchylosis of the Bone entering into the formation of the Ankle.—By Mr. Pemberton.

The tibia and fibula were connected by bone for an inch above the joint; the inner maleolus was attached to the astragalus, and the outer to a portion of the cuboid bone and to the os calcis; a large piece of the astralagus posteriorly formed a sequestrum; all the tarsus was united by a bony matter. The patient was a collier, aged 32, of strumous habit. He received an injury five years ago. There was great thickening around the ankle with ulcers. The limb was amputated, and the patient recovered very slowly.

Destructive Ulceration of the Cartilages of the right Knee-Joint.—By Mr. Pemberton.

The cartilage from the extremity of the tibia, and most of that from the inner condyle of the femur, was entirely destroyed, and the patella partially anchylosed. The joint was filled with pus, which had burrowed under the surrounding soft parts. The patient was a wheelwright, aged 30. He was affected with chronic synovitis three years ago. By issues and rest, a cure by anchylosis was expected, but treatment by a quack rendered amputation necessary.

Viscera in a Case of Diabetes.—By Dr. Fletcher.

The brain was healthy; the lungs were œdematous, congested and very friable; there were ragged cavities in their apices, and a little tubercular matter in the walls of the cavities; there was a small amount of yellow tubercle here and there through the lungs. The heart was large, flabby, and friable; *taches blanches* were found on the right ventricle. The liver was friable; the gall-bladder contained two ounces of bile the stomach presented spots of vascularity. The capacity of the stomach was normal, that of the intestines increased; the mucous membrane was healthy; the spleen diffluent; the head of the pancreas was twice its natural size; the duct large; the kidneys were large and soft; the cortical structure voluminous, highly vascular externally, an immense quantity of fat surrounded them; the ureters were normal; the bladder was one-third larger than usual. There was much fat in the peritoneal processes; oil in the contents of the stomach, and the hands of the operators were much greased. The patient was a pensioner aged 64, and was under observation two years. By diet of flesh and cruciferous plants, and Palmer's bread, he gained flesh; and the urine descended to specific gravity 1017-19 from 1030; and in quantity to three and half to five pints daily, from eleven pints; and Palmer's test, by liquor potassæ, did not detect any sugar. He had gained seven pounds in weight at the end of nine months. On leaving the hospital, he again declined: renewed

treatment was again *more partially* successful during the last month. He complained of pain in his chest, emaciated and sank very rapidly.

Gelatiniform Disease of the Ovaries.—By Dr. Russell.

The left ovary was entirely connected with an enormous tumour, enclosed by a thick membrane, which sent prolongations into its interior. The tumour was formed in chief part of a gelatinous looking tissue, composed of fluid, entangled in a meshwork of very delicate membrane, from which in time the fluid all drained away; and of cysts of all sizes, formed by the same delicate membrane, containing a like fluid, and also a fine areolar tissue, in small quantity. The fluid was nearly clear, limpid, strongly albuminous, in parts yellowish, in parts of a deep blood colour, tinging the general tissue with the same hue. But a considerable portion of the tumour was quite different in character, being composed of dense white matter, part crumbly like tubercle, part diffluent; this portion also contained transparent cysts of small size, and the limpid fluid from the general mass deposited sediment similar (under the microscope) to this dense matter. This tumour occupied most of the abdominal cavity, the viscera having been pushed aside by it; it adhered to the parietes, but not to the intestines, and was attached to the uterus by a pedicle formed of the healthy ligament. A small tumour of the same character was connected with the right ovary, which was itself converted into a small cyst, with dense walls. The uterus and all the other viscera were healthy. The abdomen contained much clear brownish-yellow fluid.

By the Microscope.—The dense white matter, whether forming the tumour or deposited from the fluid, consisted of cells, mostly approaching the spherical shape; the largest the 1-1800th of an inch, but most were much smaller; they contained a nucleus, had a sharp outline, a mottled character, and rather a dense tissue, the double outline being only visible in a few. There were some large cells, and collections of oil globules in cells, and free oil globules also. The liver was gorged with oil. The patient was aged 45. She had two children. Her health began to decline in July, 1848, commencing with diarrhœa and irregular menstruation. She improved by change of climate for a year, her menstruation continuing irregular; diarrhœa then returned, and continued at short intervals, often quite incontrollable. The stools were pale. She declined very gradually, but her countenance wore the aspect of malignant disease only for the last three weeks. Emaciation became very great. A month before death she had a sharp attack of peritonitis. Fluctuation was distinguished in the abdomen early in the last year of her life, but no tumour was distinctly felt till six months before death, probably in part from constant tympanitis. She had lost relations of phthisis. She died July, 1850.

October 3rd, 1850.

MR. W. H. PARTRIDGE IN THE CHAIR.

A protracted case of Chest Disease; late Development of Cavities in the Apices of the Lungs; scattered Tubercles; Sudden Death from Pulmonary Hæmorrhage.—By Dr. Russell.

The tissue of the lungs were generally very dense, and of an iron-grey colour; miliary tubercles were disseminated throughout, but had nowhere coalesced. Dense friable nodules, were scattered through the lungs, some appeared, on section, made up as it were of grey granulations; others were more uniform in texture. There was a very large cavity in the apex of each lung, in the right occupying almost the whole upper lobe; the cavities were free from anfractuosities, and were sparingly lined with lymph in patches; large tubes opened into them. A second cavity in the left apex, was quite filled with blood, and seemed the source of the fatal hæmorrhage; the trachea and primary bronchi contained much blood, but particularly the large tube leading to this cavity. Both lungs were capped with very dense false membrane; the bases of the lungs were loaded with diffused blood. The auricles of the heart were much dilated and hypertrophied; the tricuspid orifice was very large. The liver was free from fat. There were ulcers in the intestines. The patient was a female aged 29, a burnisher. She had suffered from chest symptoms for ten years. Her chief symptoms were cough, with mucous expectoration; dyspnœa was the most prominent symptom; it steadily increased, and at last quite prevented her taking exercise. She fell into an anæmic condition. Up to within six months of her death repeated examination failed to detect any disease in the lungs. Her symptoms then grew worse, diarrhœa came on, and after rather profuse hæmoptysis on two successive days, she died suddenly, with a gush of blood from her mouth. Her catamenia had ceased for the last year. She inherited consumption.

Strumous Disease of the Testis; originating in Gonorrhœal Irritation.—By Mr. Pemberton.

The disease had affected the left testis; it was of double size. A firm, yellowish-white, tubercular matter occupied the place of the proper tissue; the epididymis was quite distinct, it contained strumous matter. The brain was soft; copious milky serum was in the ventricles and between the membranes; the arachnoid was thickened. The patient had been a footman, aged 21. The disease followed on gonorrhœa six months ago, and was improving by treatment, when he died unexpectedly in a typhoid state.

A very protracted case of Chest Disease, the patient becoming Anæmic, and dying with scattered Tubercles and large Cavities in the Apices of the Lungs.—By Dr. Russell.

Both lungs were universally and most powerfully adherent, their tissue was very dense and firm, of an iron grey colour, with copious intermixture of black.

Miliary tubercles, less opaque than usual, were scattered through the upper lobes, but had nowhere coalesced. There was a moderate-sized cavity in the right apex, with a horizontal series of smaller ones just beneath, communicating with each other. The left upper lobe was hollowed by one enormous cavity, with ragged tails of pulmonary tissue hanging into it; there was a second beneath it. Some firm nodules, having a granular section, in the left lower lobe. The cavities had no lining, the coal-black pulmonary tissue being exposed; they were opened in extracting the lungs. Dense false membrane capped each lung. The large bronchial tubes were hypertrophied. Liver universally adherent to the diaphragm. The intestines adhered in several places. There were no tubercles nor ulcers. The patient was a brush-maker, aged 60. He had chest symptoms for twenty years; a winter cough for several years, with expectoration; and dyspnœa, gradually increasing, for some years. He recovered less completely from his later illnesses, emaciated, and fell into an anæmic state. His dyspnœa increased. His death was hastened by diarrhœa. The cavities were not indicated three months before death. Expectoration was not very abundant. His parents were asthmatic, but there was not any consumption tending in the family.

Phthisis, running a slow course, with symptoms of Debility and much Hysteria; large Cavities in the Lungs; scattered Tubercles.—By Dr. Russell.

Miliary tubercles were thickly scattered through both lungs, but had nowhere coalesced. The intermediate tissue was free from condensation. There were large cavities in the upper part of both the lungs, one only containing a thin, half-purulent fluid. Both lungs closely adhered by their apices. The intestines were healthy. The stomach and its mucous membrane were thickened and coarse. The liver-cells contained some fat. The patient was a female, aged 34; ailing twelve years. Her cough began two years and a half ago. Her decline was very gradual. Her symptoms were often disguised, and aggravated by hysteria. She had gastralgia and painful menstruation, with aggravation of her symptoms at her menstrual periods. Her bowels were irregular, constipated, or violently relaxed. She had hæmoptysis, and was of a consumptive family.

Obstructive Disease of the Mitral Valve, with Atrophy of the Muscular Parietes of the Heart.—By Mr. Bindley.

The mitral orifice was much obstructed, and narrowed by the thickening of the inner margins of the valves, and by calcareons deposit; and there was a layer of lymph in the lining of the left auricle. The heart was atrophied, small, and flaccid, with thin walls and rather large cavities. There was some soft lymph upon the auricular appendages, and turbid serum in the pericardium. The patient was a female, aged 50. She had cardiac disease for three years, and acute rheumatism thirty years ago. Dropsy commenced six months before death. Towards the close there were some slight attacks of pericarditis. She died comatose, the dropsy having diminished.

A Remarkable Cyst Expectorated.—By Dr. Russell.

A cyst an inch long, with a pedicle attached, resembling the stomach of a small animal, was expectorated by a middle-aged man, in a slight feverish attack. The cyst was distinctly vascular, but had collapsed when shewn to Dr. Russell. The patient quite healthy.

Uterus with Appendages, after adhesion of the Placenta and Puerperal Fever; Death fourteen days after Delivery.—By Mr. Bindley.

The cavity of the uterus was large; its internal surface was congested, and covered by thick dark fluid; a thin layer of placenta, decomposed, adhered. The sinuses did not contain pus, and were free from inflammation; the external surface, and the appendages were covered thickly with lymph. The right ovary was tumid; some of its vesicles were enlarged. The general peritoneum was inflamed and soft and adhered slightly to the viscera; some soft lymph had been effused. The liver was superficially softened. There were two quarts of fluid in the peritoneum, containing lymph and pus, and half a pint of reddish serum in the right pleura, with injections of the membrane. The skin was of a yellowish tinge. The patients's age was 37; she had seven children. She was delivered of a seven-month's child; the labour was natural, the placenta adhered but was readily separated, and there was little hæmorrhage. Low fever set in in a few days, with suppresssion of lochia and of milk; there was diarrhœa with pale stools and bilious urine; also tympany but little tenderness, and towards the last, pleurisy of the right side took place, jaundice occurred within thirty-six hours of death, and she died fourteen days after delivery. The attack could not be traced to contagion.

Perforating Ulcer of the Stomach.—By Mr. Hoskins.

The perforation was in the anterior wall of the stomach, a few inches from the cardiac extremity, it was of the cardiac extremity; it was of the size of a sixpence, with thick abrupt edges; the mucous membrane of the organ was thickened and very vascular in some places, but free from any other ulcer. The liver was not adherent. There were two quarts of sero-purulent fluid in the abdomen, and lymph had been deposited upon the intestines. The patient was a girl aged 14. She had been ill for a month with gastralgia, increased by food but not by pressure. She had occasional sickness and nausea, and her appetite was variable; she also suffered from constipation; she never had menstruated, and had a decidedly anæmic appearance. The symptoms of perforation occurred suddenly, after perfect relief from treatment. She died within sixteen hours.

ROYAL MEDICAL & CHIRURGICAL SOCIETY.

TUESDAY, FEB. 11, 1851.—DR. ADDISON, PRESIDENT.

On the 8th of January, a "Case of Cæsarian Section" was read by Dr. West, followed by some remarks on the peculiar sources of danger attendant on the operation. At the conclusion of these remarks Dr. Lee entered into a history of the operation, to which he is strongly opposed, and at the instance of Dr. Murphy the debate was adjourned to the above date, when the following was read, entitled,—

A Case of Cæsarian Section.—By Henry Oldham, M.D.

The subject of this case was a rickety, deformed girl, aged 23, unmarried, pregnant with her first child, and seven months gone in gestation, when first seen by Dr. Oldham. On examination, the pelvis was found to be reduced to two inches in its conjugate diameter, and the uterus was much anteverted.* The membranes were punctured for the induction of premature labour, in a few days after she was seen, September 23rd, 1850. On the following morning, the left arm was found in the vagina, but labour did not come on until nine A.M. on the 26th. In twelve hours the os uteri was dilated, and then some attempts to deliver her were made. The child could not be turned; but by drawing down the protruding arm, which, from commencing decomposition, soon gave way, and pressing the abdomen from below, the head was brought over the brim, and was at once perforated. For four hours the crotchet was employed both inside and outside the head, the bones of which were completely torn up, but without drawing it through the brim. At this time, a new impediment was found to have arisen, from the descent of the right hand and a foot, by the side of the collapsed head, into the pelvic brim; and, on watching the effect of labour-pains, all these parts were felt to be squeezed together in the narrow inlet of the pelvis, each preventing the other's descent. It was attempted to bring down either the foot or hand, but only the slippery tips of each could be touched, and they could not be moved. The patient had now been seventeen hours in labour, and it became a question for serious consideration and consultation, whether she would be able to sustain the necessary efforts for her delivery, and whether it would not be for her benefit to perform the Cæsarian section before exhaustion came on, which at length was determined on. The operation was performed by Mr. Poland, without difficulty, and with little hæmorrhage, the patient being under the influence of chloroform. The incision, five inches long, was slightly curved, and a full-sized seven months' fœtus was removed, and afterwards the placenta and membranes. For two days the patient did well, but then exhauston came on, and she died. While she lived, she was kept under the influence of opium, and was sustained by simple cold drinks. On post-mortem examination, there were some slight traces of peritonitis near the uterus. The external opening was closed, and its edges adherent, but the uterine incision was gaping. The larger omentum was indurated and inflamed, and so drawn across the uterus, above the incision, as to prevent any discharge from the latter organ escaping into the peritonæal cavity. Two practical questions were suggested by this case. 1st. What was the best plan to attempt to follow out in the delivery at first. 2nd. Were the complications such as to justify the Cæsarian section. With respect to the first, two plans of treatment might be adoptod: 1. To induce labour and deliver by craniotomy; 2. To allow her to go the term, and then perform the Cæsarian section. In determining in favour of the former, the author was guided by the great probability—with a conjugate diameter of two inches—of being able to deliver with the crotchet, and he considered that his inability to do so, arose from the complex presentation. With reference to the second, he was induced to have recourse to the Cæsarian section, from a conviction that the patient would probably sink under the prolonged efforts at delivery; and a case was related which occurred in the lying-in-charity at Guy's, under Dr. Ashwell, where a woman, with a far less contracted pelvis died undelivered, after the powerful and sustained efforts to relieve her. It was remarked that the girl had but a feeble constitution, which would ill support so hard a trial of its powers, and the condition of the vagina was particularly noticed as retaining the marks of early age, being structurally weak and easily lacerable, and most unfavourable for a long craniotomy operation. Under these circumstances the Cæsarian section offered a speedy and sure, instead of a prolonged and doubtful delivery. It was not yet forbidden from exhaustion, or any signs of inflammation; on the score of suffering it contrasted most favourably with the persistence in the use of the crotchet; and, upon the whole, it was judged to offer a better chance of ultimate success. The curve in the incision was suggested to catch the outline of the muscular fibres on the inner surface of the uterus, and so favour the closure of the wound. The scanty hæmorrhage during the operation was in a measure accounted for by the uterus being at the seventh instead of the ninth month, by the placenta being attached to the posterior wall and the uterus being opened low down towards the cervix, where the veins were less developed. Chloroform was said to be a gain in every way, and the after-treatment by opium appeared satisfactory.

The abstract of Dr. West's paper, read at the last meeting, was read, and immediately afterwards Mr. Wren got up to address the meeting. The President, however, reminded him that Dr. Murphy had moved the adjournment of the debate at the last meeting, and to him was due the privilege of commencing on the present occasion.

Dr. Murphy had moved the adjournment of the debate with great reluctance. Adjourned debates in that Society were seldom desirable; but in the present instance the adjournment would be of advantage, because it was impossible at the last meeting to answer Dr. Lee on the spur of the moment. Dr. Lee had come down to the Society with a written document, prepared with great care, and referring to facts which it was impossible at the time to analyze fairly or to answer with effect. He (Dr. Murphy) hoped, however, to be fortunate enough now, by an examination of the facts and arguments brought before the Society, to put the question fairly before the fellows. It would be in the recollection of the Society that Dr. Lee in the communication referred to had professed to give the history of the Cæsarian section. He quoted Guillameau's ill suc-

* The skeleton pelvis was exhibited.

cess and Mauriceau's consequent condemnation of the operation, which he described as being at once *inhuman, barbarous, and cruel.* He showed the effect of Mauriceau's opinion upon the operation, which was silenced not only in France, but in England, Mauriceau's great work having been translated by Chamberlen. The operation was subsequently reviewed on the Continent, not in consequence of any change in medical opinions, but because of the opinions of the Clergy. They held that the child had a soul to be saved as well as its mother; and inasmuch as the Romish Church required for that purpose a certain rite to be performed while it lived, they could not reconcile to themselves the frequent destruction of the unbaptized infant. Dr. Lee then brought before the Society a table of the results of the Cæsarian section amongst British practitioners, and casting a doubt on the authenticity of the cases of Mary Donnelly and Mr. Browler, arrived at the conclusion, that in British midwifery no single well-authenticated instance was on record of a mother recovering after the performance of the Cæsarian section. Dr. Lee then drew a parallel between the advantages of the Cæsarian section and the induction of premature labour in cases of deformity, and having given a history of the introduction of the latter into the practice of midwifery, proved its superior value to the Cæsarian section. The gist of Dr. Lee's argument amounted to this. Why did not Mr. Wren, who had charge of his case from the fifth month, having been warned by the presence of what appeared to be rheumatism, great difficulty in walking, and other symptoms, detect the presence of a deformed pelvis in his patient, and induce premature labour? Dr. Lee then alluded to the case which was under the care of Dr. Rigby and Mr. Skey, and inquired why premature labour was not also induced in that case? Lastly, Dr. Lee quoted a case of Dr. Simpson, occurring at Cupar. Dr. Simpson had seen the patient previously to the labour, and had given it as his opinion that, in consequence of the very contracted state of the pelvis, the Cæsarian section was the only mode in which delivery could be effected. When labour came on, Dr. Simpson was sent for, a distance of thirty miles, but before he reached Cupar the woman had been delivered by the natural efforts. This excited great amusement, and, as the report in the *Lancet* stated, Dr. Lee sat down amid cheering and roars of laughter from all sides. Now he (Mr. Murphy) respectfully protested against the principle that a Society like that should be made the medium of personal attacks upon our brethren in the profession, because such attacks naturally led to replies, the replies are answered, and retort and recrimination are the result, so that our discussions, instead of being confined to the real questions at issue, became more like the angry altercations of a mere debating club.

The PRESIDENT certainly did not consider that Dr. Lee had been dealing in personalities at the last meeting, or he should have stopped him. Dr. Lee was dealing, as he had a right to do, with individual opinions.

Dr. MURPHY admitted the distinction drawn by the President; he knew he would not intentionally tolerate personalities; but still he (Dr. Murphy) contended, that unjust reflections cast upon the practice of a professional man were a most serious personal injury to him. They should not be made without just grounds, and were most inconvenient in such a Society as this; they tended to draw us away from the real subject under discussion. He would, however, say no more on this point, but again return to Dr. Simpson's case, which Dr. Lee had very imperfectly stated. From the account given by him there was no distortion of the pelvis, no reason why such an operation should be resorted to, and that delivery by the natural efforts should have been expected as a matter of course. He (Dr. Murphy) held in his hand Dr. Simpson's account of the case—a case which that gentleman considered to be unique, and one to which he (Dr. Murphy) had seen only a similar instance in the Dublin Lying-in Hospital. Now, first, with regard to the pelvis in this case, he would beg permission to read Dr. Simpson's account of it:—"Early in March I visited Mrs. D—— along with Mr. Wiseman, Dr. Graham, and Dr. Grace. I found fully borne out the correct description which had been previously given me of the excessive deformity of the pelvis. The sacrum was straight above, so that the promontory did not probably encroach on the brim;" (here Dr. Lee stops in his account of it;) "but its inferior extremity was strongly and abnormally curved forward. In front the walls of the pelvis felt doubled and collapsed together, and the outlet, which was the only part that could be very accurately examined, was exceedingly deformed and diminished in size. The transverse diameter was particularly contracted. I found it impossible to introduce two fingers between the tuberosities of the ischia." Such then, being the pelvis, how was it possible that a child could be forced through it by the natural efforts? The description of the child resolves the enigma:—"The infant had been dead for some time *in utero*. It looked nearly its natural length; and as it lay extended on the table, it measured eighteen inches and a half from the crown of the head to the heel; but its limbs and body were thin, lank, and atrophied, and its weight was only three pounds three ounces. Its head appeared very large and disproportionate in size, and indeed had been considered hydrocephalic. This seeming increased volume, however, was not the consequence of effusion, but the result of putrefaction. The encephalon was in a dissolved and semi-fluid state; and as the head lay on the table, it was extended and flattened out laterally and superiorly, as if it consisted of a bag or bladder, half filled with liquid or semi-liquid contents; and such, in fact, it really was. In all, the bones of the arch of the cranium were separated from their attachments, and floated about in the dissolved and liquefied cerebral matter. The bones of the basis of the skull were also loosened, and more or less separated from each other—a rare occurrence. . . . The symphyses, even of the inferior as well as the superior maxillary bones, were loosened, and admitted of free motion."* So that it would appear from this description, so minutely detailed, that not a single bone of the cranium was joined together, and the child of course readily passed through under such circumstances. So much for the case of Dr. Simpson. He would now refer to the case of Mr. Wren and Dr. West. Dr.

* Case of Delivery, by J. Y. Simpson, p. 12, 13.

Lee inquired—"Why was not premature labour induced at the fifth month?" He (Dr. Murphy) would put the question to Dr. Lee—"On what grounds should it have been done?" There was no outward sign of deformity; the difficulty of motion was not so great as to lead to the suspicion of the presence of mollities ossium. This patient, the day before the commencement of labour, had actually stood up and assisted in hanging some curtains, so that there was no ground to suspect such deformity as was met with. The Society will also recollect that this was a first pregnancy; and the most eminent authorities laid it down as a rule that the practitioner had no right to induce premature labour in a first pregnancy, as no one can tell beforehand the exact amount of disproportion that might exist, or that the pelvis would not admit of delivery of the child by the forceps. In this present case Dr. Murphy would defy any one to know beforehand that it would be a case in which the Cæsarian section would be required. Dr. Lee himself admitted that such was the rule of practice, because he claims to be the first who broke through the rule; only twelve years ago, in 1838, he for the first time induced premature labour in a first pregnancy, and claims the merit of originality for this operation. Mr. Wren, then, only acted on the rule generally laid down, and on this ground, as well as others which he had stated, the Society would at once acquit Mr. Wren of the charge which had been made against him, of want of professional knowledge in allowing the case to go on to the full term. But to return to Dr. Lee's history of the Cæsarian section. He never heard a more ingenious way of getting through a question than that pursued by Dr. Lee. In fact, he had gone quite beside the real question at issue; which was not between the induction of premature labour and the performance of the Cæsarian section, for no one would resort to the latter when the former could be employed. The induction of premature labour is an operation as much superior to craniotomy and evisceration as it is to the Cæsarian section; and he would ask Dr. Lee how it was that, premature labour being so safely and easily performed, he had enumerated one hundred and twenty-seven crotchet operations, and had induced premature labour in only six of them? He put this question with great reluctance, in order to point out one of the inconveniences that must inevitably attend the mode of discussion that Dr. Lee had thought it right to take on this occasion. The real question at issue was the relative value of the Cæsarian section and craniotomy in certain cases of greatly contracted pelves, cases in which delivery is sometimes impossible by the ordinary means, and in others attended with such difficulties, in the attempt to deliver by the crotchet, that the danger to the mother is as great as in the Cæsarian section. The first case of this kind—one of malacosteon—he (Dr. Murphy) would quote from Mauriceau. His twenty-sixth Observation—a most remarkable one, because this was the case given to Chamberlen, to deliver with his newly-invented forceps. This woman had been eight days in labour. On the 4th day Mauriceau saw her, and found that he could not deliver her. Having ordered remedies then popular, to bring on and increase labour-pains, he returned three days afterwards, and having carefully examined her, found that he had not room to move his fingers in the pelvis, much less to use instruments to deliver her. A student of Mauriceau suggested the Cæsarian section; but no, Mauriceau would not hear of it. He would rather allow the woman to die undelivered than undertake such a proceeding. Fortunately, Chamberlen came to his relief. He tried his forceps when the uterus was in a state of gangrene, and of course it was said that all the mischief—rupture of the uterus, &c.,—was caused by the forceps. He (Dr. Murphy) believed no such thing. It was the first case of mollities ossium, in which even Mauriceau could not effect the delivery. Another case of malacosteon is related by the eminent Hamilton,* the case of Mrs. Scott, who was brought into the Edinburgh Hospital. Labour commenced at three A.M. "At six the pains increased so prodigiously, both in frequency and strength, that there was the greatest reason to dread, during every pain, a rupture of the uterus." An examination being made, no part of the child could be felt; but subsequently, the head being just felt above the brim, it was unfortunately determined to wait a few hours, and in the interval the uterus was ruptured. Mr. W. Barlow had a case of mollities ossium, which died undelivered of ruptured uterus. Mr. Dunlop another. Mr. Ridgeway a third, who was sixty hours in labour; the vagina torn, and died undelivered.† If we pass from these to modern authors, Dr. Meigs relates a case, (I am not sure that it was mollities ossium,) in which labour began on the 14th of June, 1831. A consultation of the most eminent men was held on the 16th, when Dr. Physick opposed the Cæsarian section. Dr. Meigs undertook craniotomy, and was from half-past ten P.M. to four A.M., endeavouring to extract the child. He renewed these attempts at intervals during the whole of the following day, and at length, on the third morning, after the patient had been given an opiate, and slept a little during the night, he succeeded. This lady recovered, and was afterwards twice delivered, by Mr. Gibson and Dr. Fox, by the Cæsarian section, with perfect success, of living children. Such is the evidence of the result of extreme contraction in the pelvis; and the last he shall quote is Dr. Lee himself. In his clinical Midwifery, Dr. Dee relates the case of Mrs. Jarvis, In January, 1830, she was delivered by the crotchet with extreme difficulty. On July 11, 1832, again delivered at the full term with great difficulty; premature labour was not yet induced. But on the third occasion, June 1833, abortion was induced at the fifth month successfully. Again, Feb. 12, 1835, at the beginning of the seventh month, also successfully. But the fifth time, Jan. 19, 1836, Dr. Lee again tried, when the patient was at the end of the sixth month of pregnancy to induce premature labour, "the os uteri was, however, so high up, that he could not reach it with the point of the finger, or introduce the catheter, to perforate the membranes." On Feb. 12, Dr. Lee again tried, and again failed, "partly in consequence of the forefinger of the left hand being nearly deprived of sensation and the power of motion from a dissection wound. Ergot of rye was then tried unsuccessfully,

* Outlines of Midwifery, pp. 285, 287.

† Hull's Appendix to Baudeloque's Memoirs, p. 150.

and at length, March 24th, Dr. Lee, having had an instrument made for the purpose, succeeded in perforating the membranes. The pains began on Friday the 25th, and continued to Wednesday the 30th, when Dr. Lee feared that it would be necessary to have recourse to the Cæsarean section."* Such, however, was not the case, because, at last, Dr. Lee succeeded, after immense difficulty, in extracting the child—and what was the result? the woman died twenty-four hours afterwards, of ruptured uterus. This was the only case of malacosteon that Dr. Lee had met with in practice. These were the kind of cases that, in the spirit of fairness, should be compared with those in which the Cæsarian section was performed. He (Dr. Murphy) might go into the details of cases showing similar difficulties in cases of rickets, pelvic tumour, &c., but time will not permit, the casts on the table of the Society will speak for themselves. He (Dr. Murphy) maintained, therefore, that when we were so uncertain of saving the mother's life by craniotomy, in such cases we were bound to consider the life of the child, and to give it the chance of being saved by the Cæsarian section; and before sitting down he would entreat the Society to examine with Dr. West into the causes of failure in this operation, and ascertain whether it is possible, by an improved knowledge, to render it more secure to the mother.

[To be concluded in our next.]

Foreign Department.

PROCEEDINGS OF THE FRENCH ACADEMIES.

ACADEMIE DE MEDECINE.

A DISCUSSION on the powers of *Arsenic in Intermittent Fever* arose on the occasion of a memoir by M. FUSTER. This gentleman expresses his belief that pernicious intermittents, however rebellious to quinine, will yield to the arsenical treatment, and states that he has never observed any of the injurious consequences usually laid to the charge of this medicine.

Dr. ARAN read a paper "On *Local Anæsthesia*," especially in reference to the comparative merits of the various known anæsthetic agents.

M. RENDU related a "Case of Foreign Body Impacted in the Larynx." As a boy, aged 5 years, was playing with a haricot bean in his mouth, he suddenly cried out, and was seized with urgent dyspnœa and convulsive cough; these symptoms soon abated, but reappeared in the evening with such intensity that on the eighth day it was necessary to perform tracheotomy. The opening made, the suffocation ceased, but nothing escaped. It remained open for fifteen days, and then closed spontaneously; the closure was followed by the reappearance of suffocation, but in a minor degree. One day, being seized with a violent fit of coughing, the bean was expelled, after which the child recovered.

* Lee's Clinical Midwifery. No. 146-150, 1st edition.

ACADEMIE DES SCIENCES.

AT this Assembly among other memoirs was one by M. BOURGUIGNON, "On the *Contagion and Treatment of Itch.*" As the result of his study of the subject he informs us:—

1. That there is no incontestable instance of the transmission of itch from the horse to man; every such supposed instance on examination exhibiting the true acarus of the human subject.

2. The same may be said of the dog-itch. It does not follow, however, that these eruptions in the lower animals may not give rise to cutaneous eruptions in the human subject, though not to true scabies.

3. As the result of actual experiment, the author determined the converse to the above proposition to be true; the acarus of scabies will live in the skin of the lower animals, but does not produce scabies.

In a subsequent part of his essay M. Bourguignon details the results of his experiments on the treatment of itch.

1. Frictions with simple oil destroy the acarus, but do not kill the larvæ of the insect. 2. Frictions with oil and sulphur kill both insect and ova, but give rise to considerable cutaneous irritation. 3. Frictions with oil and gunpowder were equally fatal to the insect, but produced eruptions almost as troublesome. From these and other experiments the author finally concludes that many different topical applications are equally efficacious in destroying the itch insect, but he gives the preference to sulphur ointment and the sulphureo-alcaline ointment of Helmerick, and these he asserts will cure the disease in forty-eight hours, if the patient during that period is anointed from head to foot every twelve hours.

The following prizes were decreed:—

To M. Jobert de Lamballe 2500fr. (£100) for his treatise on "Plastic Surgery."

To M. Guillot 1000fr. for an improved lithotrite.

To M. Morell Lavallee 1000fr. for his "Essay on Hernia of the Lungs."

To M. Herpin 1500fr. for a work on "Epilepsy."

To Dr. Delesianve 1000fr. for a work on "Epilepsy."

To M. Vrolik 1000fr. for a work on "Teratology."

FRANCE.

Syphilitic Muscular Retraction.

This is the name given by Dr. Notta, (*Archives Générales*, Dec., 1850,) to one of the later consequences of the syphilitic poison. The muscles chiefly affected are the flexors; the extensors, according to the author's experience enjoy a complete immunity. In all his cases, the upper limbs were the seat of the disease, and the right arm more frequently than in the left. For this reason the author thinks that muscular action may be a predisposing cause.

The proximate cause of the affection is syphilis, but in order to ascertain whether it could be referred to rheumatism, the author interrogated his patients. It

appeared in the result of his inquiries that none were the subject of rheumatic pains either before or during the attack of muscular retraction. In most of his cases the author had some difficulty in assuring himself of the pre-existence of primary symptoms, but out of six cases he found no difficulty in gaining the admission of secondary accidents in four. The retraction of muscles appears late in the category of the consequences of syphilis, and appears allied in time to the appearance of what are known as tertiary phenomena.

The commencement of the retraction was preceded by pains in the affected limb in five cases. It progressed very gradually, almost insensibly; the affected muscle, the biceps for instance, becomes shortened, so that the arm cannot be extended as usual. The muscle is neither tumefied nor altered in form. The skin remains perfectly natural in appearance.

No pain accompanied the attempt to flex the affected limb, but if it was extended forcibly it gave rise to considerable suffering in the tendinous portion of the muscle. Pressure did not give rise to pain in any case when made over the fleshy portion of the muscle.

Left to itself the disease may remain stationary, or proceed until the forearm is completely flexed upon the arm. It is not a dangerous affection in itself, but as an evidence of the syphilitic poison, it must always be regarded with interest. According to the author, it differs from the syphilitic retraction described by Ricord, as well as from the syphilitic affections of muscles alluded to by Vidal and M. Bouisson, in which the retraction is a symptom only of a distinct tumefaction—of the "tumeur gommeuse," while in the disease in question the retraction is the disease itself.

The treatment adopted by the author and with general success, is that adapted to consecutive symptoms, consisting of the iodide of potassium and mercurial frictions. He also derived benefit from blisters over the painful points.

GERMANY.

On the Urine in Pneumonia.

Dr. Redtenbacher (*Zeitschrift der k. k. Gesellschaft der Aertz zu Wien*, Aug., 1850,) gives the following as the result of a patient investigation of the questions:—1. What is the relation of the inorganic salts to the specific gravity of the urine? 2. Is there any intimate connection between the variation in the salts and the increase and duration of certain diseases?

1. The quantity of inorganic salts is not subject to great variations, so that they do not exercise any great influence on the specific gravity of the urine; it is the organic constituents—urea and uric acid—which chiefly affect its density. Urine of high specific gravity may contain a small quantity of inorganic salts, while a tolerably large amount may exist in urine of low specific gravity.

2. The quantity of chlorides in the urine has a direct relation to the intensity of the inflammation in cases of pneumonia. When the urine of a healthy person is treated with nitrate of silver, after being acidulated with nitric acid, the copious precipitate of chloride of silver shows the presence of a considerable quantity of chlorides. If the urine of a patient labouring under pneumonia be examined, a normal quantity of chlorides will be found at first; this gradually diminishes as the inflammation advances, until, when hepatisation is perfect, the chlorides entirely disappear, so that nitrate of silver does not even produce a cloudiness after long standing. When the inflammation, or rather the hepatisation, again recedes, the chlorides re-appear, and continue to increase as the disease advances towards cure. This diminution and re-appearance of the chlorides in pneumonia has been constantly observed by Dr. Redtenbacher, in upwards of eighty cases; and further, the smallest quantity of chlorides always accompanied the most intense inflammation, and the rapidity or slowness of their decrease or increase was in constant relation to the rapid or slow course of the disease. The re-appearance of the chlorides constantly accompanied the retrogression of the inflammation; their presence in the urine, indeed, often preceded the signs furnished by percussion in denoting incipient recovery.

It is true that, in typhus, acute rheumatism, and capillary bronchitis, the chlorides are diminished in quantity; but this decrease is not constant, nor does it appear at any certain period of the disease. In tuberculous infiltration, the chlorides are present in normal quantity, but diminish for a short time under a fresh addition of infiltration.

It might be objected, that the chlorides in the urine are chiefly dependent on the culinary salt taken within the food; but if this objection were of any force, they would be diminished in all diseases in which less food is taken, which is not the case. Besides, one-half of the patients with pneumonia had, throughout the whole course of the disease, taken drink acidulated with hydrochloric acid, yet the same phenomena were manifested, and there were no chlorides in the urine, when the disease was at its height.

It must hence be concluded that the removal of the chlorides from the urine during the course of pneumonia belongs essentially to the disease, and that they must be disposed of in some other manner.—*London Journal of Medicine*, December, 1850.

General Retrospect.

PRACTICAL MEDICINE AND PATHOLOGY.

Communication between the Stomach and exterior of the Abdomen.—By Dr. Robertson.

Isabella Davidson, aged 36, was in good health up to 14, when she became subject to darting pains in the epigastrium, which were increased by pressure, and recurred at intervals for seven years, accompanied by flatulence, costiveness, and eructations. At the age of 25 she first observed an elastic tumour between Poupart's ligament and the short ribs, which often

shifted its place, and finally disappeared after an attack of diarrhœa. In the year 1842 she again noticed a small tumour in the left side of the epigastrium, which steadily increased till it reached the size of an orange. This also disappeared, but in its place remained a dark spot, the size of half-a-crown. Her general health now began to suffer.

On the night of October 22, 1844, while washing some clothes, she felt the spot give way and fluid trickle down. She immediately stripped, when she found the contents of her stomach escaping. She swallowed draughts of milk, which rushed out of the opening.

She was attended to by Dr. F. Douglas, of Kelso, and by the end of January, 1845, the opening had completely cicatrized. Early in 1846, however, the cicatrix became red, and the fistula was re-established. It again cicatrized, and again re-opened in June, 1847, since which time it has remained open. Her health is tolerably good, but she is obliged to remain much in bed.—*Edinburgh Monthly Journal*, Jan., 1851.

Tincture of Sumbul in Hysteric Epilepsy.

By Dr. Pettigrew.

The author gives the following case, in which there was an hysterio-epileptic condition, combined with amenorrhœa, in which the effects of sumbul are said to have been miraculous:—

A female aged 21, diminutive, idiotic in expression, had never menstruated, was the subject of an epileptic seizure daily or oftener. She took ten drops of the tincture of sumbul three times a day. She began on the 20th of June, 1850.

July 2nd.—She had had two fits on the 29th, and one on the 30th, none since. She walks more steadily, intellect improved.

17th.—The intensity of the fits has diminished, not becoming unconscious; is stronger. Dose increased to twelve drops.

30th.—Has had four fits but much milder in character.

August 13th.—Has not been unconscious since last report; answers questions briskly; walks steady; and is altogether a different being.

Dr. Pettigrew does not adduce this case as a cure, but considers that the drug afforded great relief under most unpromising circumstances.—*Lancet*, Jan. 25.

Disease of the Pancreas—Diagnosis.

By Dr. Fearnside.

After detailing two cases of obscure abdominal disease, in which, after death, the pancreas was the organ chiefly affected, Dr. Fearnside offers the following remarks in diagnosis:—

The earliest phenomena in both cases were the gradual failure of the general health and faulty digestion. To this succeeded *deep-seated pain in the epigastrium*, aggravated a few hours after food; but this he observes may be due to a concomitant irritation of the mucous membrane of the stomach. *Gastrorrhœa* was present in both cases, but as the pancreas was diseased to such an extent as to prevent secretion, he justly supposes this symptom to be due to vitiated action of the mucous membrane of the stomach.

In one case *ptyalism* was a prominent symptom, and has been noticed in other cases of pancreatic disease. The tongue was *pale and clean* in both cases; the appetite variable.

In one case, *abdominal pulsation* was present. This is a symptom much insisted upon by Professor Siebold, when coexisting with other signs. The urine did not assist the diagnosis. *Emaciation and anæmia* were marked symptoms. From a comparison of these symptoms the author concludes, that though none are in themselves pathognomonic, the reunion of several affords strong probability of pancreatic disease.—*Medical Gazette*, December 6, 1850.

SURGERY.

Severe Fracture of the Os Frontis without symptoms of Compression.—By B. Sealy, Esq., M.R.C.S.

James Taber, aged 11, of Bishopstone, Wilts, received July 29, 1850, a severe kick on the forehead from a cart horse. On seeing him at 9 o'clock in the evening, about two hours after the accident, he was found partially insensible from concussion of the brain, but on rousing him he could answer questions rationally, quickly however, relapsing into his former semi-conscious state. On examining the head the author found a semi-circular scalp wound above the frontal sinuses, exactly in the centre of the forehead, corresponding with the shape of the horseshoe, with the convexity downwards, and about four inches in length, from which there had been much hæmorrhage. There was extensive fracture of the skull, a portion of the frontal bone being driven to the depth of more than half an inch, forming a cup-like cavity, the floor of which was about an inch long and three-quarters of an inch wide, entirely denuded of covering. The sides of this cavity sloped inwards, so that the brim was considerably larger than the floor. The fractured portions were of an irregular shape and firmly imbedded. There were no symptoms of compression; vomiting had taken place once, and he passed his water freely. Gave him Hydrarg. Chlorid., gr. iv., and applied cold-water dressing to the wound. When left alone in bed, the boy lay very still in a kind of stupor, but breathing regularly and quietly.

July 30th.—The author saw him at eight o'clock this morning, with Mr. Hind, of New Swindon. He had passed a quiet night; been sick once, after drinking some water; bowels not open; pulse regular; skin cool; he is, apparently, quite recovered from the shock of the blow; complains of severe pain in the head, and screamed much when touched. A projecting piece of bone was removed, and after a few days the case progressed satisfactorily.—*Ibid*, Jan. 18.

New Instruments for the Cure of Stricture.

These are the invention of Mr. Wakley, jun., and consist of—

1. A catheter, thirteen inches in length, of a very small size, slightly curved at the extremity; the stem quite straight, and having at the end a worm, for the reception of the screw of the directing rod.

2. A small thumb-slide, (removable at pleasure,) screwing closely upon, and acting as a handle to, the catheter.

3. A steel rod, which passes into the catheter as far as the screw, at which part both are united by two or three turns of the rod. The rod makes an addition of five inches to the length of the catheter. The rod and catheter combined form the index-rod, or director, for the metallic and elastic tubes.

4. Of the silver straight tubes, there are nine of graduated sizes: the first is only one size larger than the index-rod, and the others regularly increase in circumference; the last, or No. 10, corresponding with that number of the ordinary bougie. These tubes are all of a conical shape at their distal extremities, and are so constructed as to fit the mouth of each tube with extreme exactness at the surface of the index-rod. They thus slide with the most perfect ease along that guide, and being directed by it, if the rod be in its proper situation, the tubes cannot take a wrong course, or make a false passage, but must pass through the stricture.

5. There are also three *elastic tubes*, composed of a flexible metal, covered with elastic-gum fabric. This combination gives to the instrument very considerable strength, without rendering it clumsy or bulky. The extremity of each of these flexible tubes has the same form as that of the silver tubes, and fits with perfect accuracy the surface of the index-rod.

The mode of using these is as follows:—

First, introduce the catheter, as gently and with as much care as possible, completely through the contracted part of the urethra into the bladder; having done this, withdraw the stilet, and the surgeon having satisfied himself, by the escape of the urine, that the instrument is in the bladder, insert the smaller extremity of the steel rod into the catheter, and having secured it, by making two or three turns of the rod, remove the thumb-slide, and then pass No. 3 silver tube upon the index-rod right through the stricture or strictures. In performing this operation, the passage of the instrument will be much facilitated by giving to the flanges a rotatory motion as they are held between the fingers and thumb. This tube being withdrawn, the others may all be passed in a similar manner, and in regular succession. The number to be introduced must of course be determined by the operator. After the last metallic tube is withdrawn, an important object is still to be secured—that of *keeping the command of a free urethra*. This is a point of considerable importance, and may be accomplished with the greatest ease, by passing one of the *elastic tubes* over the index-rod, as was done in the case of the silver tubes. One of the flexible tubes being now in the bladder, *the index-rod is to be withdrawn through it*; this may be done with the most perfect facility. The *flexible tube* may be left in the bladder, to serve the purpose of a catheter, and also to afford a safe channel or guide for the re-introduction of the silver catheter or index-rod.

Removal of the Cuboid Bone, with the two Outer Metatarsal Bones and Toes.—By Mr. Coulson.

The patient, aged 22, observed a swelling on the outside of the right foot, which became red and painful. In July, 1850, this was opened, and a cheesy matter removed. The wound continued to discharge, and it was ascertained that the bone was diseased. Mr. Coulson saw the man on the 17th October, when he found a sore on the right foot corresponding to the cuboid bone, from which there was a sanio-purulent discharge. The bone was felt to be carious, and as the patient was much weakened by pain and discharges, it was determined to remove the bone, and if the disease had implicated others, to perform Chopart's operation, or remove the foot at the ankle-joint. An incision was accordingly carried from beyond the wound posteriorly, along the outer part of the dorsum, to the extremity of, and around the small and next toes. The skin was dissected back, so as to expose the cuboid and metatarsal bones. These bones were disarticulated from the cuboid, and the latter from the os calcis, which was sound. The healing of the wound proceeded favourably, and the patient eventually was able to walk well. The disease proved to be scrofulous caries.—*Lancet*, February 1.

MIDWIFERY.

Rare Case of Complicated Parturition.

By James Gray, M.D.

The following case of protrusion of the head of the child through the recto-vaginal septum in a common head presentation, is interesting from its rarity:—

On the evening of February 26th, 1850, Dr. Gray was summoned to Mrs. Y., in her first labour. He found her with severe expulsive pains. Hearing the child cry, he examined and found as he thought the head partly born, and covered by the membranes. A more careful investigation showed that the os externum was thrust upwards and forwards, the perineum greatly distended, and the anal orifice dilated, exposing its mucous membrane to the depth of an inch. The head presented in the second position, and the membranes were entire. The next pain stretched the perineum still further, without affecting the vaginal orifice. While endeavouring to guard against rupture of the perineum, the author felt something give way, and soon a child's hand protruded from the anus; the pains increasing, the perineum was momentarily expected to give way, but by great care this was prevented, and in about half an hour the external parts relaxed, and the head came through, the hand and arm at the same time being further propelled in their unnatural direction. As the shoulders were delivered, the author contrived to push the arm back within the rectum, and it was speedily made to issue with the rest of the body, *per vias naturales*.

On examination of the parts the rent was found to be a little above the verge of the anus, but the contraction of the rectum had reduced it to a mere fissure. No treatment was required beyond cleanliness.—*Edin. Monthly Journal*, January 1851.

TOXICOLOGY.

Case of Arsenical Paralysis.—By Dr. Corton.

This is a case resembling those published by Sir C. Hastings, for which reason, together with the comparative rarity of their occurrence, we insert the subjoined account:—

Charles Wilson, 41, Swede seaman, was admitted into hospital, December 1st, 1849. He states that, accidentally, about five months ago, he swallowed some arsenic, which had been laid aside for the purpose of killing rats; that remedies were promptly used, which counteracted the primary effects of the poison; felt perfectly well for seven days afterwards, was then attacked at night with a violent cramp in the index finger of the right hand, successively invading the other fingers, and lastly the thumb, then attacking the other hand in the same manner, and finally the feet, the pain in the hands subsiding as the feet became affected; that the whole duration of cramp was about thirty minutes, after which he fell into a sound sleep, which continued until morning; that when he awoke he felt free from pain, but on attempting to rise, was surprised to find that he had lost the use of the affected parts, and was in fact perfectly helpless; and that this paralysis has continued unchanged to the present time, accompanied with a feeling of heat and numbness, which invaded the upper extremities, from the tips of the fingers to a point about three inches below the elbow, and the legs, from the toes to a point a little below the knee. Has also had lancinating pains in these parts, regularly commencing about five P.M., and continuing until midnight.

Now, paralysis and nocturnal pains continue as above stated. He can neither feed himself, nor stand alone when placed upon his feet. Has dryness in his throat, and great thirst. Nothing remarkable about his general aspect or symptoms. He had been subjected to a variety of treatment before admission. Has been mercurialized, and taken iodide of potassium. Anodynes, warm baths, good diet, were prescribed.

July 14th.—Has used for a time sulphate of quinine. Strychnine, in ordinary doses, and electricity, were persevered in for a considerable time. He has slowly and pretty steadily improved. About January 7th he first began to walk with a shuffling, unsteady gait; he soon after could use his hands in feeding himself. Now he can walk quite well, grasps the hand with some firmness, but cannot yet button his own clothing. Has had no pain for some time, save in the approach of stormy weather, when peculiar painful sensations are perceived in his fingers. On January 10th his urine was found to contain arsenic, but in May all traces of the poison had disappeared. He was discharged relieved in July.—*New York Journal of Medicine.*

Correspondence.

THE APOTHECARIES' ACT OF 1815.

To the Editors of the Provincial Medical and Surgical Journal.

Gentlemen,—Although I most cordially agree with your respected correspondent, Mr. Bree, in his remarks on the degrading and pseudo-dishonest practice of charging patients for medicine a sum which is properly due for time and skill, I must beg to be allowed to point out an error or two which, in common with many others, he has fallen into, respecting the Apothecaries' Act, and the administrators of that act. Mr. Bree speaks of the Act of 1815, as tending to perpetuate the union of the science of medicine "with a trading corporation." He says that,—"By the Act of 1815 the licence to practise the art and mystery of medicine could only be obtained by passing an examination before a board selected from a trading corporation." And, further, he asserts that,—"By that act the principle of charging for medicine was legalized; and the practice of the great body of general practitioners *since that day*, has been to charge a certain sum for the medicines taken by their patients," &c. He further alleges that the expediency of charging for medicine was created by a "legislative blunder." In all these statements Mr. Bree echoes the belief of the junior members of the profession generally, and it is because the belief *is* general that I take the liberty of saying that the prevailing impression on all these points is erroneous.

1. The Society of Apothecaries is not "a trading corporation." There does exist, it is true, a joint stock company, dealing in drugs, the shares of which are only to be purchased by the members of the Society of Apothecaries in actual practice; but the purchase of these shares does not constitute membership. There are many members who are not shareholders. Nor is it necessary that the Board of Examiners should be shareholders. It may be composed entirely of members who have no connexion whatever with the "trade."

2. The principle of charging for medicine cannot fairly be said to have been legalized by the Act, for not only was it previously legalized, but it has been decided in the courts of law that by the Apothecaries' Act the principle of charging for *attendance* has been legalized; and, in fact, the powers of this much-abused Act have deprived us of all excuse for charging for drugs, inasmuch as by it we are enabled to recover for medical attendance.

3. So far from the operation of the Act having changed the custom from charging for skill to charging for drugs, the very reverse has taken place. Before the act of 1815, if we except the charge for "journeys," in country practice, no apothecary or general practitioner ever dreamed of making any charge for visits or attendance, but only for medicines, midwifery, and surgical operations. But now the number of those who never think of charging for drugs, except with disgust and loathing, is, happily, increasing every year. Thanks to the Act of 1815, and to the improved tone of the medical profession generated by its operation.

4. Your correspondent states that "the Apothecaries'

Company has done much in raising the standard of medical education in spite of the Act of Parliament." This again is not quite correct. What would the Apothecaries' Company have accomplished *without* the Act? Clearly *nothing*. Probably Mr. Bree intended to say, "In spite of the imperfections of the Act." This is most true; and it is equally true that "as a body they have not advanced medical science a single step." It would have been strange indeed if they had. Those members of this despised Society who have had the honour of advancing medical science (and they are not a few in number) have of course either accomplished their task by individual effort or in connexion with the members of some Society established for the promotion of the special branch of science to which their attention has been directed. Examining bodies do not constitute the advanced guard, but rather the rear-guard, of the medical body. Their appointed business is not to speculate in improvements, nor to take the lead in discovery; but to see that all the members of the medical body are acquainted with the established principles of the science. The standard of their examinations should, therefore, be raised from time to time as the science advances. This has been done in a most exemplary way by the Board of Examiners appointed by the Society of Apothecaries. They have raised the standard of medical attainment very considerably, as is acknowledged on all hands; and while I would give them credit for the sober zeal with which they have executed this great work, I must still maintain that the Apothecaries' Act of 1815 has alone given them the power to effect it.

In conclusion, I beg to disclaim the expression of any opinion on the much-vexed question of Medical Reform, and even to express my regret that a controversy which will prove I fear more fruitful in discord than in any other result, should have been again, in spite of your Editorial wishes, thrust upon your attention. No legislation can keep mean spirits and low-minded men out of the profession. No Act of Parliament can raise the relative condition of the sedimentary portion of the profession. Let us not be deluded into the hope that any British Legislature will ever consent so to restrict the practice of medicine as effectually to put down quacks or ignorant practitioners. This will never be done; and the wonder is, that any thinking man should cherish so hopeless an expectation. The Act of 1815 was never intended for this purpose. Its "imperfections," as they are called, were carefully-devised evasions. The provisions of the Act were well canvassed by the medical practitioners of the day, and although they succeeded in erasing many objectionable clauses, not one of them suspected that mere druggists, or quacks calling themselves druggists, were *intended* to be left with as full liberty to practise as before. But so it was, and so it will be in every future Act professing to restrict the practice of medicine, surgery, and midwifery. No effective restriction will ever be contemplated for a moment by those who have powers to effect it.

I am, Gentlemen, your obedient Servant,

TRUTH.

London, Feb. 22, 1851.

THE PUBLICATIONS OF THE ASSOCIATION.

To the Editor of the Provincial Medical and Surgical Journal.

Sir,—As you have lately alluded to the management of the *Journal*, can you inform myself and the other members of the Association when the Committee appointed at Hull to consider the publications of the Association are likely to make their report. It is to be hoped that their suggestions will be proportionate in value to the time occupied in maturing them. They have unquestionably a difficult task, but I trust they will agree upon some effective plan, for it is a melancholy fact that an Association comprising nearly two thousand members should be so barren in its productions. The old tale "parturiunt montes," &c., is singularly applicable. The fault, no doubt, is in great measure with its members; but I cannot help thinking there is some want of tact and energy at head quarters. Surely, from so large a body, one volume of "Transactions" in a year and one journal in a fortnight might be extracted containing matter of a higher standard and more useful stamp than that which usually emanates from our press.

I am one of that number who consider that the Association descended from its high position as a scientific body when it entered into the field of medical politics; and I think that when that subject becomes the Hamlet of the play we had better discontinue the performance.

May I be allowed to suggest the three following points to the consideration of the Committee:—

1. The propriety of using a varied type in the *Journal*, so that certain subjects, such as medical politics, &c., might occupy less space and a less conspicuous position.

2. The appointment of a foreign Editor, who, not content with prosy accounts of the meetings of the Academie des Sciences, and lengthy extracts from the *Gazette Mèdicale*, would give us a little of the *pith*, scientific and practical, physiological and pathological, from the German, Italian, and French journals and authors. I am sure there are many well-qualified gentlemen who would engage to do this for a fair remuneration. The extracts from English journals, &c., would of course be continued, also the reviews, though I would not suggest the one in your last number, on an "Address to a Medical Student," as an object of imitation.

3. The enlisting into the service certain gentlemen in the larger provincial towns, who would collect information, give the accounts of important operations and cases, and in various ways contribute to the efficiency of the publications. I do not conceive there would be much difficulty in this.

I am, Sir,

A FREQUENT READER.

February 8, 1851.

DR. MEREI.

To the Editor of the Provincial Medical and Surgical Journal.

Sir,—I beg leave to direct attention to a typographical error which I have met with in your last publica-

tion. At page 105 an extract is made from an article on "Convulsions in Children," which appeared in December last, in the *Edinburgh Monthly Journal*. The Christian and surname of the author, with whom I have the honour of being well acquainted, have been so altered and merged in one word, that it was some time ere the mistake was detected.

The name, as given by you, is Schopferei, a curious compound of Schoepf Merei. Dr. Merei is Fellow of the Hungarian Academy, late Professor of the History of Medicine in the University of Pesth, Founder and Director of the Children's Hospital at that place, &c., &c., &c.; and author of a comprehensive work on "Diseases of Children," of which we may in due time, it is to be earnestly wished, have the benefit of a translation into our own language.

I remain, Sir, your obedient Servant,

J. WHITEHEAD.

Manchester, February 24, 1850.

[The error arose with the combined assistance of our own printer and him of the *Edinburgh Monthly*. We have at least the satisfaction of knowing that foreign names do not undergo one half the mutilation by us that British names are submitted to by our foreign contemporaries.—Ed. Journ.]

Medical Intelligence.

APPOINTMENT.

Dr. W. H. Parsey, Assistant Medical Officer of the Devon County Lunatic Asylum, is appointed Medical Superintendent of the Warwick County Lunatic Asylum.

ROYAL COLLEGE OF SURGEONS.

Professor Owen will commence his annual course of lectures, in the theatre of the College, on Tuesday, the 4th of March next, and deliver twenty-four lectures on Comparative Osteology. Professor Paget will commence his course of six lectures on Tumours, on the 29th of April. Tuesdays, Thursdays, and Saturdays, at four o'clock, is the time appointed for the delivery. The interesting course of Microscopic Demonstrations, by Mr. Quekett, will terminate for the season on the commencement of the above lectures.

Gentlemen admitted members Friday, February 21st, 1851:—William James Broadwater, Canon Street Road, St. George's in the East; William Chaytor Beale, Kennington; Arthur David White, Winchester, Hants; Edward Bishop, Kirkstall, Yorkshire; Wm. Frederick John Turner, Horton, Gloucestershire; Joseph Brady, Dewsbury, Yorkshire; John Deane Baker, Oakhill, Somerset; John Emlston, Helperby, Yorkshire; Chas. King, Hon. East India Company's Service, Bengal; Thomas James Vallance, Stratford, Essex; and Wm. Henry Sheeby, St. John Street Road, Islington. At the same meeting of the Court, Mr. Samuel Reginald Potter passed his examination as Naval Assistant.

SOCIETY OF APOTHECARIES

The following gentlemen were admitted members on Thursday, February 13th, 1851:—Charles Travers Mackin, and Lewis Thomas.

OBITUARY.

Feb. 8, at Gloucester, aged 70, Ralph Fletcher, Esq., many years Consulting Surgeon to the Gloucester General Hospital.

Feb. 22, at his residence, Banbury, Oxon, Caleb Clarke, M.D., in the 41st year of his age.

BOOKS RECEIVED FOR REVIEW.

Medicines; their Uses and Mode of Administration. By J. Moore Neligan, M.D., Edin, M.R.I.A., &c. Third edition. Dublin: Fannin and Co.

Dr. Rankings' Half-Yearly Abstract of the Medical Sciences. July—December, 1850. London: Churchill.

The London University Calendar, 1851

The Monthly Journal of Medical Science. Feb. 1851.

The Dublin Quarterly Journal of Medical Science. February 1851.

Pharmacopœia Nosocomii in Curam Morborum Cutaneorum, 1850. London: Highley.

On a remarkable effect of Cross-breeding. By Alex. Harvey, M.D. Blackwood and Sons, 1851.

Thirteenth Annual Report of the Suffolk Lunatic Asylum, 1850.

A Letter to the Right Hon. Sir George Grey, Bart, M.P., on some of the several relations of the Medical Profession. By G. Robinson, M.D., Newcastle-on-Tyne.

London Journal of Medicine. February, 1851.

Letters on the Laws of Man's Nature and Development. By H. G. Atkinson, F.G.S., and Harriett Martineau. London: Chapman, 1851.

Prostitution in Relation to Public Health. By W. Acton, late surgeon to the Islington Dispensary. London: Churchill, 1851.

The American Journal of the Medical Sciences. Jan., 1851.

The Transactions of the American Medical Association. Vol. III., 1850.

TO CORRESPONDENTS.

Communications have been received from Dr. Tilt, Mr. Humphry, Mr. Ikin, Dr. Nelson, Mr. Banks, Mr. Kelson, Dr. Cooper.

It is requested that all letters and communications connected with the *Editorial department* be sent to J. H. Walsh, Esq., Foregate Street, Worcester. Parcels and books for review may be addressed to the care of Mr. Churchill, Princes Street, Soho. But all communications respecting the routine business of the Association should be forwarded to James P. Sheppard, Esq., the Secretary of the Association.

It is also particularly requested that all post-office orders should be sent either to the Treasurer or Secretary, who alone have the power of giving receipts.

A COURSE OF
LECTURES ON SURGERY,

DELIVERED IN THE

MEDICAL SCHOOL OF CAMBRIDGE.

By GEORGE MURRAY HUMPHRY, Esq.,

Downing College, Surgeon to Addenbrooke's Hospital.

Lecture XXX.—Cancers *(Continued.)*

Softening; curative and retrograding processes; review of the changes taking place in a part affected with cancer tending to show that cancer depends upon a morbid state of nutrition in the system and in the organ affected, and that it consists in an altered condition of the original tissues of the part together with an infiltrated exudation in which new products are formed; this view supported by reference to the circumstances under which cancer occurs, by its mode of extension from point to point, by its liability to affect various organs in the same person, and to return after extirpation; occasional localization of cancer; question of its capability of propagation by inoculation; some objections to the above view of the nature of cancer answered; reasons for thinking that cancer is not parasitical and not dependent on a morbid condition of the blood; simple tumours very rarely become malignant; liability of inflammatory products to assume the cancerous characters; similarity of scrofula and tubercle to cancer; important points of difference between them; age, sex, and temperament most liable to cancer.

Treatment of cancer; preventive measures: extirpation; circumstances under which it may be attempted; precautions to be observed: pressure.

The process of softening in cancer commences usually in the cellular element, and affects the fibrous stroma subsequently. It commences at several points, so that the section of a cancer in an early stage of softening, exhibits numerous cavities of irregular shape, containing a yellowish ichorous or semipurulent fluid, and separated from one another by tough opaque fibres. Subsequently the fibres are broken down and larger cavities formed, having ragged walls, with partially isolated bundles composed of softened and half-destroyed tissue hanging into them, or extending across them. The blood-vessels passing into the substance of the cancer are destroyed in the same manner as the other components of the tumour; not uncommonly they burst, permitting the effusion of blood, which coagulates, and gives a reddish-brown or yellowish tinge to the mass. Sometimes the effused blood quite fills up the cavities and obscures the original structure of the tumour, so that the whole mass may present the appearance of a sac filled with blood. This is rather a remarkable specimen; it contains several flat, circular, or oval cancerous ulcers upon the peritoneum lining the diaphragm. They present a peculiar appearance, being in their circumference a little raised above the rest of the membrane, while their centres are depressed and reticulated, in consequence of a number of little open cavities being left, from which, doubtless, the softened cells have been removed while the fibrous network remains.

So determinedly and unceasingly destructive is the progress of cancer, that it is a question whether it ever has a favourable termination—whether a cancerous ulcer ever becomes *permanently* healed over, or whether a cancerous tumour ever *completely* retires. So seldom does this take place, that for all practical considerations we need scarcely admit the possibility of its occurrence. Still there can be no doubt that an attempt at *partial* healing does not unfrequently take place in cancerous ulcers. I have seen partial cicatrization in scirrhous ulcers of the breast; and cancerous disease of the skin, now and then, like a spot of lepra, spreads at the circumference, and disappears at the centre, so as to present a hard, knotty, ringlike elevation, encircling a smooth shining plate of cicatrix. Again the scirrhous tubercles of the liver immediately under the peritoneum, which are usually flat on the outer surface, are sometimes indented or cup-shaped, with a raised, knotty, puckered edge, like the coagulum of inflammatory blood. A section of such a tubercle will generally show the centre part to be composed only of the fibrous skeleton of the cancer which has become contracted; the cell-structure, which we may suppose to have been originally contained in the meshes of the fibrous stroma, appears in such cases to have softened, and to have been absorbed without an extension of the destructive process to the fibres themselves. However, these are rather matters of pathological curiosity than of practical importance, for so few are the recorded instances of spontaneous cure in well-marked cancer, that we can afford our patient very little hope from the probable results of nature's efforts in his behalf.

Dr. Bennett, as I have already mentioned, describes those yellowish masses so often found in the substance of cancer, particularly in cancer of the testicle, to consist of shrunken, abortive, and disintegrated cells, mixed with much oily matter. He finds, also, that cancerous exudation sometimes becomes infiltrated with saline particles, thus undergoing in his opinion, a kind of calcareous degeneration, analagous to that which takes place in ordinary tubercle. Granting these changes to be of the nature he suggests, and admitting that a retrograding or even a curative process is thereby shown to be at work, we cannot derive much consolation therefrom, because the changes are always limited to *parts*, and those usually very small parts, of the malignant growth, and they seem to have little or no influence upon the general work of destruction which is going on around them. A few cells may become abortive, or portions of the tumour may undergo calcareous degeneration without the mass being less fatal or even much less rapid in its progress. Dr. Walshe regards these calcareous particles, which he says are occasionally though rarely found in cancer, as depending upon a degeneration of the fibrin of blood extravasated in the tumour.

To review briefly the changes that take place in a

part affected by cancer. We find in the first instance, that certain of the natural tissues of the part, more particularly the fibrous and areolar, are thickened, rendered coarse and tough, indeed altered much in the same manner as when they are the subject of chronic inflammation with effusion of lymph. This change has been exemplified by reference to the elongation, thickening, and ossification of the periosteal fibres, by the condition of the muscular coat of the intestinal canal, of the septa between the lobules of the mammary gland, and by other instances of a similar kind. At the same time a change of a contrary nature is seen to take place in the other and more highly organized tissues—the glandular, muscular, &c.; these become wasted, degenerated, and perhaps loaded with oily matter. Thirdly, there are infiltrated amongst the tissues, thus hypertrophied and atrophied to a greater or less extent, taking the place of the latter, and, it may be, in process of time, of the former also, a number of nucleated cells, nuclei, or granules. These, of which one or all may be present, in the same specimen, very scantily or very abundantly, are possessed of a power of generating other bodies of a like kind; but they do not ordinarily seem capable of advancing beyond the cell-stage of organization. In very many instances indeed they do not attain even to that stage, their developmental powers being limited to the formation of nuclei. The production of these bodies, added to the hypertrophy of the natural structures just mentioned, gives that increase to the size of the part which we call a tumour, and the rapidity of *its* growth is as a general rule proportionate to the rate of *their* development. I say that these bodies do not seem *ordinarily* to be capable of advancing beyond the cell-stage of organization, because it is possible that they do sometimes, by a further effort of development, contribute to the formation of the fibrous element of the cancer. However that may be, they soon exhibit a tendency to decay, which is shared by the other components of the tumour, and which leads to the formation and spreading of an ulcer in the manner I have described.

The several phenomena just mentioned, viewed in connection with those we have found to attend the formation of simple tumours, and more particularly with those accompanying the growth of warts, polypi, and the like, unquestionably combine to give great countenance to the opinion before hinted at, that the cancerous disease consists in, and depends upon, an altered or morbid condition of the nutritive properties of the part affected, in consequence of which the original tissues undergo certain modifications—hypertrophy or atrophy as the case may be—and new products are formed from the elements of the blood, having little capability of organization, and much tendency to decay. When the disease is least virulent, the natural structures are least altered, and the new products are fewest in number, the destructive processes are most tardy, and the other inveterate qualities of cancer are least manifested. Many of the cutaneous and mucous cancers as well as the malignant varieties of fibrous tumours, exemplify the truth of this statement. On the other hand, when the disease is more virulent, scarcely a trace of natural structure may be left, the new products abound so as perhaps to constitute almost the entire mass, the work of destruction is rapid, and distant as well as neighbouring parts are soon involved.

This opinion derives additional weight from the fact that cancer makes its appearance most frequently when, from some cause or other, the natural energy of the nutritive functions is diminished, between the ages of fifty and sixty, when the adult is beginning to lapse into the senile frame, after long exposure to anxiety, fatigue, or impoverished diet, after a lingering illness or a course of mercury. It is also most likely to appear in a part which has been the seat of some previous disease or continued irritation—in a cicatrix, an ulcer, or a wart; it is frequently traceable to a blow or a slight inflammatory attack, and it advances commonly with rapidity proportioned to the increasing debility of the sufferer. Perhaps the strongest argument of all is afforded by those cases of warty cutaneous growths, which, both in structure and qualities, seem to occupy an intermediate position between simple and malignant tumours. The gradual transition from common hypertrophy to cancerous disease, is so manifestly displayed by them in some cases, that it cannot be overlooked, and it furnishes most important evidence with regard to the question of the relation of malignant to simple disease.

The mode of extension of the cancerous disease from point to point, and from tissue to tissue, at the part affected, accords with the view of the nature of cancer just mentioned, at least as well as with any other theory, and corresponds with what we observe to take place in other diseases. In the healthy state of nutrition one tissue exerts no especial influence upon any other, the assimilative forces of each being manifested only upon the fluid elements of the blood that lie within its range, or that are received into its substance; but when a morbid condition has by any cause been induced at one part, it is communicated from that part to others in the immediate neighbourhood, radiating from the point first affected as from a centre, and spreading with a rapidity proportionate to its own force, and the ease with which the nutritive functions of the adjacent tissues admit of being disturbed. Thus an inflammation in the finger, excited by a wound, or arising spontaneously, spreads over the hand and arm, travelling furthest in the weakest subjects; and the cancer tubercle, overpowering in like manner the natural assimilative properties of the neighbouring parts, impresses its own qualities upon them, and spreads less rapidly it is true, but more surely than the inflammatory disorder. The exact cause of the *primary* aberration from the healthy standard must remain a mystery in both diseases; but having commenced they seem to advance in much the same manner. The more decided and inveterate progress of cancer, as compared with that of inflammation and other diseases, though constituting a feature of immense practical importance, is probably, after all, owing to a difference in the degree of its force, rather

than in the manner of its advance. Much has been said of its liability to affect the absorbent glands as an argument in favour of the theory which attributes the extension of cancer to the transmission of sporules by the circulating current, for it is supposed that these sporules are received into the absorbent ducts, arrested in the glands, and become there the germinating centres of fresh disease. Admitting that these sporules can find their way into the absorbent system, it is scarcely necessary to resort to the theory just mentioned for the explanation of the phenomena observed; for if a simple inflammatory ulcer is so often attended with inflammatory affection of the absorbent glands, it is no wonder that the more virulent cancerous disease is productive of corresponding results. We are equally ignorant of the *modus operandi* in either case; probably it is the same in both.

Further, the liability of cancer to return after complete extirpation, and to affect various organs in the same person, are features by no means at variance with the view we have taken. The fact of the existence of such a disease in any one part of the body, more particularly if it be of spontaneous occurrence, implies a defective condition of the nutritive functions, not of that part only, but throughout the whole system, for the several tissues and organs in each individual are very nearly balanced in their ability to resist disease, and their tendency to succumb to it; they resemble one another also in their liability to succumb to a particular kind of disease. In other words, the nutrition of the different parts of the body is conducted with nearly the same force, and is likely to show its defects in nearly the same manner. Thus in one person the organs are subject to acute inflammatory disorders; in another to slow tedious inflammations; in a third to such as we call scrofulous; in a fourth they fall at an early period into a state of atrophy or fatty degeneration, and the existence of such defect in one organ leads us to augur a similar condition of the others; in a fifth they become subject to cancer. Of course with cancer, as with any other disease, the existence of a particular local cause, impairing the nutrition of the part, and engendering the disease, such as a blow or long-continued irritation, renders us less apprehensive of the appearance of the malady in other parts of the body, and of its reappearance after extirpation. In such cases we are more willing to undertake an operation, for it is then, to a certain extent, though not entirely, a local affection. The fact that cutan ous cancers are less virulent and less likely to return after operation is, I apprehend, in great measure dependent upon their having been in so many cases induced by an external source of irritation.

Although the several organs and parts of the body are so nearly balanced in the energy of their nutritive functions, that the existence of cancer in one makes us apprehensive of its appearance in some other, you will, of course, suppose that the organ and region first affected are more likely to be the seat of fresh manifestations of the disease than any others. Thus separate scirrhous tubercles are very often developed in the vicinity of a breast which is the seat of cancer. A return of the malady is most likely to take place in or near the cicatrix resulting from the operation for the removal of cancer, and in undertaking an operation you, for the same reason, should excise the neighbouring parts as freely as you can. If the breast be the seat of the disease, you should not be content without removing the whole organ; if a bone, you should amputate at or above the neighbouring joint. I have sometimes been surprised at the limitation of cancer to the organ or region primarily affected. In the case of a woman, whose breast I removed on account of scirrhus rather quickly advancing, the disease reappeared after a few months near, though not in, the cicatrix; in the substance of, or in close contact with, the pectoral muscle. This was also completely excised, and she remained well for two years, when a lump formed on the cartilage of the second rib; it increased to a large mass, bursting through the skin, and involving the adjacent ribs and sternum. A careful examination after death disclosed no trace of disease in any other part of the body. In this case, then, cancer appeared three times in the vicinity of the same spot, at length running its fatal course without any other organ being involved, not even the adjacent absorbent glands. I remember, also, the case of a man in whom scirrhous tubercles commencing on one toe, spread up the same extremity to the groin, existing in great numbers on that limb, though we could not find a symptom of disease in any other part of the body. Analagous cases are by no means uncommon, and the localization of cancer in this way is certainly no less reconcilable with the view of its nature I have given you than with the theory which supposes the primary element in the disease to consist in some morbid condition of the blood, or with the theory which explains its extension from one part to another by the propagation of germs through the medium of the blood.

This latter view of the mode by which cancers spread is, of course, closely connected with the question of their propagation by inoculation or contagion. The whole evidence afforded by every-day observation and by experiment is completely adverse to the possibility of the communication of this disease by inoculation, with one solitary exception, and that is the often-quoted experiment of Langenbeck, who succeeded in inducing secondary cancerous tumours in the lungs of a dog, by injecting into its blood-vessels fresh cancer-cells from a tumour, while still warm, which had been removed two hours and a half previously from the humerus of a man. The experiment has been repeated with great care by Vogel, Valentine, Gluge, and others, but without success. It remains, therefore, to be proved more clearly that cancer-cells, when removed from the parent mass and lodged in a new situation, can retain their vitality and become the nidus of a growth. Even granting the probability of this, it is difficult to understand how they can, under ordinary circumstances, find their way into the blood-vessels so as to be transmitted to distant parts, for they are usually of considerable size, exceeding the one hundredth of a line in diameter.

Admitting, however, both these points, there remains the still greater difficulty of accounting for the first appearance of the disease in each particular case. Is it not far more probable that both the primary and secondary manifestations of cancer are due to the same cause which, like the causes of most other diseases, we can refer, in the present state of our knowledge, only to an aberration of the nutritive forces at the parts affected.

I am quite aware that the view I have given you is open to certain objections, and that it is rather hard to be reconciled with some of the phenomena of cancer—such as the very decided features of the disease, which seem in many instances to mark it out as distinct from all other pathological conditions, and which have induced persons to regard it, perhaps too exclusively and completely, as an affection *sui generis*. This difficulty I have endeavoured to smooth down in the preceding lecture, by showing that it has its points of similarity to other maladies, and that it is connected with them by certain intermediate affections, which present in different degrees the characters of simple and malignant disease. Secondly, the peculiar structure of cancer, so unlike, to the unassisted eye at least, any of the natural tissues or any other morbid products, has greatly favoured the idea of its consisting of some new parasitical growth, feeding upon the body and propagating species in neighbouring and in distant parts by the dissemination of germs. The microscope has done much to dissipate such a notion, by showing that all the elements of cancer correspond to a considerable extent with those of the natural tissues, and that its peculiarity consists chiefly in the mode in which those elements are combined together. It must not be forgotten, in relation to this point, that certain of the tissues of the part affected, in a hypertrophied or altered condition, have been shown to constitute an ingredient, probably a very important ingredient, in the cancerous growths. Thirdly, the uniform appearance of the cancerous tumours, formed in various parts and in totally different organs in the same individual, is, perhaps, the most forcible argument against the view I have been maintaining. It is, I think, weakened by the observation made in the last lecture, that the more highly organized tissues, that is to say, the tissues upon which the peculiarity of an organ chiefly depends, vanish away before the advances of cancer, or are metamorphosed, while the simpler tissues, or those more common to various parts of the body, alone remain and enter into the composition of the growth. These objections—and some others of less weight might be mentioned—are not, in my opinion, sufficient to counterbalance the arguments and probabilities in favour of the view before expressed, that cancer consists in part of an altered condition of the areolar and fibrous tissues of the organ affected, and in part of new products formed from the elements of the blood, possessed of little capability of organization and much tendency to decay. Both the altered condition of the original tissues and the infiltration of the new products, as well as the peculiarities of the latter, are, according to this view, due to some abnormal state of the nutritive functions of the organ which we cannot very well understand; but neither of the elements of the cancer are to be regarded as parasites any more than the blood-globules or natural formative cells are so considered.

These remarks on the pathology of cancer are opposed to the theory of the disease, which attributes it to some special change in the blood, nearly as much as to that which supposes it to consist of parasites. They show it to depend upon a faultiness in the processes by which the materials of the blood are converted into tissue, rather than upon a vitiated condition of the assimilative properties of the blood itself; that it belongs, in short, to the solid rather than to the humoral department of pathology. In a constitutional disease like cancer both solids and fluids, doubtless, participate in the defective condition, whatever it be, which engenders so disastrous a result; still the first and chief manifestation of the disease is presented by the solids, and I do not see that the mode in which that manifestation occurs affords a sufficient reason for referring the malady to any especial morbid change in the fluids. The qualities of the blood described by Rokitanski and others, to distinguish what they call the "cancerous dyscrasia," are very vague, and, for aught we know, are as likely to be the effect as the cause of the tumour.

It is a question of much practical importance whether a simple tumour is liable to be the seat of malignant disease. We often hear it adduced as an argument for the removal of a simple growth that though it may not be malignant at the present time it is likely to become so; and a very cogent argument it would be were there much truth in it; but I suspect that such an event is one of very rare occurrence, if we except the instances of cutaneous and mucous warts, to be spoken of more at length in the next lecture. The only case I have ever met with where there was any good ground for supposing that cancer had been engrafted upon a simple tumour was that of a woman who had long suffered under fibrous tumours of the uterus. One of these tumours of great size projected into the abdominal cavity, and in course of time became covered at one part by cancerous disease, which affected the whole surface of the peritoneum. In this case it certainly did appear that the malignant growth had extended from the peritoneal covering into the substance of the tumour at several places, and there were, nearer to the centre of the tumour, some isolated white tubercles, differing from the rest of its structure, and resembling the cancer found in other parts; but we could not be certain that these were really of cancerous nature. That lymph-formations and inflammatory exudations may become, and are very likely to become, the seat of cancer there is good reason to believe. Indeed a malignant growth often seems to extend itself, in great measure, by maintaining an inflammatory state of the surrounding parts; the lymph effused in consequence of such inflammation, being subject to the prevailing assimilative force of the cancerous growth, becomes likened to it, and is converted into the elements of cancer, instead of undergoing the transformations which

take place under ordinary circumstances and under ordinary assimilative influences. So, in like manner, lymph effused in any organ of a patient who is the subject of the cancerous diathesis is likely to participate in the morbid state, and to undergo the morbid transformation. Indeed it appears that the fibrin of the blood, coagulating within the vessels in such cases, may exhibit modifications of a similar kind. Thus, in a case, quoted by Dr. Bennett, of encephaloma of the stomach, mesenteric glands, and liver, Gluge and M. Nonat discovered cancer-cells in the clot of the right iliac vein, similar to those which existed in other diseased parts. The walls of the vein were smooth, and not red. Such instances are, however, rare; and further observations are required to confirm the correctness of this opinion.

I must say a few words with regard to the points of resemblance between cancerous and scrofulous diseases. These are so many that certain pathologists have regarded cancer as only a variety of scrofula, and *vice versa;* indeed it is the opinion of some of the most excellent of modern pathologists, both in our own country and in Germany, that the common tubercle is one of the varieties of cancer. To this opinion I cannot altogether yield assent, for, although there are many remarkable analogies between the two diseases, there are also, it appears to me, sufficient differences of an essential nature to induce us to retain in pathology that distinction which has the sanction of general experience.

Scrofula and cancer *resemble* one another, inasmuch as both consist in the infiltration of a new exudation-substance into the interstices of the texture of a part, that infiltration being attended with a wasting or degeneration of the original tissue; both have a tendency to soften and to ulcerate, causing a loss of substance in the affected organ, and leading to more or less extensive destruction of the body; both seem to be closely associated with, or dependent upon, a want of energy in the nutritive forces of the body generally, as well as of the affected organ in particular, so that the existence of either disease at any one part, leads us to apprehend its appearance in another; both affect all the organs and tissues of the body almost indiscriminately; each presents nearly an uniform appearance in whatever region it is found; and the one is often so much like the other, that it is scarcely possible, with the naked eye, to distinguish between them.

A cancer *differs* from a scrofulous mass in its greater inherent energy of growth; its more complete organization, which is evidenced by the formation of cells, of fibres, and of blood-vessels in its substance; its more complete independence of inflammation; its power of growth, of assimilating the adjacent fluids and tissues, and in its more determined progress. The scrofulous matter, as you remember, is composed chiefly of granules, hardly ever attaining even to the cell-stage of organization, and is dependent for its increase, not on its own assimilative power, but on fresh exudation, which is commonly the result of an inflammatory condition. It often falls into a quiescent state and is absorbed; or if it softens and ulcerates the disease does not generally go on spreading in the circumference, and the ulcer for the most part heals. Such important pathological and practical differences are, undoubtedly, quite sufficient to justify the separation of these two kinds of morbid products into distinct classes.

That tubercle should be ranked with the least inveterate of these two classes—that it is the form which scrofula ordinarily assumes in the internal organs, I have already expressed my opinion. True, it is the form of scrofula, most nearly approaching to cancer in its comparative independence of inflammation, and in its greater fatality; but the tuberculous mass possesses no higher organization than the scrofulous; it has no cells, fibres, or blood-vessels, except those which chance to remain in it from the undestroyed tissue into which it is infiltrated, and these diminish in number and disappear after a time, so that they cannot be regarded as proper elements of the tubercle, but merely as accidental constituents. Tubercles have no power of assimilation or of increase; they are fatal on account of their numbers, not, like cancer, in consequence of the energy of their growth. Each tubercle having softened, burst, and discharged itself, has done its worst; it leaves no spreading remnant behind, and the cavity produced by it will contract and heal, provided it is not maintained and enlarged by other tubercles forming in its walls and bursting into its interior. The non-existence of any cells or other elements possessing a capability of reproduction, constitutes an important point of distinction between tubercle and cancer, connected as it is with the inability of the former to increase in size, and to exert a destructive influence upon the surrounding tissues. A cancer grows by virtue of its own inherent force; a tubercle is enlarged by some extraneous influence depositing fresh material upon it. It may, I grant, increase in size a little, but no more, probably, than is accounted for by the softening and imbibition of fluid and other changes going on in it. Moreover, tubercle very rarely co-exists with cancer in the same individual, though it is a frequent concomitant with scrofula. Indeed the ages and classes of persons most liable to scrofula and tubercle, are found to enjoy the greatest immunity from cancer.

Cancer has been known to occur at every period of existence. Instances are not wanting, though these are rare, of its having been developed during intra-uterine life. The general impression that the disease rarely occurs in early life, seldom originates in old age, and is especially frequent in both sexes between the ages of thirty-five and fifty, has been shown by Dr. Walshe not to be quite correct. He finds from the examination of the returns supplied by the Registrar-General, that the mortality from cancer goes on steadily increasing with each succeeding decade until the eightieth year; after that period the results are liable to error. The influence exerted by sex on the development of cancer is very decided. The same author shows that the female population of this country is destroyed to about two and three quarter times as great an extent by cancer as the male. His experience leads him to coincide unequivocally with those observers who have remarked that women of high colour and sanguineous temperament are

more subject to mammary cancer than those of a different constitution. My own impression is that the same remark may be applied to the liability of that particular temperament to cancer in both sexes, and in other parts of the body; more particularly in the earlier periods of life. The young subjects of cancer whom I have seen have been, with few exceptions, dark-haired, and of rather florid complexion.

Cancer is a disease no less malignant in its resistance to treatment, than determined in its progress when left to itself. On this account we should be the more anxious to watch the circumstances under which it arises, and endeavour to adopt such preventive measures as are likely to ward off an attack in the persons who seem most liable to suffer from its inroads. We have found that it is most likely to occur towards the latter periods of life, and in those who have been subject to some distressing cause, such as long continued anxiety, an attack of illness, insufficient food, &c. It seems to be closely associated with a want of energy in the nutritive processes engendered by such circumstances; and the obvious inference is, that in all cases of the kind, a liability to the invasion of a formidable enemy should make us more active and persevering in our efforts to restore the general health, and to give fresh vigour to the natural forces of assimilation. Very often, it is true, there is no such preliminary or preparative stage that we can discover; the disease too frequently surprises us by laying hold with inveterate grasp on the young, the strong, and the apparently healthy, where we had not the slightest reason for suspecting its occurrence. In the earlier periods of life, more particularly, we have no chance of resorting to any preventive measures, because the presence of the enemy in the camp is always the first symptom to excite our apprehension; but in later years, especially about the age of 50 or 60, when the physical powers are beginning to decline, and when some indisposition or illness is very apt to linger about the system, we shall do well to be on our guard against the terrible malady, and should remember not to treat lightly those ailments which, though insignificant in themselves, may pave the way for one so formidable. There can be no question that a proper attention to the slight indispositions at this time of life, would often prevent that depression of the vital powers which terminates in the development of cancer, or in some equally fatal disease. The knowledge also of the fact that cancer frequently makes it appearance in a part which had been the subject of a blow, an attack of chronic inflammation, or any long continued irritation will suggest the removal of some of the local exciting causes no less than the endeavour to diminish the general predisposing influences.

When the disease has made its appearance, there is little hope of a remedy except by extirpation; and it must be lamented that the success even of this treatment is not proportionate to its severity. The removal of a cancerous tumour is so generally followed by its reappearance in the neighbourhood of the cicatrix or in some other part of the system, that surgeons of the greatest experience are commonly most unwilling to subject their patients to the pain and risk of an operation which is not likely to be ultimately successful in its results. Such experience coincides, I think, completely with the view I have given you of the pathology of cancer. For according to that view, it is not, even in its very first stages, a local disease, breeding germs and extending to distant regions by the diffusion of those germs, so that we might hope by exterminating the parent at an early period, to prevent the propagation of the species; but it is an altered state of the textures of a part, induced by a morbid condition of their nutritive functions, a condition which, in a greater or less degree, pervades the whole system; and the manifestation of cancer in one organ, unless it have been caused by some local irritation, is a tolerably sure evidence of the existence in other organs of a condition similar to that which has lead to such fatal results in the part first affected. At the same time, however, that I ask you to bear this view of the nature of cancer in mind, and more particularly ask you to remember the facts upon which it is founded, it is necessary that I should also remind you of the local qualities and the local influences of the disease, when speaking of the propriety of adopting any local means of treatment. For although cancer be a constitutional affection, and the result, in a great measure, of some particular state of the system, there can be no question that when it has once commenced it possesses the property of infecting the surrounding structures, and of inducing in distant parts, and in the system generally, that cachectic condition which is most likely to be productive of secondary manifestations of the disease. Moreover, it may have been excited prematurely in some one organ, in consequence of the nutritive functions of that organ having been lowered beneath the standard of the rest of the body. Of this we cannot always form a correct estimate, though the history of the case will often furnish valuable information to guide us.

In considering, therefore, the advantages derivable from operative surgery in the treatment of malignant tumours, we have to bear in mind the constitutional nature of the disease, the extent to which the local manifestation of the disease reacts upon the system, as well as the influence which it exerts upon the neighbouring glands and other parts; and, thirdly, the various exciting causes operating upon the part affected, and predisposing it in a peculiar manner to become the subject of cancer. It unfortunately happens that in individual cases the relative weight that should be attached to information derived upon each of these points is necessarily uncertain, and our opinion after all must be formed very much upon general impressions. As an ordinary rule, I think it may be said, that when there is a fair probability of removing the entire disease and a certain margin of the surrounding healthy tissue, without endangering life, we ought not to decline giving the patient the chance afforded by an operation. That chance is not sufficient to warrant any great risk of the loss of life; and, in my opinion, such formidable and dangerous procedures as amputation at the hip-joint, or removal of the superior maxillary bone, are not justi-

fiable in cases of malignant disease, unless there be some peculiar reasons for anticipating that the disease will not return in the wound or in other parts. Sufficient has already been said of the nature and pathology of cancer, to assure you that an operation is useless, or worse than useless, unless the entire mass be removed, for the remnant is sure to spread, and the patient is subjected to all the distress, pain, and danger, attendant on the use of the knife without having gained a single advantage over the enemy.

To this rule of operating when there is a good prospect of removing the whole tumour without materially endangering the life of the patient, there are, of course, some exceptions arising from the age or general cachectic state of the system, &c; moreover, it is seldom advisable to remove a cancer when the loss of so much skin would be involved as to leave a large open wound, which must be closed by the tedious process of granulation and cicatrization, for in such a case the disease is almost sure to return before the wound is healed. There are also some particular cases in which general experience would seem to show the inutility of an operation under any circumstances.

A recurrence of the disease in or near the cicatrix after the removal of a cancer is so disheartening, both to the patient and the surgeon, that the latter has not commonly the perseverance to propose, or the former the courage to submit to another operation. Nevertheless, I believe the same remark applies as in the first instance, viz., that we should again remove the tumour, provided we can do so safely and completely. In many instances unexpected success has followed these secondary operations, indeed I have heard it remarked by surgeons of much experience, that they are on the whole more satisfactory than the average of primary operations for the same complaint.

But, you may say, if the constitutional predisposition form so important and decided a feature in the pathology of cancer, why should we be at the pains of taking such summary steps for the removal of the local manifestation of the disease. To this, the best answer that I can give is founded on the fact, that the extirpation of the primary cancerous tumour, with due regard to the provisos I have mentioned, certainly does have the effect, in a great number of cases, of arresting the malady for a time, and of prolonging life. The respite, it is true, is too commonly but short, nevertheless it is an equivalent for the price the patient pays, which in these days of anæsthetic agents has been materially diminished. It would be an important point to ascertain whether the secondary cancerous tumours are more rapid in their progress, or more liable to infect other parts of the body, when the primary tumour has been removed by operation. My own impression is, that they are not so, but extensive careful observation is required to enable us to decide a question of this nature. In some cases the disease has not returned at all in the neighbourhood of the operation, but has affected a distant part, perhaps an internal organ, and the patient has been spared the greater pain and loathsomeness of an external cancer.

In planning and performing operations for the removal of cancers, it is particularly necessary to remember that these tumours are often freely supplied with blood, the surrounding vessels being enlarged in a proportionate manner; also that the morbid structure is generally continuous with the adjacent tissues; not separated from them by a capsule, or even, in some cases, by any well defined line. This, added to the fact that the adjacent tissues are often prematurely adherent together and indistinct, may embarrass the operator a good deal and render it difficult to make sure of removing the entire disease without interfering with large vessels or other important parts.

The prospect of cure afforded by an operation is very different in the different varieties of cancer. In the epithelial form, to be described in the next lecture, the cure is often complete, which is probably to be explained in a great measure, by the fact that this variety of cancer, affecting chiefly the skin and mucous membranes, is attributable to some local source of irritation, and that it does not consequently indicate a constitutional predisposition so strongly as the scirrhus, encephaloma, or melanoma. Of these, the last, I think, usually infects the greatest number of organs in the same individual, and is most sure to reappear after extirpation.

After an operation has been performed, we should endeavour to facilitate the healing of the wound and the speedy restoration of the patient to air and exercise. Of course, the remarks made with regard to the prevention of cancer are especially applicable to the circumstances under which we have so much reason to apprehend its return.

The use of strong caustics for the extirpation of cancer is confined to the skin, and will be mentioned in the next lecture.

There can be no doubt that the growth of cancer, more particularly of encephaloid cancer, is restrained in some degree by pressure; it takes place slowly in proportion to the depth of the tumour from the surface, and proceeds with greatest rapidity when, having destroyed one stratum of tissue after another, it bursts through the skin, and throws out a luxuriant vascular fungus. The observation of this fact suggested a trial of artificial pressure by bandage, or, what is far better, by the air cushion, as proposed by Dr. Neil Arnott. Where this treatment has been perseveringly followed it has been found in several cases to retard the growth of the tumour, and add much to the comfort of the patient; it is even reported in some instances to have caused the complete removal of tumours of the breast which had been decided by competent judges to be of cancerous nature.

Various medicines have been employed in the treatment of cancer; some with the view of arresting the disease, and others for the purpose of alleviating the patient's sufferings. For an account of the effects of these I must refer you to the elaborate treatise on cancer by Dr. Walshe.

ON THE

RIGHT MANAGEMENT OF YOUNG WOMEN

BEFORE THE FIRST APPEARANCE OF MENSTRUATION.

By E. J. TILT, M.D.,

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It has been so frequently admitted as an axiom, that on the right education of youth depends the peace of families, the prosperity of states, and the progress of humanity, that it would be only a truism to say the same of the education of girls; and yet, were I to ask whether we have been as skilful in improving the human race, as we have been in developing the instincts of animals, and in endeavouring to appropriate their capabilities to our advantage, no one would presume to say—Yes! It would seem as if we thought that the art of educating man had long ago been brought to perfection, for with but slight differences, the child is tutored as his grandfather, notwithstanding the change of time, the alteration of circumstances, and the boasted advance of civilization.

The task of maturing the body as well as the mind and the affection of the female child, so as to ensure health, is a sacred duty which devolves almost exclusively on the mother. It is not my intention to write a treatise on education, but being firmly convinced that many of the most serious diseases incident to women, are caused by the bad management of girls at this critical period of life, I shall proceed to embody the advice I have been frequently requested to give, with the view of awakening the attention of the profession to a subject of such importance.

During the stage of puberal development, nature is for some time attempting to inaugurate a most important function, and those efforts which should be assisted, are often frustrated by girls themselves, who—taken by surprise—are either in total ignorance or are insufficiently prepared to adopt such means as will favour its establishment, and ensure its due reappearance. If mothers, independently of professional assistance, are, from ignorance unprepared to give their daughters advice at this period, or withhold it from mistaken notions of delicacy, the most serious consequences may ensue, as is obvious from the result of a statistical inquiry in which I have been long engaged. In several hundred women I find that twenty-five per cent. were unprepared for its appearance; thirteen girls out of the twenty-five were much frightened, screamed, or went into hysterical fits; and six out of the thirteen thought themselves wounded, and washed with cold water. Of those frightened the flow was checked in seven instances, was never restored in three, and the general health of all was seriously impaired. Of those who washed with cold water, two succeeded in effectually suppressing the flow, which only reappeared after several years, and then at irregular intervals, and was never healthily established.

It may be said, that it is only in the lower classes that girls are kept in darkness relative to what is of so much importance: but this is perfectly groundless. The same bad management equally prevails in the middle and the higher classes of society. Girls in affluent circumstances and well educated, are, I know, often taken by surprise at the appearance of this function. Mothers who, in other respects, act judiciously, will not condescend so far to bow down to the infirmities of their nature, as to give the necessary advice to their daughters; but when the event happens, they are too often turned over to the management of an unmarried attendant. I have been also informed by a lady presiding over a large establishment of young ladies, that the pupils who are placed with her after the appearance of that function, are never properly prepared for the event, and that many are so ignorant of themselves, that it is extremely difficult to prevent their washing with cold water, in the endeavour to remove what they naturally view with feelings of disgust.

When girls—young though they may be—suffer habitually from headache, and when this is accompanied by dulness of intellect, dizziness, heaviness, and great tendency to sleep, it is most probable that menstruation is impending, particularly if these head symptoms coincide or alternate with pains in the back and lower limbs. Additional confirmation may also be found in the change which may be observed in a girl's character. If she no longer takes pleasure in the society of children, shuns companions of her own age, and finds in solitude charms hitherto unknown;—if uneven in temper, she is at times as usual—cheerful and expansive, at others cold, peevish, fretful, and even mischievous, but afterwards atoning for these inconsistencies by the most fervent expressions of tenderness;—if her eyes shine with unwonted lustre in mixed society, having lost the innocent confiding expression of children, who boldly dive into the depths of other eyes, because they know not of dangers to be encountered there;—in fact, when woman has become unto herself a mystery, the medical attendant should lose no time in advising the mother not to let her daughter be taken unawares, and to prepare her to expect what is the common lot of all her sex, so that its first appearance may neither be arrested by the alarm naturally felt at something hitherto inexperienced, nor by the dangerous application to which, in their ignorance, they may imprudently have recourse.

Here I must allude to the disastrous use of emmenagogues at this period of life, and to the question so often asked of the medical attendant whether it would not be judicious to give forcing medicines, so as to hasten the desired event. The following sad history, related by Dr. Dewees, a celebrated American physician, is the best answer that can be given on this subject:—"We too often call to mind, with bitter recollection, the fate of a most amiable interesting young creature, for whom we were requested to prescribe for the expected menses, but who had not one mark that could justify an interference, more especially as she was in perfectly good health. 'She was 15; it

was time;' and this was all that could be urged by the mother in favour of an attempt 'to bring down the courses.' We relied too much on the good sense of her anxious parent, and freely explained ourselves to her. She left us apparently satisfied with our reasoning, and we heard nothing more of the child for six months, when on being suddenly summoned to attend her, we found her throwing up blood in considerable quantities from the lungs, of which disease she died in a few days. The distracted mother told us that though she *appeared* satisfied with what we had said, she felt convinced we were wrong, and that her daughter's health required the immediate establishment of the menstrual evacuation. With this view she determined upon trying a quack medicine of some celebrity in similar cases. She gave it according to the direction, and in a few days her daughter became feverish, lost her appetite, and suffered from nausea; her strength gradually diminished, and she was soon confined to her bed. The mother called in the quack doctor, who encouraged her to persevere by telling her the fever was an effort of nature for the end proposed. She persevered, and in a few days lost an only and a lovely daughter. (We examined the medicine which had been exhibited, and it proved to be oil of savin.")

Having stated what fatal consequences may arise to the unprepared from the unexpected appearance of this function, as well as the sad results of an attempt to bring it on suddenly, I shall now proceed to make a few remarks on that mode of training girls which is best calculated to second nature in her cautious attempts to inaugurate this new and important function.

1. With respect to the body, there is no reason for interfering with habits and customs which have hitherto maintained girls in an average state of health. The regular performance of the various functions should continue to be insured, and the frame should be invigorated by an increased amount of out-door exercise. In dress there are two evils to be guarded against: insufficient and injudicious clothing. Rich young ladies suffer as much from insufficient clothing as the daughters of the destitute, for poverty and fashion are two tyrants which exact the same things, and often bring on the same diseases. In my work "On Diseases of Menstruation," I have laid great stress on the fact that girls are clothed in trousers until they are about to become women, and then trousers, drawers—all are thrown aside, and the body is exposed to our piercing easterly winds, and to the atmosphere, which in the morning and evening is at all seasons cold and clammy, or to cutting draughts when waiting for the carriage, in hall or passage, after continued active exercise in a hot crowded room. Should fashion command, the loins will be constantly kept in a state of undue warmth, by two or three inches of padding, petticoat, and dress; why then should the slenderest covering be denied to a part of the body hitherto carefully protected? If I dwell upon this subject, it is because my opinion differs from that of many practitioners: the late Mr. Pennington, for instance, though I know not for what reason, used to recommend a totally different plan from that which I advocate. In my opinion the use of drawers would preserve women from numberless infirmities, sometimes even from death. A great physician, Joseph Frank, relates that a beautiful girl, a relative of his, in splendid health, went to a ball, (although the period of the month was inconvenient to her) and returning home while still in perspiration, was seized with acute inflammation of the womb, and died of that complaint on the fourth day from the attack. I could detail several cases from my own experience in which a similar cause produced inflammation of the womb, of the ovaries, or interminable menstrual derangements, I therefore consider short drawers an indispensable article of female attire at all ages.

2. With regard to the government of the mental faculties, we have little to say, except that one ought not to be more fully developed than another; they ought to be kept in a regular state of counterpoise, so as fully to develop the reasoning powers, and by more completely occupying the time and thoughts, to keep in check the too sudden development of those sentiments which have already tried their young strength in many a way, and which, in girls of the higher classes, often assume a wrong direction, attain a morbid intensity, and are productive of the most deplorable consequences. Far better off in this respect are the daughters of the poor, in whom the wild freaks of imagination are successfully kept under by poverty and hard labour, which as effectually put an extinguisher on romance as they dull the acuteness of intellect, and give the skin a plebeian hardness.

3. The proper direction of the affections is one of the most sacred duties of a mother, and if we touch on a subject so delicate, it is because, in accordance with her destiny, her moral and mental conditions effectually react on the organs, directing that periodic flow which *critically* determines the measure of woman's health; for a mother, in attempting to perform her duty towards her daughter, to deny the validity of this principle in its highest earthly manifestations, would be folly: it should be admitted, directed, and judiciously developed by a mother's conversation and that of well-chosen associates. Novels and romances, in general, should be spurned, as capable of calling forth emotions of a morbid description, which, when habitually indulged, exert a disastrous influence on the nervous system, sufficiently explaining the great liability of women of the higher classes to hysteria and nervous diseases. It may be contended that many of these works contain excellent principles and admirable precepts of morality, but what do girls care about moral axioms, which are almost always obscured in the brilliancy of fiction; they seek for the stirring adventure, the extravagant romance, the victorious hero, as if there were not sufficient romance in real life to excite the young imagination without stimulating this faculty by fantastic creations, evoking heroes as gods of their idolatry, with whom in fancy they could live for ever in regions of boundless and unfading bliss.

4. How should girls at this critical period be treated? I answer by that happy mixture of firmness and mild-

ness oftener met with in the mother than in one of the sterner sex, who is too apt to check by parental severity those faults which he may himself have caused by undue indulgence. It is not wilful wickedness that afflicts girls at this important period, but a transient want of self-control, the consequence of a new influence obscuring for a time the clearness of the moral principle. Until nature asserts her sway, the adoption of gentle means, and a soothing treatment, to keep in check all eccentricities, added to the firm assertion of the rights of reason, blended, however, with the tenderness of a mother's affection, (without which all reasoning would be powerless,) seems to me the best plan to be pursued; for harsh treatment might, and probably would, give a permanent warp to the yet unformed character.

Thus have I attempted to show the medical and moral principles which should guide us in the management of women at this important crisis of life, and on some other occasion I shall offer a few reflections on the right management of women at the first appearance and during the persistence of menstruation.

Provincial Medical & Surgical Journal.

WEDNESDAY, MARCH 19, 1851.

"Uneasy lies the head that wears a crown," says the prince of English poets. Shakespere had not any experience in conducting a medical journal, or he would assuredly also have left behind him some testimony as to the occasional discomfort of that less dignified portion of the human frame which, metaphorically speaking, occupies the Editorial chair. Our position, at least, is no exception to the general rule of Editorial malaise. Having so lately been reprehended by one party for not taking sufficient notice of medical politics, and by another for taking too much, we had imagined that a respite would have been granted us, and that we might have been allowed to "pursue the even tenor of our way," if not with praise, at least without censure. *Sed Dis aliter visum est*, and we have once more to take up the cudgels in our own defence.

"A Frequent Reader," whose uncivil letter appears in our last number, finds fault with the publications of the Association. For this we should not have blamed him, did we see just cause for his animadversions; for, every man has a right to his opinion, and having the honour to be placed in a prominent position, we are content to pay the penalties, as well as to receive the gratification contingent thereupon. But without presuming to think too highly of ourselves, we must beg leave to suggest that "A Frequent Reader" reads oftener than he reflects, or he would not have penned the epistle in question. In the first place, if he be at the pains of inspecting this journal he will find that the "varied type," which he seems to regard as a desideratum, is really made use of; though upon what grounds, beyond that of typographical convenience, this should be regarded as a desideratum, we do not see. Again, before he is so hard upon the foreign department, it would be well that he exerciseth himself a little upon foreign medical literature; a personal acquaintance with the task would, we predict, tend considerably to mollify his critical asperity.

We may safely appeal to the experience of our brother Editors for confirmation, when we assert that it is no easy thing to keep up a constant supply of valuable foreign medical information. The Italian journals are next to worthless as far as original matter is concerned, all their best articles being mere transcripts and that chiefly of British writings. The French and German journals are not, we admit, open to the same remark; but in these also, the amount of really available matter is comparatively small. It is true that in German literature there is much, in a purely scientific view, of great interest; but we would ask, if, in a journal mainly devoted to the use of the busy general practitioner, we should be thanked for elaborate disquisitions on the more abstruse subjects connected with our profession? It is a matter of anxious consideration with us to make our journal one of practical utility, and our foreign selections are, whenever we have the material, made with that view. It has appeared to us that by giving a concise abstract of the proceedings of the foreign scientific societies, together with the translation of such articles in the French and German journals at our disposal, as have a direct clinical bearing, we best fulfil the important trust which has been confided to us, as a portion of our duties; but we shall ever feel obliged for any hints, by the adoption of which our usefulness to the Association can be enhanced; and if our "Frequent Reader" will favour us with a more definite idea of the means by which, in his opinion, our labours may be rendered more worthy, we shall have much pleasure in tendering him our acknowledgements; and the more readily if his suggestions be made in his own proper name.

The daily papers contain another proof how little sympathy exists on the part of the public towards the medical profession, and how ready they are to support any charlatanry, however absurd, to its detriment. It seems that a Lieutenant Ackerly, whose bedlamite advertisements occasionally appear in the newspapers, has precipitated the death of an unfortunate man, who had been burnt in a colliery explosion, by asphyxiating him with the fumes of a wax-candle put under his nose, which is his way of contesting with homœopathy and other quackeries the honour of curing cases in which the "regular faculty have failed." Instead, however, of re-animating the breath of life, which his noteable invention was to have done, he very speedily extinguished it, and was accordingly put on trial for manslaughter. The result, as might have been predicted, was his acquittal, the notice of which was received with cheers by the enlightened audience.

Reviews.

Operative Surgery. By F. C. Skey, F.R.S. London: John Churchill, 1850. 8vo, pp. 709.

In his preface to the above treatise on operative surgery, Mr. Skey informs us "that he does not profess to give the multudinous opinions of other men, although he has not entirely withheld them," alleging as a reason "that the character of his mind is not attuned to authority, and that it has been his practice as well as his principle, to think for himself." We must therefore consider the above work not as a complete treatise on the operative department of surgery, but rather as a collection of the peculiar views held by Mr. Skey, in relation to the various operations performed upon the human subject.

The first two chapters are taken up with introductory remarks, which are in the main exceedingly applicable, conveying in clear and concise terms the duties of the operator and of his assistants, and explaining the ordinary laws of medical ethics as far as they relate to the operative surgeon in consultation. We believe in these chapters there is only one instance in which Mr. Skey adopts any plan differing from that usually practised, and that exception relates to the mode and time of the first dressing after important operations, which he advises should be commenced at the expiration of forty-eight hours, or even as early as thirty-six hours afterwards. This is certainly much earlier than is generally recommended, nor do we believe it possible to remove all the adhesive plaster from the line of incision at so early a period, without disturbing the recently-formed adhesions. Mr. Skey objects to the use of the isinglass plaster, which he thinks positively injurious. In this opinion we cannot agree, as we have never seen the adhesive process so perfectly carried out as by the adoption of the plan recommended by Mr. Liston, one of the most important features of which consists in the rejection of all irritating plasters, the line of incision being simply covered with the above plaster. The isinglass also allows, by its transparency, of the situation of the sutures being detected by the eye, and removed at an early period without the necessity for displacing the dressings.

The third, fourth, and fifth chapters comprise the subjects of Dislocations, Bandages, and Fractures, in which there are some useful suggestions, though on the whole the directions are somewhat meagre. For instance, under the head of bandages, four kinds only are enumerated, and again under the head of fracture of the thigh, we seek in vain for any directions for the application of the various apparatus which have been devised for this troublesome accident. A short allusion to Liston's splint and a still shorter to a plan proposed by our author, is all that we find on this controverted point.

Under the head of Aneurism, (which, together with the kindred subjects of Wounded Arteries and Nœvi, form the matter of the sixth chapter,) we have a needle described, which was invented by the late Mr. Alcock, and which, in Mr. Skey's opinion, is far superior to those generally employed. We can speak ourselves as to its efficiency, having shown it originally, twenty years ago, to Ferguson, the instrument-maker to St. Bartholomew's Hospital, soon after its invention by Mr. Alcock, and we have often been surprised at its value having escaped the notice of many of our hospital surgeons. We strongly recommend our readers to procure it, and try it in almost all cases where an artery requires a ligature to be carried round it, whether in a superficial situation, or at the bottom of a deep cavity.

In the above Chapter we naturally expected to find some allusion to the cure of aneurism

by compression with the spring apparatus, especially as Mr. Skey professes to avoid most scrupulously all appeal to the knife when practicable, we were therefore disappointed at finding only a short allusion to the plan of pressure *with the tourniquet*, without any reference to the numerous successful cases in Ireland and elsewhere, which have been recorded as treated with the elastic apparatus.

We pass over the following heads, viz., Venæsection, Arteriotomy, and Varicose Veins, as requiring no remarks, the description being, though short, practical, and useful to the young surgeon. The next division is that of Amputations, in which Mr. Skey enters into the question of the relative advantages of the circular and flap operations. Here we find many observations of great value, as coming from a surgeon who has tested the two modes, both in his own practice and in that of his colleagues. Mr. Skey seems inclined to abandon the flap operation, from the fact that the stump, though more sightly, is not so useful as that following the circular operation. Under this head also Mr. Skey introduces a tourniquet, invented by himself, which he thinks superior to the Italian instrument now so commonly employed; but Mr. Skey's tourniquet is not applicable high up in the thigh, or in the groin, which is a serious objection to its use, and is a chief advantage in the ordinary *presse artére*. The particular amputations are given in the usual manner, without any novelty, though with sundry omissions, but, as we before stated, Mr. Skey only professes to give the results of his own practice, and is not, therefore, open to criticism on this point.

In discussing the subject of Hernia, Mr. Skey advocates the propriety of opening the sac in almost all cases, adducing several cogent reasons for his opinion, which we have not room to enumerate, but leaving the question to be decided by the unerring test of statistical inquiry.

The thirteenth Chapter comprehends the operations of Lithotomy and Lithotrity, with a short comparison of their respective merits; the latter of these is dismissed with a very meagre description of the various instruments, and the mode of using them, whilst the former has received the utmost attention from Mr. Skey, indeed this is evidently his pet subject, and he has succeeded in doing it full justice. Much information may be derived, even by the practised surgeon, from Mr. Skey's description of the operation, which is characteristically graphic in its nature. The chief peculiarities in the method advocated by our author, consist in the adoption of a staff, with a large and peculiar curve, and in *his carrying his first incision at once into the groove of the staff*, careless alike of the bulb and its artery, and risking much injury, we think, by an attempt to expedite the operation, and to display unusual dexterity. We should scarcely recommend our readers to imitate the feat, though we have reason to believe that Mr. Skey usually succeeds in his attempt.

We have thus passed in review the principal subjects upon which Mr. Skey has offered his opinions, with the exception of his chapters relating to the operations on the eye, which are so short and carelessly written, as to be unworthy of notice. It will be perceived that we have discovered little to admire in these opinions, though where we have been able to do so, as in the remarks on amputations and lithotomy, we have gladly availed ourselves of the opportunity. As containing the results of Mr. Skey's experience, we can only regret that, with the opportunities which he has enjoyed, "his mind has been so little attuned to authority" as to prevent the comparison of his own experience with that of others, in the numerous instances in which it would perhaps have been of service to himself as well as to his pupils and readers. As a treatise on operative surgery, his work will not bear the test of careful examination, but as recording the experience of a metropolitan surgeon, it would be idle to say that some good may not be gleaned from its pages.

Proceedings of Societies.

BIRMINGHAM PATHOLOGICAL SOCIETY.

NOVEMBER 7TH, 1850.

MR. WICKENDEN IN THE CHAIR.

Deposit of Cancerous Matter in the Liver to an unusual Extent; slightly in the Lungs and in the Kidneys.—By Dr. RUSSELL.

THE liver was enormously enlarged, the proper tissue being almost entirely replaced by cancerous matter in nodules more or less coalescing, which, however, had not formed any projections at the surface. It weighed ten pounds. A like deposit was just commencing in the kidneys, and had formed several nodules in the lungs. The abdominal glands were healthy.

By the Microscope.—The deposit was found to be composed of cells, mostly spherical, with bright nuclei, the largest 1-1667th of an inch, the majority were much smaller. There were one or two compound cells; very few of the dark granule cells, and very little fat. The stroma was very scanty; it formed a delicate sheet. The hepatic cells were free from fat.

The patient was a pearl-button maker, aged 38. He had only remarked the tumour four months before death, though he had pain in the kidneys and at the right side for two years. He was confined to bed only for the last six weeks, with incessant vomiting and severe lumbar and abdominal pains. Towards the last his urine contained abundance of lithic lozenges. Emaciation only proceeded rapidly during the last three weeks, and he had not the aspect of malignant disease previously. He had never jaundice or anasarca.

Cancerous Degeneration of the Lymphatic Glands of the Neck and of the Loins, involving the Pancreas.—By Dr. Russell.

The glands of the right side of the neck formed a mass of stony hardness, lying on the transverse processes of the vertebræ, and extending into the thorax to the aortic arch, where it covered the origin of the innominata and reached to the root of the right lung; the right subclavian and common carotid artery, and a portion of the left vena innominata, were embedded in it. A second mass lay behind the pancreas, and having become identified with it, was converting it into its own tissue. The duodenum and pylorus were thrown forwards, but were uninjured. The abdominal tumour enveloped the branches of the aorta, and sent a process along that vessel, closely connected with the middle coat, to the bifurcation. A small detached tumour also adhered to the thoracic aorta. The mesenteric and bronchial glands were healthy. The lungs healthy. The heart presented a very remarkable appearance; it seemed to have lost substance; its vessels being very prominent, tortuous, and thin, and its serous membrane very loose; the surface was opaque. The pericardium contained half a pint of fluid blood; its source could not be discovered. There was plentiful deposit of atheroma in the aorta. The lower twelve inches of the colon presented a remarkable and abrupt double turn, maintained by old adhesions.

Microscopic examination.—Milky fluid flowed abundantly from the pancreatic tumour, which had the character of soft scirrhus; rather more sparingly from the cervical tumour, which was very hard and crisp. Neither tumour presented the fibrous bands usual in scirrhus. The fluid contained a multitude of fine cells. Varieties of the caudate and fusiform prevailed, some of which reached the 1-125th of an inch in length. A large number of the cells approached the spherical shape; they were from 1-1429th of an inch downwards. There were a few large compound cells, and many large granule cells. All the cells contained large nuclei. The stroma formed merely thin delicate sheets, loosely crossed in various directions (in the cervical tumour *only*) by beautiful bands of well-formed white fibrous tissue; it became quite transparent by acetic acid, nuclei only being left.

The patient was a smith, aged 64. There were few characteristic symptoms. Slowly progressing emaciation, and gradually failing strength for six or seven months, and unmanageable constipation. The cervical tumour had been noticed "several months." He had never a decided aspect of malignant disease.

Fatty Degeneration of the Muscular Fibre of the Heart: the Cavities of the Heart were generally Dilated.—By Dr. Russell.

The valves were healthy; the auricular orifices large; there was a copious deposit of fat upon the right ventricle externally, especially towards the apex, but none upon the left side of the heart. The muscular fibres of the lower half of the right ventricular wall were gradually supplanted from without inwards, by a fat-like substance, increasing in thickness towards the apex, where only a thin muscular layer remained; the heart was generally very flabby, its muscle of a uniform deep colour; the aorta contained atheroma very sparingly, but it had quite degenerated the middle coat, where it had existed. The other organs were congested. There was a large amount of fat under the skin, upon the pericardium, in the peritoneal processes, and around the kidneys. The veins were full of dark blood.

Microscopic examination.—The *degenerated muscle* of the heart was composed of fat in large vesicles, and areolæ, and among it small patches of the remains of the muscular fibre, of which the ultimate fasciculi were well formed, but the striæ were scarcely visible. *Near the degenerated portion*, groups of fat vesicles lay among the muscular fibres; the fasciculi were delicately mottled, and without striæ. Of the rest of the heart the fasciculi were filled with minute bright granules, in longitudinal rows, and with imperfect indication of striæ. The liver and kidney-cells were free from fat.

The patient was a carrier, aged 61. He had ailed for 14 years. There was evidence of diseased heart for eight years. The last six months he suffered from short breath, independently of exertion, which often amounted to distressing orthopnœa, and from incapacity for exertion. He had a distressed haggard countenance, though free from blueness. His pulse was very irregular, about 80. The sounds of the heart were obscure, as in hypertrophy; the impulse feeble, as in dilatation. He had cold feet only for the last six weeks, and anasarca for the last three weeks; but it rapidly became extreme. There was sometimes some cerebral excitement, and he had had symptoms of congestion of the brain more than once. His death was quite gradual.

An Atrophied Placenta containing Apoplectic Clots after Abortion.—By Mr. Bindley.

It was irregularly lobulated. One of the lobes contained a large coagulum, another portion was doughy and contained blood extravasated into its vascular network, which was degenerated into a pulpy mass; the whole organ was atrophied; the funis thin; the vessels pervious. The patient was a young woman, quite

healthy, and had previously never aborted. She had five children. She aborted at the seventh month, after a slight injury to the abdomen six weeks before.

Fluid taken from a patient with Ovarian Dropsy.—By Dr. Russell.

The fluid was opaque, and of a very dirty colour, strongly albuminous, specific gravity 1018, neutral. By the microscope, it contained a small number of imperfect cells, from 1-715 to 1-2500th of an inch in diameter, and plates of cholesterine. The patient was a lady, aged 62; she had six children, was of quite a healthy appearance, her catamenia ceased naturally twelve years ago. The fluid had been forming ten months; fourteen quarts were removed from one cyst; but another remained. She died soon after, under what circumstances was not known, but she had quite recovered from the effects of the operation.

Tumour enclosing a Calcareous Concretion, involving the Right Optic Thalamus.—By Mr. Bindley.

The place of the right optic thalamus was occupied by a tumour, the size of a walnut, encased in a thin lamina of healthy nervous substance, apparently the remains of the thalamus. It projected considerably into the ventricle, and enclosed a calcareous concretion the size of a filbert, of irregular figure. The tissue of the tumour was distinguished from nervous substance by its greater consistence, and its yellowish pellucid colour. The fresh section had a striated and gelatinous appearance; small earthy particles were disseminated throughout its substance. The tumour and its enveloping brain-substance became quite detached by maceration in spirit. The ventricles were dilated by limpid serum, and three ounces of limpid serum lay in the subarachnoid space. The veins and sinuses contained less blood than natural. The other organs were healthy. The uterus was gravid.

By the Microscope.—The tumour seemed to consist of small cells and granular matter, with a sparing intermixture of fibrous element.

The patient was a servant. She was a young woman, and unmarried. She died quite suddenly after a short struggle, having only complained of some confused pain in her head the day before. She had not exhibited any marked symptoms of cerebral disease.

Large Aneurism of the Ascending Aorta, nearly obliterating the Innominata.—By Dr. Fletcher.

The aneurism was of the size of a large orange; it sprang from the first band in front of the origin of the innominata, and projected upwards and to the right, compressing the bronchus. It was quite filled with firm laminated fibrin, and completely plugged the origin of the innominata, but left the aorta free. The ascending portion of the aorta was somewhat dilated, and had in its front three small pouches in a vertical line, formed by the healthy outer and inner coat, the middle being greatly thinned. The aneurism had protruded through the upper bone and part of the middle bone of the sternum, the intervening cartilage being left; very hard fibrin lay between the remaining bone and the periosteum. The heart was healthy. There were a few tubercles in the apex of the lungs.

The patient was a sawyer, aged 40. He was accustomed to make great exertions, and was extremely dissipated. He spat blood first about two years and a half since, after a violent strain; it was followed by stitches in the right side, and then by some palpitation. Six months after a prominence appeared at the top of the sternum, and simultaneously some dysphagia with solid food, and dyspnœa. He soon became unable to work. His voice became changed, speech being often very difficult if pulsation were excited in the tumour. A hard cough troubled him, and he was much emaciated and enfeebled a year before death. At that time the upper bone of the sternum had been ulcerated through. There was no bellows sound in the tumour. The arteries from the innominata did not pulsate, though there was no deficiency of heat nor of power in the parts they supplied. By treatment his symptoms were much reduced, and his health improved, but he subsequently fell off again, and died gradually of exhaustion.

Extensive Tubercular Deposit, with very Local Degeneration of the Aorta.—By Dr. Fletcher.

Both lungs were filled with tubercular deposit in all the stages, and the tissue was generally condensed, particularly at the apices, where was a single large cavity; scattered ulcers were in the jejunum, to within two feet of the duodenum, and more thickly placed in the ilium, with external deposit of lymph; the mucous membrane, for ten inches of the ascending colon, was quite destroyed with the thickening of the coats; there were ulcers through the rest of the colon; the mesenteric glands were healthy; the liver was mottled with yellow, and unctuous; the ascending aorta was greatly dilated at its commencement, and presented a rim, two inches in breadth, of osteo-cartilaginous structure, studded with bony spiculæ; the heart and rest of the artery were healthy.

The patient was a carman, aged 35. He was in perfect health till he received an injury to his chest four years and a half since, causing an illness. He was much exposed by his trade, and drank freely. A year and a half ago he was found to have general condensation of the right lung, and local pleuritic effusion in the upper part. It was relieved, but subsequently the symptoms of advanced phthisis were presented, with severe diarrhœa and hoarseness.

Gun-Shot Wound of the Thigh.—By Mr. Pemberton.

The neck of the femur was fractured, partly within and partly without the capsule. Shot and fragments of bone lay in the wound. An old fracture, united, existed in the lower third of the femur. The patient was a labourer, aged 50, intemperate. He received the injury after drinking, in a quarrel. The charge entered from within, about six inches below the pubes, and passed out behind the trochanter. He died on the

eighth day, having had rigors during the last four days, with great prostration. The diagnosis was confused by shortening of the old fracture.

DECEMBER 5TH, 1850.

MR. PARTRIDGE IN THE CHAIR.

Heart enormously Hypertrophied by Contraction of the Aortic Orifice.—By Dr. FLETCHER.

The heart weighed one pound and a half; the capacity of the left ventricle and the thickness of its walls were doubled; the left ventricle formed the apex of the heart and extended quite behind the right ventricle. The aortic orifice was contracted to one-third its usual capacity, by thickening and corrugation of the valves; the other valves were healthy. The right walls were thick. There was half an ounce of bloody fluid in the pericardium. The lower lobes of the lungs were congested and friable; there was general adhesion of the right pleura, and scanty bloody fluid in the left. The liver was of a buff colour; acini confused. The patient was a lawyer, aged 29. He had rheumatism severely ten years ago. His last illness was of six weeks' duration. It commenced after exposure to cold, followed by rheumatism, and then by pain and dyspnœa, and other very urgent symptoms, becoming speedily fatal.

Fatty Degeneration of the Heart.—By Mr. BINDLEY.

The lower-third of the anterior wall of the left ventricle is mottled, much thinned, tears readily, and presents the characters of fatty atrophy; there were also some spots of degeneration in the columns of the right ventricle, whose walls are thin; the ventricles are dilated. The right coronary artery is contracted by osseous deposit; there is a large deposit of fat on the base of the heart and along the coronaries. The arch of the aorta is dilated and atheromatous. The laryngeal and pulmonary mucous membrane is dark coloured; the pulmonary veins are plugged with dark coagula, most so in the middle lobe of the right lung, where there is much œdema. The kidneys are in an early stage of granular degeneration; there is a large deposit of fat under the skin, on the pericardium and in the abdomen.

By the Microscope.—The degenerated tissue, was without striæ or nuclei; in place of them, molecules and minute globules of fat; elsewhere the tissue was healthy.

The patient was an engineer, aged 61, very corpulent for the last two years. He had an apoplectic attack eight years since, and again two years ago, and became unable to take exercise. He was subject to constipation, vertigo, occasional slight gout, bronchitis, neuralgia of the scalp, erythema of the ankles, and constriction of the abdomen. The last month he had constant attacks of angina, with great dyspnœa at night; œdema came on; his urine became very albuminous and with lithates; anasarca affected the face and upper extremities; orthopnœa, blueness, and low delirium. Death by asphyxia in a paroxysm.

Perforating Ulcer of the Stomach, with surrounding Disease.—By Dr. FLETCHER.

The ulcer was of the size of a fourpenny piece, in the anterior wall of the stomach, and close to the lesser curvature. The neighbouring glands were enlarged, dead white, and partially broken down. The small omentum was greatly indurated, involving the vena portæ. The abdomen contained lymph and fluid. The patient was a blacksmith, aged 56. Ascites came on gradually through several months; he suffered much from constipation, anasarca came on, and much pain in the abdomen. His urine was scanty. He died in a few hours, having vomited and been seized with severe pain.

Large Osseous Tumour of Femur; fatal by undergoing Malignant Degeneration.—By Mr. PEMBERTON.

The tumour occupied the inside of the lower-third of the thigh; it was of conical shape, and nearly as large as an adult head, it sprang from the lower-third of the shaft of the femur and from the inner condyle, completely avoiding, however, the articular face, and lying entirely on the inside of the limb. Its transverse diameter from the outer condyle was nine inches. It was formed of bone, of close ivory texture and white colour. The cancelli of the portion of the shaft remained distinct, but partly replaced by lymph. At the lower part the shaft gradually merged into the tissue of the tumour. The lower-half of the tumour was excavated by ulceration into a large basin, eight inches in diameter, having a foul sloughy surface. On the posterior face of the tumour was a fibrous growth, composed of cells, not unlike the spongy vascular tumours of bones, which by the microscope manifested a fibrous stroma, with numerous small globular, caudate, and fusiform cells. The knee joint was natural; patella pushed upwards.

The patient was a female, aged 45. She had ten children. The tumour commenced during pregnancy, seven years ago, and grew slowly. During the last sixteen months her health failed, and the growth was more rapid. Ulceration commenced three months before death; at the commencement only it was attended by hæmorrhage; it was very rapid in its progress. In this period the vascular tumour formed. The state of the inguinal glands, when seen by Mr. Pemberton, prevented amputation. She had no inherited malignant taint.

ROYAL MEDICAL & CHIRURGICAL SOCIETY.

TUESDAY, FEB. 11, 1851.—DR. ADDISON, PRESIDENT.

*Case of Cæsarian Section.**—By H. OLDHAM, M.D.

[The following is the concluding portion of the discussion on Dr. Oldham's "Case of Cæsarian Section," which from its great length we were compelled to omit in our last number:—]

Mr. WREN said that the observations he had to make would be short, as much as he had intended

* Concluded from page 154.

to have said had been spoken by Dr. Murphy. Whether Dr. R. Lee's remarks were to be regarded as personal or not, he could not help feeling that the observations made by that gentleman affected him (Mr. Wren) seriously, and more particularly as they had been reported in the medical journals. The charge against him amounted to this—that had the patient whose case was before the Society, fallen under the care of Dr. West at any early period of her pregnancy, Dr. Lee believed that the result would have been different. He (Mr. Wren) contended that this assertion was most unwarrantable and unjust. He would beg to ask Dr. Lee whether it was usual for a practitioner to examine his pregnant patient (with the structure of whose pelvis he was ignorant) without a sufficient cause and excuse for so doing. Would permission to do so be granted? He (Mr. Wren) believed that it would not, unless some just and reasonable cause presented itself. Now the symptoms presented in the case under discussion were not such as justified the proposition of such examination, or could lead to the suspicion that disease existed. Dr. Lee had depicted the symptoms in a manner which might lead the fellows of the Society to infer that the patient suffered vastly more acutely than she really did. But he (Mr. Wren) would now trouble the Society with his own version of the symptoms at the time he first saw her, and afterwards, up to the day of the operation, and those marked by inverted commas were the identical words copied and sent to Dr. West. The notes were short, and chiefly from recollection, but they were most strictly and conscientiously correct. "She represented her health as having been always delicate; complained of distressing heartburn, pain in the head and throat, sickness, loss of appetite; stated that she had constant fainting fits—that a morning rarely passed without such. Pulse 130 and upwards; bowels irregular and constipated; dreaded her confinement, and observed that she was sure she could not go through it unless she was rendered insensible by means of chloroform, the effect of which she had experienced. —Jan. 4th. She told me this day, that on the occasion of my previous visit she was nervous and agitated; had had several fainting fits; these usually occurred in the morning, on first awakening; heartburn not relieved. Under the treatment pursued, with little or no variation for nearly three months, she regained her appetite, the sickness subsided, the fainting fits became rare, indeed, almost ceased, and she had much more rest at night; her pulse, however, still remained at 120.—March. At the commencement of this month she complained of suffering severely from cramp, and that the slightest exercise produced it, and pleaded this as an excuse for not taking the exercise which I urged. Upon each occasion of my requesting her to allow me to examine her heart, she objected, stating that the medical men who had previously attended her, amongst whom was Dr. Hamilton Roe, had always pronounced the heart to be free from disease; at the same time she remarked, unsolicited by me, that they had all told her her pulse was never less than 120." Now he (Mr. Wren) would ask if there was one symptom that could lead to the suspicion that pelvic disease was present? Were not the symptoms, in fact, such as would or might present themselves in an ordinary case of pregnancy? With regard to the statement of Dr. West, in the paper, that this patient was incapable of walking, he begged to say this was an error—a mistake into which Dr. West might have fallen from misunderstanding her husband; at all events it was not correct. The husband, in fact, positively affirmed that his wife went daily, and without the least assistance, from the sitting-room, on the first floor, to the water-closet, down three flights of stairs, and across a yard, twenty feet in length. For the last two months of her life, the husband was in the habit of carrying her from her bed to the sofa and it might be inferred from this that she could not walk, but this would be a mistake. Invariably, when he (Mr. Wren) called to see her, she rose from the sofa, and on his leaving the room, walked to the door, and exhibited no sign of lameness or any awkwardness that could lead to the suspicion of the existence of pelvic deformity. It might be inferred from the remarks made by Dr. Lee, that he (Mr. Wren) had frequently seen her in bed; but this he had never done; and she had always found some excuse to prevent him from examining the heart, and remaining in bed. She was a very sensitive person, not giving information about herself readily, and her husband had never made a remark which would lead to the suspicion of any malformation. There was not, as Dr. Lee had stated, violent pain in the chest, extending down the back and loins, nor any symptom whatever of pelvic disease. He had expressed himself perhaps imperfectly, but he trusted that he had said sufficient to justify himself against the charge which had been made against him. (Cheers.)

Dr. West now rose, for the purpose of making some remarks; but it being observed by the President that the usual time for adjournment had nearly arrived, and as many fellows were anxious to address the Society, a motion was made, seconded, and unanimously carried, that the discussion be prolonged for half or three-quarters of an hour longer, according to the discretion of the President. Hereupon

Dr. Ashwell remarked, that it was easy to understand how men enthusiastically devoted to the pursuits of a profession should occasionally express themselves with an appearance of something like personality, when in fact, after the excitment of the discussion was over, nothing of the kind was really intended. Still it must not be forgotten, that by energetic collisions of this nature, truth was elicited; and, said Dr. Ashwell, "I doubt not the members of the Society who have entered most warmly into the question now before it would, with great pleasure and most impartially, accord to Dr. Lee his full measure of praise, if ever he shall again announce and establish other discoveries as illustrious as his demonstration of the uterine nerves. But, Sir, the question now in debate is a most important one, being no less than the determination of the worth and desirableness of the Cæsarian section. Although agreeing in a great deal that Dr. Murphy had said, he still thought the operation was most undesirable, and, like all the operations of abdominal obstetric surgery, all but uniformly fatal. In reference to the case brought forward by his friend Dr. Oldham, he did wish that he had persevered for a *longer* period in his attempts to deliver by embryotomy, before resorting to the Cæsarian section. Still, in saying this, he was quite aware that

he might be met by the infelicitous result of his own case which had been quoted by Dr. Oldham, and in the management of which he had enjoyed all the facilities and appliances which Guy's Hospital so richly afforded. It is true that he (Dr. Ashwell) intimated, in that case, if he had seen the patient earlier, the Cæsarian section might have been properly resorted to, although it ought to be stated, that, in juxta position with that remark, he had emphatically said that premature labour, artificially induced, was the appropriate measure in such cases. Still he was quite aware how difficult, and in some instances, how insuperably difficult was either craniotomy or the breaking up of the child. This fact (said Dr. Ashwell) ought not to be concealed; for no one except he has himself had the management of such formidable cases, can form an adequate idea of the obstacles to be overcome. But even with this admission, he (Dr. Ashwell) still said, that in almost every instance this dreadful operation should be negatived. The cases adduced show how few, how very few, recovered; this brought him to the conclusion that premature labour, and where this had been neglected, craniotimy and the dismemberment of the child, with all their difficulty and delay, were far preferable to delivery by the Cæsarian section. Certainly, in those unhappy cases where there was a suspicion that the pelvis was deformed, whether from mollities, or independently of this destructive malady, it was the great duty of the accoucheur to examine as early and as accurately as possible—that the membranes might be punctured, and labour induced at as early a period as the degree of deformity rendered necessary.

Dr. Tyler Smith thought it should in all fairness have occurred to Dr. Murphy, that by far the greater number of the craniotomy operations of Dr. Lee were performed upon cases of other medical practitioners, to which Dr. Lee had been called at the last extremity, and, in which, therefore, no question respecting the induction of premature labour could have been entertained by him. With respect to the Cupar case it must be considered as one in which nature wisely performed the operation of premature labour, and destroyed the fœtus by rendering the placenta unfit for its support. In the case detailed by Dr. Oldham, it appeared to him a matter of regret that the child was not destroyed at the earliest possible moment after the commencement of labour, or that time was not permitted to elapse after craniotomy, so as to allow putrefaction and softening to proceed before the efforts at extraction were made. In Dr. West's case it was also to be regretted that the attempt to perform craniotomy was not made, particularly as it appeared that Dr. Ramsbotham had leant to this plan in the first instance. In cases of osseous deposit, it was difficult to estimate the amount and density of the bony matter contained in the pelvis. In some cases on record the bony structure had broken down, so as to allow of delivery, and many cases which seem at first to present insuperable difficulties become less formidable when craniotomy is attempted. In most cases it was impossible to say without a trial that craniotomy and extraction might not be performed. It was also unfortunate that no reference had been made in Dr. West's paper, to the induction of premature delivery, and no regret expressed at the time for the performance of this operation had passed without the detection of the pelvic deformity. If that regret had been expressed, the operation for the induction of abortion or premature labour and the Cæsarian section, could not have been brought before the Society in such violent collision. He (Dr. Tyler Smith) had understood Dr. West to say, in the few words he had spoken at the close of the last meeting, that the induction of premature labour so ably handled by Dr. Lee, was fully recognised by the teachers of midwifery in this country. He begged to differ from that opinion. Dr. Lee had referred to the induction of premature labour and also to the induction of abortion in the early months in cases of high distortion—an operation which of necessity sacrificed the ovum to preserve the life of the mother. Dr. Wests's observations could only refer to the induction of premature labour at a time when the child was viable. He contended, however, that neither premature labour nor premature abortion were held in sufficient consideration by some obstetric teachers, though the operations belonged to this country. Dr. West had himself recently published an elaborate historical essay on the fluctuations of opinion which had existed respecting the merits of turning, and the use of the forceps, in cases of distorted pelvis. Now, it was remarkable, that throughout this essay, no reference whatever was made to the induction of premature labour, a more important matter in such cases than either turning or the forceps, which came between them, and without which it was absolutely impossible to estimate their respective merits. Dr. Rigby, also, whose name has been mentioned in connection with one of the cases of Cæsarian section brought prominently before the society, had written in his "System of Midwifery," a special chapter on the induction of premature labour, but he had not said one word about the induction of abortion in cases of high pelvic distortion. Dr. Murphy, in his published work "On Difficult Parturition," had only noticed the induction of premature labour in a cursory manner, and as a mode of saving the life of the child. Yet it was, without doubt, one of the most important points in the entire range of obstetrics. Dr. Lee had operated on one patient twelve times, and both the mother and several children were now living. In other cases the ovum had been destroyed many times in succession, in order to rescue the life of the mother. Some obstetricians entertained doubts of inducing abortion repeatedly in the same individual. Denman, who thought the fœtus suffered pain, originated this doubt, but it had not been developed until there were some teachers of midwifery in this country, who declared the operation should be performed once only, but that afterwards the wretched woman should be left to take the fearful chances of the Cæsarian section. To say this, was to assume the position of the Supreme Judge. As well might we refuse to cure syphilis the second time. Such a dogma was most monstrous. It was both absurd and immoral, under any circumstances, to prefer the life of an ovum, of four or five months, depending from day to day for its existence upon the state of the mother, to the life of a mature woman; and he trusted that one result of the present discussion would be to bring the subject of induction of abortion, as opposed to the Cæsarian section, into more prominent notice. Dr. West had said, that

in similar cases to the one he had related he would repeat the Cæsarian section, but he hoped that before the publication of his paper in the *Transactions* of the Society, some reference would at least be added to the all-important relations of the induction of premature labour and abortion in such cases.

Mr. SKEY apologized for rising to speak upon an obstetric subject; but as he was more or less implicated in two of the interesting cases which had been brought before the Society, he could not help rising and protesting most emphatically against the imputation which had been thrown against the practitioners connected with those cases of want of judgment and of rash practice. With regard to the case of the woman described in Dr. West's paper, Dr. West was himself responsible. When he (Mr. Skey) was called upon to operate, he did not go blindfolded to the proceeding; the operation was considered by all the obstetric physicians present, by Dr. West, Dr. Murphy, Dr. Ramsbotham, and Mr. Wren, to be indispensable. So much for his (Mr. Skey's) connection with that case; further remarks upon it he would leave to others. As to the former case, with which his name was associated, Dr. West and Dr. Murphy would seem to imply that that case was under the care of Dr. Rigby. It was not so; he (Mr. Skey), and he alone, was responsible for that case. The woman had come under his care in the hospital close upon the seventh month of pregnancy. What did he do? Was he to take the management of an obstetric case? He knew nothing of obstetricy. (Laughter.) No; but what did he do? Why, he called in consultation almost every obstetric practitioner of eminence; but he had not the advantage of the opinion of his friend Dr. Lee there. (Mr. Skey pointed to Dr. Lee who sat near him. Dr. Lee bowed.) But he had the advantage of the opinion of Dr. Rigby, Dr. Protheroe Smith, Dr. Fergusson, Dr. Locock, and also of twenty eminent physicians. He begged the physicians' pardon; he meant general practitioners. (Laughter.) He did not recollect their names; indeed they were "legion," but they were men well able to give an opinion on a practical question regarding this part of their profession. And what was the result? A corresponding statement of opinion of every one. Yes, every one declared that it was too late a period then to attempt to induce premature labour. Yes, he could have twenty names appended to the memorial that it was too late for such interference. Then came this question to him: Should he perform the Cæsarian section prior to the ordinary period of full pregnancy? His own opinion was that he should; but here the physicians stept in again, and said, No! This was the opinion of Dr. Locock, and also of Dr. Rigby, and the argument they employed was this:—the natural period was the most desirable, and to anticipate a natural process would be dangerous. Well, then, he determined to wait until the ninth month. He took the responsibility of the case fully, but he shared it with too good men, who were cognizant of all the circumstances, to fear that he had not been justified in what he did do. But after all, he was merely a creature in the hands of the obstetric physicians. He had nothing more to say; but he would direct the attention of this meeting to the pelvis of this woman. Here was the monster (taking it up). There, look at that (exhibiting it). Was there ever such a diameter? One inch and one-eighth in a dry pelvis. What would his friend there have done (pointing to Dr. Lee, who got got up to examine the pelvis). Would he have tried to deliver in this case, on a pelvis with a diameter of an inch and an eighth? He had never heard of anything like it. He did not believe that it could be done. He had spoken out upon the subject, as he felt bound to do. No one had a higher opinion of Dr. Lee than he had, and he had given him the first testimonial with respect to one of his discoveries. He mentioned that to show that he respected him. He would not dwell upon the subject farther, except to say, that when a question of difficulty arose, and a single mind differed in opinion with the large majority, he did think it became that individual to deliver his opinions with some degree of qualification and hesitation, and not to launch forth condemnation against those to whom he was opposed. (Hear, hear.)

Dr. LEE, who had been absent during the greater part of the evening by unavoidable professional business, having come into the Society a few minutes before, immediately rose after Mr. Skey had sat down, and took up the *monster* pelvis, which Mr. Skey desired might be handed to him. After rapidly examining all its dimensions, brim, cavity, and outlet, Dr. Lee expressed his utter astonishment that this pelvis could ever have been represented by Mr. Skey, and described as a highly distorted pelvis requiring the Cæsarian operation. Holding up the pelvis to the Society, Dr. Lee declared that the outlet was not distorted in the slightest degree; the tuberosities of the ischia could not be less than four inches and a half apart, and the point of the coccyx equally distant from the symphysis pubis. The whole hand might readily have been introduced into the cavity of this pelvis, to direct the perforator and guard the crotchet, had the operation of craniotomy been performed. Dr. Lee said the distance from the base of the sacrum to the symphysis pubis was certainly small, but in the sides of the brim there was sufficient space for the extraction of the head at the full period, and he had no doubt that in this case he could have safely accomplished the delivery with the crotchet, even at the time the Cæsarian operation was performed. Had premature labour been induced, even after this patient had been admitted into St. Bartholomew's Hospital, the delivery might have been effected with the perforator and crotchet, with the greatest ease and safety. Had premature labour been induced when the pregnancy was first ascertained, the operation of craniotomy would have been a very simple and trifling affair. Mr. Skey has informed the Society, with great warmth, that he takes the whole responsibility of this case upon himself, and that he is wholly ignorant of midwifery—knows nothing whatever of obstetricy. The whole responsibility of the operation, he said, devolved upon him; he alone was responsible for all the results, and that he had considered it necessary to protect his character against the imputation which he (Dr. Lee) had cast upon it. Sir, (said Dr. Lee,) I have never considered Mr. Skey responsible for the fatal operation, and I have never cast any imputation whatever upon the character of Mr. Skey, as a surgeon; I have been

told that he performed the operation admirably well. Mr. Skey said he took the whole responsibility of the operation upon himself, though entirely ignorant of midwifery, but he had no sooner said this than he shifted the responsibility to other shoulders, to a great many accoucheurs whom he named. I was not one of the number. The question before us is, not the responsibility or irresponsibility of Mr. Skey, who, as the Society must now perceive, is destitute of all knowledge of midwifery, but the point is, why the induction of premature labour was not had recourse to when the pregnancy was ascertained beyond all doubt, on the 27th of October, when Mr. Jolin, with Mr. Skey, decided that the Cæsarian operation should be performed? On the 7th of October, 1846, it was positively known that pregnancy existed, and that there was great distortion. On the 27th October, Mr. Skey decided that the Cæsarian operation should be performed on the 5th of November. (I believe it was Guy Faux's day.) The woman was admitted into the hospital to be operated upon; she remained in St. Bartholomew's Hospital all the rest of the month of November, the whole month of December, and during January, till the 26th. If there is an mistake in these dates, let Mr. Skey now correct it, and let him inform the Society why the induction of premature labour was not had recourse to between the 27th of October, 1846, and the 25th of January, 1847? Let Mr. Skey answer this question in a satisfactory manner to the Society. (Dr. Lee here paused, but Mr. Skey gave no answer, made no reply.) I maintain, Sir, resumed Dr. Lee, that the operation was wholly unnecessary and unjustifiable. I have the pelvis of a woman, at St. George's Hospital, far more distorted, who was twice delivered at the full period, and thrice by the induction of premature labour. I requested this pelvis to be placed on the table, but I regret to say it is not there. (A voice in the crowd called out, "Here is the pelvis!" and it was handed to Dr. Lee, who immediately held up Mr. Skey's pelvis in his left hand, and his own in his right, and begged the Society to compare them.) The President desired that they should be handed up to him. Mr. Skey's monster was speedily reduced to its proper dimensions in the face of the Society. (Mr. Skey said nothing.) The history of this highly distorted pelvis, Dr. Lee said, had been fully detailed in his Clinical Midwifery. In 1820 he had been called to deliver the patient, who had been forty-eight hours in labour at the full period, under the care of a midwife. The woman was a native of Manchester. More than three hours were spent in dragging the smaller bones of the head through the pelvis. She had suffered much from pain about the ilia and sacrum during pregnancy, and became unable to walk. Dr. Lee recommended the patient to have premature labour induced if ever she became pregnant again, but the advice was not taken, and in 1832 the late Dr. John Prout was called to this patient when in labour at the full period. From the distorted state of the pelvis, Dr. Prout found it impossible to reach the os uteri with the finger, and thought delivery never could be accomplished but by the Cæsarian operation. The pains being weak and irregular, and no necessity for immediate delivery, Dr. Lee advised delay. About twenty-four hours after the commencement of labour, Dr. Golding and Dr. Lee saw the case with Dr. Prout, and then the orifice of the uterus was felt considerably dilated, and the head presenting. It was resolved to perforate the head to remove the brain, and leave the case for a time to nature. Fourteen hours after Dr. Golding passed up the crotchet between the uterus and head, and fixing its point in one of the orbits, succeeded in dragging the head through the pelvis. The patient recovered, as she had in 1820, without a bad symptom. In the month of June, 1833, premature labour, or abortion, was induced in this patient in the fifth month of pregnancy by perforating the membranes. The fœtus was expelled eight days after, without any artificial assistance, and she recovered in the most favourable manner. On the 12th February, 1835, premature labour was induced in the same patient at the commencement of the seventh month of pregnancy. The fœtus was expelled without artificial assistance, but its head was squeezed so as to be quite flat on the sides. On the 19th January, 1836, when the same patient was at the end of the sixth month of pregnancy, Dr. Lee endeavoured to induce premature labour, by puncturing the membranes. He could not succeed, and this partly in consequence of the forefinger of the left hand being, at the time, nearly deprived of sensation and the power of motion, from a dissection-wound, followed by deep-seated inflammation of the joints. The use of this forefinger had long been completely regained. The effects of ergot of rye were tried without effect. On the 14th of March another attempt was made to perforate the membranes with Mr. Holmes's instrument, but this did not succeed in consequence of the instrument not being sufficiently curved. Dr. Lee had his probe-pointed stiletted catheter constructed, and with this, on the 24th of March, he at once succeeded in drawing out the liquor amnii. The presentation was unfortunately preternatural, and great difficulty attended the extraction of the child, and the patient subsequently died. Had the head presented Dr. Lee had no doubt that the labour would have been accomplished with perfect safety to the mother. In the dwarf at Chelsea whose pelvis was distorted in the highest degree, he and Dr. H. Davies had completed the delivery, and not a single bad symptom followed. Four hours and more were spent in delivering this patient. They took the crotchet by turns, relieving one another when exhausted. The child was literally taken to pieces, and extracted. They were accustomed to call this the Battle of Waterloo, from the condition in which they were left after the affair. To this woman I recommended the induction of premature labour in any subsequent delivery. These, Sir, are not the only cases of the highest degree of distortion in which I have succeeded in accomplishing delivery safely with the perforator and crotchet. Dr. Collins, in a letter written a few days ago, says:—"I have never met with any case where I was not able to effect the delivery without resorting to the Cæsarian section." Dr. Joseph Clarke met with no case where it was necessary. Where it is practicable to accomplish the delivery by any of the ordinary methods, the operation is, in my opinion, unjustifiable. I have seen several cases where it was considered by some, previous to the commencement of labour, that it would be impossible to effect delivery

otherwise, but when strong uterine action set in their opinions were changed. I am now, Sir, fully satisfied that if, in cases of great distortion at the pelvis, abortion or the induction of premature labour were had recourse to at the proper season, no case could occur in which the Cæsarian operation could be required. I have been informed, Sir, that during my unavoidable absence from the Society the greater part of the evening, Dr. Murphy has made some observations on my published tabular view of 127 cases of difficult labour in which delivery was effected by the operation of craniotomy. If accurately informed, Dr. Murphy has stated that I could have had no faith in the induction of premature labour, seeing that I had performed the operation of craniotomy 127 times, and that there had been in consequence, and unnecessarily, a great waste of human life. The details of all these 127 cases have been published in my "Clinical Midwifery," and it is very extraordinary that Dr. Murphy should not have known, and stated to the the Society, that in very many of these cases there was no distortion of the pelvis whatever to justify the induction of premature labour. If Dr. Murphy had ever looked at the table, he would have seen that four of the fatal cases were cases where the operation was had recourse to in consequence of the fœtus being hydrocephalic; that the operation was had recourse to in others, not because there was distortion, but because the uterus had been ruptured spontaneously before I was called to see the patient; that in others there were convulsions, dangerous hæmorrhage, or some serious complication wholly unconnected with the state of the patient. Had Dr. Murphy taken the trouble to look at the table for an instant, he would have seen that in a very large proportion of these cases, before I was called into consultation, the labour had continued from 40 to 70, even 144 hours, and that immediate delivery was required. Had he looked, Sir, at the table, as he ought to have done, before venturing to criticise my practice here, he would have discovered that I had never seen the patients, and knew nothing of them, till the moment I was called upon to relieve them from sufferings, and that when the results were unfortunate, it was because the operation was too long delayed. In no case, Sir, of distorted pelvis with pregnancy, have I failed earnestly to recommend the induction of premature labour. I have, Sir, the greatest faith in the induction of premature labour, and wish, for the sake of humanity, that I could inspire others with the same confidence. I must apologize to the Society for occupying so much of their time. If any gentleman have any questions to put to me, here I am to answer them.

Dr. Webster here rose to mention a case, but the time of the Society being nearly expired, and there being general calls for him,

Dr. West rose, and said, that if, when Dr. Robert Lee had borrowed his paper from him, three days before it was read to the Society, he had asked him only a few questions, how much unpleasantness might have been spared. First, however, with respect to his (Dr. West's) statistics of the Cæsarian section; he had not enumerated in his table any case before 1750, because it was from that time that Professor Kaiser, of Copenhagen, had dated his first case; he (Dr. West) did not think it necesssry to give cases anterior to that date; they might, therefore, be dismissed. There was only one exception to this, the case of Mary Donelly; this he introduced, because he believed that it had been well attested, and had usually been referred to in accounts of the Cæsarian section; two medical men had seen the woman previous to her labour, had seen her also a few days after her delivery, when the incision in the abdomen was shown to them. The child's leg was in the vagina previous to the operation, so that it was either a case of Cæsarian section, or ruptured uterus: under either circumstance the case must be regarded as most remarkable. Mr. Barlow's case had been doubted, in consequence of the extreme tenuity of the walls of the uterus when it was cut into; but Mr. Barlow, in his account of the operation, had said that the liquor amnii had come away, the uterus had contracted, and the lochial discharge taken place. The mere tenuity of the uterus was not sufficient of itself, as it was not so very uncommon as to warrant us in rejecting this as a case of Cæsarian section. Dr. Lee, in his table of this operation, had left off at the 23rd case, but since 1821 there had been four successful cases of Cæsarian section in Great Britain; and the case operated upon by Mr. White, of Manchester, might be added, in which the woman lived until the thirty-second day after the operation, dying then from an advance of the disease in the bones of the pelvis, and not from the operation or its consequences. The Cæsarian section, then, was not so necessarily or so invariably fatal as Dr. R. Lee would lead the Society to imagine. Other cases on the Continent had also been successful, and he (Dr. West) did not see why evidence from the Continent on this subject should be rejected. This was all he need say in answer to Dr. Lee. With respect to the observations of Dr. Tyler Smith, and the expression of his regret that craniotomy had not been attempted in his (Dr. West's) case, he would remark, that it was, he believed, true, that in two cases of softened mollities ossium which had been placed on record, the bones did yield when the instruments were applied, but this was quite an exceptional occurrence, and did not offer a sufficient warrant for a repetition of the operation. If this were attempted and failed, then the subsequent performance of the Cæsarian section was attended with more difficulty and danger. With respect to the absence of any expression of his regret that he had not seen this case sufficiently early to induce premature labour, he might only remark, that he did not expect that opinions would be expressed which had no particular bearing on the paper. For the same reason he had not thought it necessary or proper to enter upon that subject in the essay alluded to by Dr. Tyler Smith. Dr. West then referred to a report of the proceedings of the last meeting of the Society, in the *Lancet*, and said that he did not, in his observations, as reported, say, "that he regretted to think that many practitioners in London appeared to underrate the value and importance of that operation." It did not become him to make any such statement, and it was a mistake to suppose that he had. He had also to complain, in the report, that the expressions against himself had been added to with an ungenerous intensity—thus, Dr. Lee had never used the word "abomination," as reported; neither had he held up the operation as a "striking warning to others."

Other additions and alterations were made to and in the report; it was not for him to, explain or to determine how this had occurred, but such was the fact. In conclusion, he begged to observe, that in striving laboriously to follow honourably in the footsteps of those who had gone before him in his department of the profession, he could not but regard such statements, coming from a gentleman in Dr. Lee's position, as likely to injure him, who was comparatively a young man; and he would appeal to the Society whether such attacks were either generous or just. Hear, hear.)

Dr. Robert Lee said, that he had used the expressions which Dr. West had referred to, and saw no reason whatever to retract a single word that he had employed in the last discussion. He would repeat that the operations, as performed, were abominations.

The President.—Surely, Dr. Lee, you are not justified in using that term in an offensive or personal sense?

Dr. Lee had not used it at all in a personal manner. nor to hurt the feelings of Dr. West, or any other gentleman. He had merely applied it to the proceeding.

Dr. Addison.—As I understand you, you mean that any one holding your opinions on the question of the Cæsarian section would be guilty of abomination if he performed it under the circumstances detailed.

Dr. Lee bowed assent.

Dr. Oldham said, that the observation of Dr. Ashwell, that he regretted that more attempts had uot been made in his (Dr. Oldham's) case to deliver by instruments, surprised him much, for Dr. Ashwell had immediately afterwards said, that in such cases the difficulty of delivery was almost insurmountable. If he (Dr. Oldham) had gone farther than he had done, in his attempts at delivery, he should have let the golden moment go by, and dared not have ventured on the Cæsarian section. Dr. Ashwell's patient had died undelivered; might not the Cæsarian section, if early performed, have been a better proceeding? With respect to the earlier performance of craniotomy, as mentioned by Dr. Tyler Smith, the peculiarities of the complicated presentation which he had detailed in his paper had rendered it impossible to perform the operation before he did.

Foreign Department.

FRANCE.

On the Employment of Chloroform Internally and by Friction in Lead Colic.

Dr. Aran (*Bulletin General de Therapeutique*) has published the results of his experience of the above method of treating painter's colic. He does not profess originality, but on the contrary, admits that he has been anticipated by MM. Blanchet and Grossier. He thinks, however, that he is the first to use the medicine externally, which he considers the most efficacious of the two modes of exhibition. His usual mode of proceeding is to apply a compress dipped in chloroform to the abdomen for the space of twenty minutes, and at the same time to give internally about thirty drops in mucilage, or half the quantity by the rectum. These doses are repeated according to circumstances. He has treated eight cases in this manner, all of which recovered in from two to six days.

On Posterior Luxation of the Phalanges.

M. Michel (*Gazette Médicale de Strasbourg*) has endeavoured to explain why certain dislocations of the phalanges are reducible by very simple extension, while others are reduced with difficulty, or are altogether irreducible. In order to satisfy his mind as to the causes of this difference, M. Michel has artificially induced dislocations on the dead body, and has sought, by dissection, the anatomical peculiarities in each instance. Taking metacarpo-phalangean dislocation of the thumb as a type, he found the following appearances:—

In the instance of an irreducible dislocation, he found the extensor-tendons inflected on themselves, following the outline of the displacement. The muscles attached on each side of the base of the first phalanx were slightly separated, exhibiting the head of the metacarpal bone between them. The flexor tendon was not displaced, but its synovial sheath was extensively ruptured. The anterior ligament accompanied the base of the phalanx, and ran behind the articular end of the metacarpal bone, which it tightly embraced; the lateral ligaments were uninjured. If violent endeavours at extension were made, the ruptured end of the capsular ligament was seen to be pinched between the surfaces of the two bones, so that the displacement was rather increased than diminished. If, on the other hand, prior to making the extension, the joint be opened behind, the impaction of the ruptured ligament does not occur, and the reduction becomes comparatively easy.

In reducible dislocations the changes are very similar, with one important exception,—the anterior ligament is not torn from its metacarpal attachment, but is detached at the base of the displaced phalanx, so that it could not be impacted between the articular extremities of the bones as in the former case.

Thus, according to the author, the difference in the reducibility of these dislocations depends on the condition of the anterior ligament.

Precocious Menstruation.

Instances of the premature development of sexual peculiarities, or supposed to be such, are sufficiently numerous. We say supposed to be such, as it must be doubtful whether instances like the subjoined are cases of true menstruation, or discharge connected with ovular development. M. Marage (*Union Médicale*) mentions the case of a child three years of age, who at the age of thirty-four months, was taken poorly with pains similar to those which precede menstruation, and which were followed by sanguineous discharge from the vagina, which lasted four days, and was in quantity equal to that usually lost by full-grown females. The loss was repeated four consecutive months, after which it gradually declined into a simple leucorrhœa.

Sudden Death from Fright during an Operation for Lithotomy.

M. Cazennave (*Journal de Médicine de Bordeaux*) narrates the following case on the faith of four surgeons who witnessed the catastrophe :—

M. Dubousquet, aged 60, robust and of good courage was the subject of vesical calculus. Having determined on being cut for stone, he was placed in the ordinary position, when as the sound was about to be introduced, he suddenly fainted, and died in a few minutes. [Had chloroform been exhibited in this case it would doubless have been charged with the patient's death.]

The Functions of the Chorda Tympani.

Dr. A. Duchenne (*Ibid*) has investigated the physiology of this nerve; his conclusions are, that it regulates the general and gustatory sensibility of the two anterior thirds of the tongue.

New Property of Chloroform.

M. Augend, of Constantinople, (*Bulletin des Academies,*) has ascertained that chloroform possesses powerful antiseptic properties. This he ascertained by enclosing meat in bottles containing a few drops of chloroform, of æther, and of simple atmospheric air, respectively. He found that in the flasks containing chloroform and air the meat changed to a vermilion red, but not so in that containing æther. At the end of a week that in the chloroform had acquired the appearance of boiled meat, and was perfectly sweet, while the other samples were in a highly putrescent state. It appears that 1-200th part of chloroform will prevent the putrefaction of fresh meat.

GERMANY.

On the Chemistry of Respiration.

Dr. Horn has published the results of his experiments on the chemistry of the respiratory process. (*Neue Medecinisch-Chirurgis che Zeitung.*) The paper is recapitulated in the following conclusions :—

1. The longer air is retained in the lungs, the larger the quantity of carbonic acid contained.

2. The products of expiration undergo a regular hourly variation.

3. The expiration of carbonic acid increases after the ingestion of food or drink.

4. Children and growing persons exhale more carbonic acid than old people; men more than women, and persons of the sanguine temperament more than those of the lymphatic habit.

5. The use of alcohol increases the exhalation of carbon.

6. Pain, sedentary occupations, menstruation, inflammation fevers, are so many causes of the diminution of carbonic acid.

7. The exanthemata cause its increase.

The author offers likewise to demonstrate,—

a. That the act of respiration, tends to the maintainance of animal heat, as well as to the purification of the blood.

b. That the act of respiration is in an opposite ratio to the activity of the renal and hepatic secretions.

c. The oxygen is not the only element of the atmosphere which is taken into the blood, the nitrogen is also absorbed and rejected in variable proportions.

d. Irritability increases in proportion to the amount of oxygen absorbed.

Treatment of Spina Bifida.

M. Nevermann (*Ibid*) proposes four methods of treating spina bifida. The first consists in the employment of galvano-puncture and compression. A needle covered with silk and varnished, is forced into the tumour. The conductor of the negative pole of a battery of moderate power, is brought into contact with the needle, while the other conductor is applied to the skin of the abdomen or chest. The contact is maintained for twenty minutes at a time. The galvano-puncture is followed by the application of a compress.

When this plan does not succeed, the author advises a seton as a substitute for the acupuncture; the compression being carried out conjointly as before. If this fails, the next resource is the injection of the sac with a weak solution of iodine. All these plans failing, nothing remains but to eztirpate the tumour altogether.

Pericardial Friction-sound in Cholera.

Dr. Pleische (*Prägue Viertelsjarhschrift*, 1851,) narrates cases of cholera in which, during the stage of collapse, he heard a distinct friction-sound, similar to that of pericarditis. The patients, three in number, died, but after death there was no exudation observed sufficient to have given rise to the sound heard during life. In one case only there was a white spot on the right ventricle, in the others the serous membrane was preternaturally dry.

General Retrospect.

ANATOMY AND PHYSIOLOGY.

Arrangement of the Cancelli in Bone.—By Prof. Wyman.

The author has stated these general conclusions respecting the arrangement of the cancelli in bones :—

1. The cancelli of such bones as assist in supporting the weight of the body are arranged either in the direction of that weight or in such a manner as to support and brace the cancelli which are in that direction. In a mechanical point of view, they may be regarded as studs and braces.

2. The direction of these fibres in some of the bones of the human skeleton is characteristic, and, it is believed, has a definite relation to the erect position which is naturally assumed by man alone.

In the lumbar vertebræ, which support the height of the body vertically, these cancelli run vertically and

transversely; the vertical fibres directly sustaining the pressure, the transverse bracing them at right angles.

The neck of the thigh bone is adapted to resist pressure by its oval form, the longest axis being vertical, and by the greater thickness of the wall of bone on the under side. Dr. Wyman describes another provision, which consists in having the cancelli of each femur so arranged as to form a segment of an arch or truss, which co-operates with the external shell in sustaining the weight of the body; the necks of the two femora forming opposite segments of an arch. He describes two sets of cancelli; one set rests or abuts on the convex surface of the thick shell, which forms the under wall of the neck, from which they diverge towards the upper part of the head, neck, and trochanter; the other series, arranged in parallel curves, are attached below to the base of the trochanter, and above to the ascending portion of the former series. Both these are braced by others, which run at right angles.

In the lower part of the femur and tibia the cancelli are adapted to support vertical pressure.

On the astragalus the pressure is vertical; but this bone rests on two others; one below it—the os calcis, the other in front—the scaphoid. Within these exist two series of cancelli, directing the pressure on the surfaces of support.

These peculiar arrangements are not found in quadrupeds, and only partially in apes.—*Transactions of the American Medical Association*, Vol. iii., p. 56.

PRACTICAL MEDICINE.

Death resulting from a Biliary Calculus, lodged in the Hepatic Duct.—By Tracy E. Waller, M.D., of Camden. Del.

The deceased was an industrious man, the father of a large family, and highly respected. He had lived until recently in the lower part of this state, and the adjoining part of Maryland—a decidedly "bilious" district. He was fifty-seven years of age, and for many years, according to the statement of his family, had been subject to severe attacks of "bilious cholic," These attacks, the author judges, from the description given of them by his wife, were probably *icterus calculosus*, or similar to the one which caused his death. There was undoubtedly chronic disorder of the biliary organs, at least of the liver, and he had been troubled very much for a long time, with indigestion. A few days previous to his last attack, he had been exposed to inclement weather, and complained of being unwell. The author was sent for on the night of February 24th, 1850, and found him in great pain and suffering. This was mostly in the right epigastrium, though there was some pain and tenderness in the abdomen. On making inquiry respecting his previous health, &c., and, after an examination of his case, the author concluded there must be acute disease of the liver, and probably inflammation of the bowels and their investing membrane. His treatment, of course, was antiphlogistic. The next day he visited him in the morning and evening, and found him to be getting worse. There was evidently extensive peritoneal inflammation, and his strength was failing. The next morning, February 26th, the author being engaged in an obstetric case, sent for Dr. Salsbury, of Dover, who had been his physician for some time previous. This gentleman visited him about nine o'clock and found him in a sinking condition. At eleven o'clock he expired.

The author obtained permission of his family to make a *post-mortem* examination; and about twenty-four hours after death, with the assistance of Dr. Salsbury, the autopsy was made. The *post-mortem* appearances are given in the order of dissection.

Thorax.—Nearly the whole of the right lung was hepatized. The patient had had an attack of pleuro-pneumonia, about fifteen years since, followed by an abscess, which accounts for the condition of the lung. The left lung and pleura were normal. The heart contained a small quantity of serum, and presented marks of recent slight inflammation in the right auricle, otherwise it was normal.

Abdomen.—The stomach was nearly normal, with some inflammation near the pylorus. The duodenum had more than half its surface highly inflamed; the small intestines and peritoneum in the same condition, and covered in many places with yellow bile. The pancreas was inflamed and adhered—there were several adhesions to the folds of the peritoneum. The lower half of the right and inferior lobes of the liver, was much inflamed and indurated. The hepatic duct was highly inflamed, distended, and softened. It was ruptured about one inch from the liver; and just below the opening, contained an ovoid biliary calculus, three-fourths of an inch in length, and a fraction over a half inch in diameter. It must have been lodged there for several days, as by the lymph, thrown out in consequence of the inflammation, it was completely imbedded in the duct. This at once explained the presence of bile in the cavity of the addomen, which had been quite unaccountable, before we came to the duct. It also enabled us better to understand the reason of the great extent of inflammation. The bile was extensively diffused over the bowels and parietes of the abdomen, and the fascia along the linea alba had been tinged by it, of a yellow colour.—*Philadelphia Lancet*, Jan. 1, 1851.

On Fatty Degeneration of the Heart.—By Dr. Begbie.

The author narrates two cases of death from fatty degeneration, being those of Dr. Chalmers and Dr. Abercrombie, after which he makes some remarks on the diagnosis of the affection.

Speaking first of *drowsiness, giddiness, and coma*, he says, that neither of these symptoms were observed, though such might have been expected, if we except an attack of paralysis, which occurred in both cases. But the occasional occurrence of paralysis and apoplexy, in connection with fatty degeneration, may, he thinks, with more propriety be referred to other concomitant lesions.

Faintness and syncope were also not noticed in the two cases recorded, but Dr. Begbie is disposed to admit

that Dr. Chalmers might have died of syncope. He does not, however, regard fainting as diagnostic, since it may be expected to arise when the left side of the heart is deficient in power, whether arising from fatty deposit on the heart, or thinning of its walls by dilatation.

Shortness of breath is a symptom frequent in cases of fatty heart, but was not observed in either of Dr. Begbie's cases.

Præcordial pain is another symptom generally acknowledged by the subjects of fatty heart; this also was entirely wanting in Dr. Begbie's cases.

Functional derangement of the liver has been noticed as a constant attendant on this form of heart disease. Hasse informs us that so far from being a local malady, it is only one manifestation of a general condition of system. In Dr. Chalmers case, disturbance of the hepatic function was a prominent symptom, and the organ was found diseased after death.

The *state of the pulse* cannot be depended upon as diagnostic of fatty heart. In some cases it has been found irregular, in some weak, in others slow. In both Dr. Begbie's cases it was soft and weak, but never irregular. Hence he observes that in neither case was auscultation had recourse to.—*Edinburgh Monthly Journal*, March.

On the Influence of Mercury in the production of Cancrum Oris.—By Dr. Dugas.

The author states that in his district (Georgia) the occurrence of gangrenous affections of the cheeks, lips, and gums, in children, is by no means uncommon, and there are few communities in which there may not be found some living evidences of its havocs upon the face, as well as of the possibility of occasionally preventing a fatal result. He does not know of any satisfactory explanation of the fact that it affects exclusively those of tender years, and most frequently those between five and eight years of age. The object of his communication is to direct attention to a corresponding susceptibility of children of this age to mercurial salivation and sloughing, and to elicit the inquiry into the probable influence of mercurials in the occasional causation or excitation of such a state of things. Without denying, for a moment, that sloughing phagedena, cancrum oris, or gangrenopsis (as the affection is variously denominated) may and does occur in individuals who have never taken mercurials, he inquires whether it is not probable, that the use of an agent which does of itself sometimes induce a very similar destruction of tissues, and which is especially prone to do so at the very period of life most subject to gangrenopsis, may increase the tendency to this disease, if any exist in the system? Having had his attention very early drawn to the danger of giving calomel to children during the period of second dentition, he is disposed to attribute to it the fact, that during a practice of twenty years he has never had a case of gangrenopsis which had not originated in the hands of others. He relates the case of a family of five children, three of whom had during the autumn been successively taken with remittent fever, and died with most awful sloughing of the cheeks and lips. They were all treated with calomel. Discouraged at the result, the parents determined to change their medical adviser, and he was requested to see the other two children when similarly affected with fever. These were treated without mercurials, and recovered without gangrenopsis.—*Southern Medical and Surgical Journal*, October, 1850.

Treatment of Rubeola by Inunction.—By Dr. Evans.

Dr. John Evans, of Chicago, has treated measles successfully by inunction as recommended by Dr. Schneeman in scarlatina, and relates the following case. June 1st, 1851, he was called to a girl 15 years of age labouring under the characteristic symptoms of a violent attack of measles—strong febrile action; severe pain in extremities, loins, and head; injected suffused eyes, with intolerance of light; constant distressing nausea, and the eruption well marked upon the face, neck, and breast. Eight grains of Dover's powder were given every six hours, and there being no abatement of the symptoms the next morning, Dr. Evans directed the patient to be rubbed with a piece of fat bacon over the entire surface.

The relief was marked by the subsidence of all the distressing symptoms in a few hours, and the application was repeated twice the next day. No other treatment was applied except the free use of warm teas. The recovery was more rapid than Dr. Evans had before seen in such cases, and without any disagreeable sequel.

Two other members of the same family were treated by the inunction, with the same favourable results.

Dr. Evans has since used the plan of treatment in a number of cases, and with uniform and prompt relief.—*American Journal of the Medical Sciences*, Jan., 1851.

SURGERY.

Case of Spontaneous Cure of Popliteal Aneurism.—By James Syme, Esq., Edinburgh.

T. M., 35, a seaman, sent from Banff by Dr. Milne, to be under Mr. Syme's care, on account of an aneurism in the left popliteal artery, was admitted into the Hospital on November 18. The tumour filled the popliteal space and pulsated strongly. It was first noticed about six months before by the patient, after lying one night with his leg hanging over the edge of his hammock. He had been either at sea, or actively engaged in harbour duties ever since, and always remarked that exertion was followed by an increase of pain. With the exception of occasional rheumatic pains, he had enjoyed good health.

The patient was kept quiet in bed, with restricted diet and gentle aperients, to prepare him for the operation. In the course of a day or two, the aneurismal pulsation became much less distinct, and could not be felt at all on the 23rd, when the tumour was also observed to be greatly reduced in size, and no longer the source of any uneasiness. On the 9th of December, the patient being completely relieved from the disease, proceeded homewards.

Mr. Syme states that a case precisely similar to the one just related, occurred to him some years ago.

The patient came over from Kirkcaldy, in Fife, where he had pursued his occupation as a weaver until the day he was admitted into the hospital, when the perfect rest there afforded was immediately followed by coagulation, and the other steps of a spontaneous cure. "These facts (he observes) seem to suggest a suspicion that the one or two very rare instances of pressure being quickly followed by recovery, may really have owed the beneficial change to the assistance of the *vis medicatrix*, from rest in the horizontal posture, and not to the effect of compression. Certain it is, that if the two cases just mentioned had been submitted to pressure, they would have appeared triumphant examples of its successful employment. The Dublin writers allege that no confidence can be placed in trials of pressure on this side of the Irish Channel, accounting for all its failures and bad consequences by attributing them, with characteristic frankness, to prejudice and ignorance on the part of the operators. Well aware of this peculiarity in the estimation of evidence, I have calculated the average length of time requisite for the duration of pressure, from the facts supplied by the advocates of this system. In twenty-three cases of aneurism, reported by Dr. Bellingham, from the practice of seventeen surgeons, as successfully treated by pressure, I find that the average duration, not of the treatment, but of the actual compression, excluding the intervals of its discontinuance, amounted to thirty-eight days. Thirty-eight days and nights of misery, to escape a few minutes of trivial uneasiness!

"If the cases treated in the Dublin hospitals since the publication of Dr. Bellingham's work, have been more protracted than those he has recorded, it would be well to acquaint the profession with them. But if this be done, I trust that the results of *all* cases will be given, together with a full statement of the means required to render the patients able to endure the prolonged torment of compression."—*Monthly Journal of Medical Science*, January, 1851.

[Mr. Syme does not take a fair estimate of the treatment by pressure. A careful persual of Dr. Bellingham's cases has led us to a very contrary opinion.—Ed. P.J.]

Rupture of the Crucial Ligament of the Knee-joint.

Dr. Stark relates two instances of an injury, which he believes to have been rupture of the crucial ligament of the knee-joint. The symptoms, nearly identical in both cases, were the following:—There was no dislocation either of the ankle or of the knee-joint; no displacement of the knee-pan; no rupture of the tendo-Achillis, or of any of the tendons round the knee-joint. The motions of the ankle, and, when the patient was sitting, of the knee-joint, in so far as its ordinary motions were concerned, appeared perfect. In one case, when the patient assumed the erect posture, the knee-joint was found to be preternaturally moveable; and, whenever any weight was endeavoured to be thrown on the right leg, the knee fell against the leg, and *bent with equal facility forwards or backwards.* When the legs were extended, the slightest pressure on the patella caused the foot to be thrown upwards, *and the leg could be bent forwards on the thigh to a certain extent.* No pain was complained of in the knee-joint, but only a sensation of weariness; and there was no redness, nor swelling, nor effusion of blood.

Dr. Stark made several trials on the first patient, to ascertain the accuracy of the diagnosis. When the knee was bound tightly with a handkerchief, and kept slightly bent, the patient could almost bear the weight of the body on it; but the moment he endeavoured to straighten the limb, *the knee bent backwards under him*, and he fell to the ground unless supported. The lateral motion of the tibia on the thigh-bone, though freer than usual, was yet so very limited, that there was no reasan to conclude that the lateral ligaments were injured.

The treatment consisted in fixing the limb in a nearly straight position, just so slightly bent as to allow the flexors of the leg to have a slight advantage over the strong extensors attached to the patella. A strong flat steel spring, fourteen inches long, with a slight curvature, was softly padded, and bound to the back of the knee-joint, half of its length projecting down the back of the leg, half extending along the back of the thigh. The foot and leg, to above the knee, were then bandaged moderately tight. The injury was ultimately recovered from in both cases; but the knees remained weak, and the patients had to use support for a considerable period. In one case it was five months, in the other three months and a week, before the use of crutches could be dispensed with.

Dr. Stark thinks these cases interesting from their rarity, and from their proving that the injury in question may be perfectly recovered from. He infers, that cure must have been finally effected by a reunion taking place between the ends of the ruptured crucial ligaments.—*Edinburgh Medical and Surgical Journal*, and *London Journal of Medicine*, December, 1850.

MIDWIFERY.

Ovarian Tumours; Adhesions.—By Dr. Tilt:

Dr. Tilt states that partial peritonitis and consequent adhesions are of very frequent occurrence, although a better knowledge of ovarian disease permits us to consider as exaggerated Dr. Seymour's opinion, that adhesions exist in ninety-nine cases out of one hundred. In a table constructed by Dr. Tilt, we find that—

Adhesions existed in	.. ..	62 cases.
„ absent in	.. ..	41 „
„ not mentioned in	.. .. ..	76 „

The extent of such adhesions is variable, from slight filaments scattered here and there, to complete adhesions of the cyst. They may be soft and readily broken down, or dense and grating under the finger. They are evidently the product of inflammation, but this is sometimes of so mild a character that it is unaccompanied by the slightest pain, while often no adhesions are found where tenderness has existed for a lengthened period. Dr. Clay thinks that tapping favours adhesions, but Dr. Bird, and others, have not found

this to be the case. Dr. Ramsbotham is of opinion that adhesions may bring on a favourable termination, by binding down the cyst, and preventing its further development; but this is a very exceptional case.—*Medical Gazette*, January 31.

UNIVERSITY OF CAMBRIDGE.

NATURAL SCIENCES TRIPOS.

CAMBRIDGE, MARCH 8TH, 1851.

Gentlemen who distinguished themselves and passed their examination March 8th, 1850:—

First Class.—Distinguished in Chemistry: Living, St. John's College; Harden, Magdalene College.—*In Physiology and Botany:* Hort, Trinity College.—*In Chemistry and Botany:* Evans, St. John's College.

Second Class.—Payne, Trinity College; Wilson, Trinity College.

This being the first year of the Natural Sciences Tripos the number of candidates was small.

QUESTIONS.

Comparative Anatomy.—1. Describe a primitive organic cell. In what respects are the simplest Infusoria analagous to such a cell, and in what does the analogy fail? In Infusoria having a mouth, are there any visible actions which correspond to the distribution of nutrient fluid, and to the aeration of the same? In what different ways are their motions performed? How are they propagated? How do you distinguish them from microscopic vegetable forms?—2. What are the anatomical characters which distinguish the Bryozoa from the Polypi? Mention some genera of the former class. —3. Acalephæ: What is the situation of the organs supposed to produce the sensation of stinging on touching many of these? Describe their form. What do you consider to be the respiratory organs in this order? What are the metamorphoses between the states of ovum and of full development.—4. In those star-fishes which have only a single opening into the digestive cavity, and in those which have an outlet from it also, what difference is there in the origin of the cœcal appendages?—5. Describe the typical ring of an animal of the Articulata (sub-kingdom). What are the appendages of such a ring? In those which breathe by gills or tufts, where are these attached?—6. What are the anatomical characters which distinguish winged insects from the class Arachnida on the one hand, and from the class Crustacea on the other?—7. Describe the six parts which enter into the composition of the masticatory apparatus of Insects (organa cibaria). Compare these different parts, and shew how they are modified in form and office in the Coleoptera and the Haustellata.—8. From the general economy of Insects, shew that it is at least as probable that the Malpighian vessels, or tubes, perform the office of a kidney as of a liver. State direct chemical experiments which determine the question.—9. Vertebrata: Describe the typical Vertebra, according to Professor Owen, defining its autogenous and exogenous elements. Shew how these elements make up a vertebra of a bird in the thoracic region.—10. What are the modifications of the spinal column in birds which relate to flying? Describe the bones which make up the frame-work of their shoulder.—11. What is the position of the Pancreas in birds: what the ordinary number of its ducts? How is the limit between the small and large intestine generally indicated in this class? Is it the rule, or the exception, that birds have a gall-bladder. Give instances of the exception. When there is a gall-bladder, what is the number and course of the ducts between the liver, bladder, and duodenum?—12. Have birds any of the following parts of the brain? Pons, lateral, lobes of Cerebellum, Fornix, Corpus callosum.—13. Mammalia: On what characters and their combinations is Cuvier's division of Mammalia into orders founded? What is it which properly constitute *the hand?*—14. Which of the following possess a clavicle: Whale, Kanguroo, Mole, Shrew, Horse, Rhinoceros, Hedgehog, Seal, Bear? What Mammalia have a persistent coracoïd bone?—15. How are the Larynx, Epiglottis, and Nasal passages modified in true Cetacea to fit them for aerial respiration, whilst feeding with the mouth under water?—16. What are the osteological characters of the Æthiopic, the Mongol, and the Caucasian races of man.—17. What are the peculiarities of the human brain?

Physiology.—1. Give illustrations, derived from observation on different animals, of the law that the more developed and complicated the individual parts of an organism are, the more dependent are they upon one another.—2. Give instances to prove that the modes, in which the excitable properties of organs are manifested, depend not on the nature of the stimuli, but on the peculiar vital endowments of the organs themselves.—3. Shew that in animals which have distinct, circulatory, respiratory, and nervous systems, the reciprocal action of these is necessary to life.—4. Give instances of fluids either at rest or in motion in contact with living surfaces being under the influence of the vital forces with which those surfaces are endowed. Assign the proofs of the existence of such influence.—5. What are the chief alimentary proximate principles in the food of man? State the tissues of the body with the constituents of which some of these principles more especially correspond.—6. What part, in the process of assimilation of the food, is performed by the agency of the stomach in vertebrate animals? and what forces are concerned in that agency?—7. What changes occur in the chyle in its course from the latcteals of the intestines to the termination of the thoracic duct in the vein?—8. Describe the mechanism and function of respiration in mollusca, batrachia, and insects.—9. In what consists the analogy between respiration and ordinary combustion? and how do you explain the generation of animal heat in the system generally?—10. Explain the physiology of hybernation.—11. What purpose does the tortuous course of the internal carotid and vertebral arteries subserve in man? State cases in the lower animals in which remarkable arteries assume the form sometimes called "rete mirabile," and explain the purposes supposed to be effected by them.—12. Trace the analogy between growth and secretion by reference chiefly to recent physiological observations.—13. Distinguish the absorbing function of the veins from that of the lymphatics, and support your statement by reference to experiments. —14. What are the elementary constituents of fat? what purposes does it serve in the animal œconomy? and what place in the scale of animalized substances would you assign to it?—15. What is the characteristic property which, according to Haller, is inherent in the muscular fibre? What are the principle facts alleged in proof of the existence of such inherent property? and according to his theory how is the nervous system related to it?—16. What are the functions respectively of the superior and inferior laryngeal nerves, as shewn by the experiments of the late Dr. J. Reid?—17. What do you understand by reflex or excito-motory action in the nerves? In what parts or organs of the human body are its phonomena principally manifested?

Chemistry.—If 1 lb. of Steam at 212° be passed into 100 lbs. of water at 60°, what will be the resulting temperature.—Describe and give the theory of Leslie's process for making Ice.—2. Explain the formation of dew, and the apparent radiation of cold. Can heat of

low intensity be refracted to a focus?—3. Describe the principles and process of Electrography, and the decomposition of Water by Voltaic Electricity.—Distinguish between true Electrolysis and secondary decomposition. 4. How may the chemical equivalents of Carbon, Sulphur, and Nitrogen be determined; those of Oxygen and Hydrogen being known?—5. Fifty grains of Oxide of Copper. reduced by Hydrogen, give 11.35 grains of Water: what is the atomic weight of Copper; Hydrogen being unity?—6. What quantity of Nitrate of Barytes will decompose 100 grains of Sulphate of Soda; the atomic weights of Barium and Sodium being 70 and 24? —7. Express by Symbols the decomposition of one equivalent of Phosphate of Soda by three equivalents of Nitrate of Silver.—8. Give a general formula for Alum Salts; and examples of Chemical Types. Does the Electro chemical theory accord with that of Types? —9. Give Tests for the Sulphuric, Nitric, Hydro-chloric, and Phosphoric Acids; and a formula for the combination of Potash with Oil of Vitriol considered as an Hydrogen Acid.—10. Describe a process for the Ultimate Analysis of Organic Substances including Nitrogen.—11. What are the Tests for Starch, Gum, Resin, Gelatine, and Albumen; and for the Oxalic, Tartaric, and Hydrocyanic Acids?

Botany.—[*N.B.* The questions are arranged in two divisions, and those in the second division will be given out after the expiration of the first hour, which is to be devoted entirely to the questions in the first division of the subject.]

1*st. Division. Chiefly Morphological, Anatomical, and Physiological.*—1. By what characters (structural, chemical, and vital) are plants most efficiently distinguishable from animals?—2. What are the proportions (or nearly so) in which the equivalents of the elements entering into the composition of Cellulose and Protoplasm are supposed to be combined?—3. What are the organic compounds (and how are they constituted) which more immediately result from the action of the vital processes carried on in the cells?—4. Give Schleiden's view of cell-formation. Have any very essential modifications of it been suggested by the later observations of eminent Microscopists?—5. To what general laws are the arrangement of leaves (Phyllotaxis) subjected, whether in their normal or metamorphosed conditions?—6. Explain the origin and modifications that take place in the arrangement of placentæ.—7. What peculiarities are observable in the tissues of Coniferæ?

Botany.—2*nd. Division. Chiefly Structural and Systematic.*—8. Contrast the terms employed in describing the original position and parts of ovules (at the time of impregnation) with the terms used in designating the ultimate position and parts of the seed in the matured fruit.—9. Describe the general characters of the fruit of Papaveraceæ, Euphorbiaceæ, and Umbelliferæ, remarking any very peculiar modifications to which they may be subjected.—10. Give the essential characters of the following orders: Malvaceæ, Cucurbitaceæ, Chenopodiaceæ, Orchidaceæ, Juncaceæ.—11. How do you distinguish Solanaceæ from Scrophulariaceæ? Are there any genera whose positions may be doubtfully assigned to the one or the other of these orders? 12. Describe the plants and fruits lettered *A, B, C, D, E, F;* strictly confining your replies to the following particulars, so far as they may be observable.—(*a*) *Leaf.* Arrangement; Stipulation; Degree of composition; Form; incision. —(*b*) *Inflorescence.* General character; Bracteal appendages.—(*c*) *Flower.* Peculiarities of Calyx; Corolla; Stamens (insertion, &c.); Disk; Pistil (Ovary, Style, Stigma, Placentation).—(*d*) *Fruit.* General character; Dehiscence; Placentation.—(*e*) *Seed.* Arrangement; Reasons for assigning a peculiar character to the Embryo, if it be not present, or not very distinct. —(*f*) Is there any reason for supposing the plant would not be found in the Linnean class and order to which it might strictly be referred?—(*g*) To what natural order does it belong? What are the essential characters of that order?—(*h*) Do the species of the above order generally affect any peculiar "stations"? Are they mostly "endemic" or "sporadic"? And in what "Regions"?

Mineralogy.—1. Define the terms 'simple form' and 'combination.'—How many faces have each of the varieties of simple forms in the rhombohedral system? —What is the law of symmetery in the rhombohedral system?—2. Mention the number and situation of the planes that divide symmetrically a crystal belonging to the pyramidal system.—3. Arrange the collection of models of crystals placed upon the table according to their systems.—Point out and name any hemihedral forms you may happen to observe among them.—4. To which system do the crystals of the majority of the metals belong? Enumerate the exceptions.—By what processes have crystals of the metals been obtained in the laboratory?—5. What do you understand by isomorphism? Is the term strictly or only approximately correct? Give an example of isomorphism in each of the systems of crystallization.—The crystals of $As\ O^3$ belong to the cubic system, those of $Sb\ O^3$ to the prismatic system. Are these facts reconcilable with the theory of isomorphism?—6. Describe an experiment made by Mitscherlich which appears to account for the fact that crystals frequently contain isomorphous elements in all proportions.—7. What is a "pseudomorphous" mineral? Give some examples of pseudomorphous minerals.—8. Describe the scale of hardness adopted by Mohs, and the method of applying it to determine the hardness of any mineral.—Can different parts of one and the same crystal exhibit different degrees of hardness? If so, give examples.—9. Draw a figure of a crystal boracite exhibiting a combination of the faces of the cube, dodecahedron and octahedron.—By what peculiarities are the faces of the octahedron marked in crystals of boracite? —Give an account of the thermoelectrical properties of boracite?—By what names have Riess and G. Rose distinguished the thermoelectric poles at which vitreous and resinous electricities respectively appear during the process of cooling?—10. Describe the appearances seen when a crystal of blue or red sapphire is viewed in a direction perpendicular to its axis, through Haidinger's dichroiscope.—11. Give an account of the magnetic properties of bismuth.—12. Describe methods of distinguishing scolezite from mesotype.—13. Name the minerals marked *A, B, C,* &c., stating your reasons for supposing them to be the minerals so named.—Mention the systems of crystallization to which they belong.—Point out the twin crystals that occur among them.—14. Enumerate the essential constituents of the following minerals, and mention the systems of crystallization to which they respectively belong.—Analcime, apatite, aragonite, beryl, diaspore, felspar, gahnite, greenockite, leucite, malachite, realgar, topaz.—15. Give the formulæ expressing the chemical constitution of the following minerals:—Fluor, hematite; magnetite, cinnabar, orpiment, olivine.—16. By what metallic oxides have the globules of borax α, β, γ, &c., been coloured?—17. —Describe methods of detecting the following substances when present in a mineral:—Chlorine, fluorine, phosphoric acid, sulphuric acid, potash, soda, barytes.—18. The analysis of a mineral gave silica 24·99, oxide of zinc 68·66, water 7·75; compute its chemical formula, having given that the quantities of oxygen in 100 parts of silica, oxide of zinc and water are 51·96, 19·74 and 88·9 respectively.

[We have inserted the above examination papers as likely to interest those who have relations educating at Cambridge. The remainder shall be given in the next *Journal.*—Ed. J.]

Medical Intelligence.

THE SALE OF ARSENIC.

Lord Carlisle's Bill to regulate the sale of arsenic, now in the House of Lords, has been printed. It declares that the unrestricted sale of arsenic facilitates the commission of crime. The bill provides, that on every sale particulars of the sale shall be entered by the seller in a book before the delivery of the arsenic, and every such entry is to be signed by the person selling the same. Any person selling arsenic, save as authorized by this bill, and persons giving false information to obtain arsenic, are to be summarily convicted before magistrates, and to be liable to a penalty not exceeding £20. The bill is not to prevent the sale of arsenic in medicine under a medical prescription. A recent case caused the introduction of the bill.

CÆSARIAN SECTION.

Now that this operation is being warmly discussed in the profession, the following extract from *La Presse Médicale de Bruxelles* may be interesting:—"A woman, who had already borne several children, has just been delivered by the Cæsarian section with complete success. The patient, who lives at Anendonk, in Belgium, was attending to her household affairs on the twenty-ninth day after the operation, which was performed, with much skill and dexterity, by M. Bruggeman, assisted by M. Willens. The child lived only a few hours" It is a pity that we are not told the exact amount of deformity which rendered this fearful operation necessary.

EPIDEMIOLOGICAL SOCIETY.

On Monday, the 3rd instant, the fourth ordinary meeting of this Society was held at the house of the Royal Medical and Chirurgical Society, in Berners' Street. Officers having been nominated for the ensuing year, Dr. McWilliam read a paper "On the Yellow Fever Epidemy in the Brazils, in the year 1849." The paper contained many strong illustrations of the contagious nature of this disease, which, in the spirited discussion which followed, were combatted by Mr. Baker, a visitor, who appeared to doubt the validity of the evidence on which the author had adduced some of his most important facts. The question assumed an interest and importance which was considered sufficient to warrant an adjournment of the discussion to the meeting in April.

CHELTENHAM MEDICAL BOOK SOCIETY.

The members of the Cheltenham Medical Book Society have just presented their Honorary Secretary with a handsome silver Etruscan claret jug, bearing the following inscription:—

"Presented to William Philpot Brookes, Esq. M.D., by the Members of the Cheltenham Medical Book Society, as a token of respect and esteem for his valuable services as their Honorary Secretary."

APPOINTMENT.

Mr. George Elin, late House-surgeon of King's College Hospital, has been appointed House-surgeon to the Birmingham General Hospital.

ROYAL COLLEGE OF SURGEONS.

The following gentlemen were admitted members on Friday, the 7th instant:—Thomas Allen, London; Henry Bullock, Reading, Berkshire; James Weston Coombs, Canon Street; Edward Emra Earle, Westbury-on-Trym, Wiltshire; Frederick Ellis, Birmingham; Edward O'Callaghan Foott, Cork; Charles James Grant, Arundel, Sussex; Robert Hamilton, Maddox Street, Bond Street; Thomas Wm. Joseph Marsh, Australia; John Griffith Morris, Liverpool; William Stewart James Home Munro, Caithness, Scotland; William Peck, Sharnbrook, Bedfordshire.

SOCIETY OF APOTHECARIES

The following gentlemen received certificates to practise on Thursday, Feb. 27:—William Fanshaw, Haslingden, Lancashire; Nevill Jackson, Stamford, Lincolnshire; Henry Walker, Ludlow, Salop. Gentlemen admitted on Thursday, March 6:—J. Carruthers, Dumfries; William Dewsnap; Richard Driver Kidd, Godalming; Ebenezer Moore, London.

OBITUARY.

Feb. 9, Thomas Parker, Esq., aged 68, M.R.C.S., and one of the senior apprentices of the late John Abernethy, Esq.

Feb. 12, at Bentinck Terrace, Regent's Park, John James Bowie, M.D., aged 31. Dr. Bowie was the son of Captain Bowie, R.N. Several years since he was elected one of the assistant-physicians of the Hospital for Consumption, which office he resigned about a year ago, on account of being seized with the disease which eventually terminated his existence. This disease proved to be phthisis pulmonalis, though it assumed a different character in its commencement.

Lately, Assistant-surgeon Stuart, of the Cape Mounted Rifles, killed in action with Sandilli's Caffres, at the Keiskamma River, while under the command of Colonel Mackinnon.—Off the coast of Africa, Mr. Symonds, of the *Kingfisher*.—At Sierra Leone, Staff-Assistant-surgeon Watson.—At Cephalonia, Brownson, Staff-surgeon Ford, 2nd West India Regiment.—At Dublin, Assistant-surgeon Reed, 4th Dragoons.—Assistant-surgeon Ligertwood, Veteran Battalion.

BOOKS RECEIVED FOR REVIEW.

General Index to the first 33 vols. of the Medico-Chirurgical Transactions. Longmans, 1851.

Queen's College, Cork. Introductory Address on Medical Education. By Alexander Fleming, M.D., &c, Dublin, 1851.

TO CORRESPONDENTS.

Communications have been received from Mr. Newnham, Dr. Cormack, and Mr. Giraud.

It is requested that all letters and communications connected with the *Editorial department* be sent to J. H. Walsh, Esq., Foregate Street, Worcester. Parcels and books for review may be addressed to the care of Mr. Churchill, Princes Street, Soho. But all communications respecting the routine business of the Association should be forwarded to James P. Sheppard, Esq., the Secretary of the Association.

It is also particularly requested that all post-office orders should be sent either to the Treasurer or Secretary, who alone have the power of giving receipts.

CLINICAL LECTURES

ON THE

PRACTICE OF PHYSIC,

DELIVERED IN THE

THEATRE OF QUEEN'S COLLEGE, BIRMINGHAM, 1849-50.

By DAVID NELSON, M.D.,

Physician to the Queen's Hospital, and Professor of Clinical Medicine, &c

[Reported by MR. WILLIAM ROGER BANKS, Student of the College and Clinical Clerk.]

LECTURE III.

On the Morbid conditions of the Brain and Nervous System, and of the Organs of Sense. (Continued.)

I shall now take a general review of those more purely nervous affections of an acute kind which partly involve the brain and partly the spinal prolongation. I pass over mania, self-delusion, and the other morbid actions of the mental faculties and feelings, as these belong to a certain class of hospitals, and a certain class of practitioners exclusively. They find no place either in ordinary hospitals or in ordinary practice, and we had better therefore not speak upon subjects with which we have no means of being practically acquainted; I shall confine myself, therefore, to those bodily affections traceable directly to some disorder of the nervous system, in which involuntary action takes place of greater or lesser magnitude, with or without a loss of mental consciousness. These consist of a rigid contraction called spasm, or of an alternate contraction and relaxation called convulsions, and are exemplified in the diseases known under the specific names of hysteria, chorea, rabies, epilepsy, tetanus, and common convulsions. The essential pathological feature in all these diseases consists in the presence of some irritant which reacts on the cerebral and spinal or ganglionic centres, so as to excite within them an uncontrolled activity of their reflex powers, and the essential treatment, therefore, consists in removing the irritant cause, and abating the mental or nervous sensibility.

Hysteria is a complaint which assumes a thousand Protean forms, and simulates almost every organic disease of the body. I shall not enter in detail into all the symptoms of a disease so familiar, but shall merely observe that they consist of sudden manifestations, partly emotional, such as the inclination to laugh, to weep, to sigh, or to scream, without any adequate cause, and partly reflex, as the convulsive motions, or the shifting pains that fly hither and thither, though frequently fixed as a permanency in the left side. The large evacuation of limpid urine is one of the chief pathognomonic signs of a regular fit, and in the fit there may be any degree of mental alienation from perfect consciousness with excitement, to perfect unconsciousness. The usual exciting cause of an actual fit or paroxysm of hysteria will generally be found to be excessive rage, or jealousy, or vehement and ungratified sexual desire, along with certain conditions of the uterus and stomach, such as hyperæmia, or sub-acute inflammation, which have the effect of rendering the general nervous system exceedingly sensitive. The arrest of this acute paroxysm is usually to be effected by agencies which shall break down and obliterate from the memory the more sentimental causes of the excitement. Such are the authoritative expostulations of some one who is held in respect. The dashing of cold water without ceremony over the body, the administration of the most offensive antispasmodics, the application of sharp sinapisms, or indeed any other mode of treatment that shall recal the attention from an unsubstantial to a substantial source of uneasiness. Such are the modes of procedure that might be resorted to among those rougher specimens of the sex who may accompany a military or naval force, or who may be found in prisons, workhouses, &c.; but among the more refined, where the fits are not so great a hinderance to the positive and necessary duties of life, we are generally content with lulling the sensibilities by means of castor, opium, or chloroform, in the consciousness of the disease not being a very dangerous one. So much for the actual paroxysm.

I next direct your attention to that milder exhibition of the complaint which we so very frequently see in hospitals and elsewhere, and which I would name chronic hysteria. This consists in low spirits, with sighing, and occasional fits of shortness of breath, indigestion, flatulence, anomalous pains, shifting hither and thither, but mostly fixed in the left side, along with excessive or defective menstruation, or subacute hyperæmia of the uterus, leading to fluor albus or congestion or other derangement of that organ. The shortness of breathing in such cases will sometimes lead us to the suspicion of phthisis, but the frequent sighs contradict that symptom; and if the spirometer be persevered in, as a test, for some time, it will be found that though the expirations again and again be of small amount, yet at one time or other they will measure such a bulk as to dispel all idea of any physically diminished capacity of the lungs. An equally substantive and still more amusing proof consists in this:—that the same person, who, on detailing her ailments, can scarcely speak for want of breath, will yet on being excited scold her husband, her child, or her attendant, with a depth of lung, and length of sentences, truly Ciceronian. The pains may also be mistaken for inflammation or rheumatism, but the shrinking and crying almost before touch, and the forgetfulness of the agony when the attention is withdrawn from it, afford clear proof of hysteria, though it may often be necessary to treat the pain as if it were an organic one, and by blistering, or the application of a seton or potassa fusa, to give them something real to think about, and to dispel all leisure for vain imaginings. Such cases are to be encountered according to the form of the symptoms. Where evidence exists of a determination of blood to the uterus, with white or red discharges, we must resort to astringent injections, or to local abstraction of blood, according to the extent of the evil If redness, or indu-

ration, or ulceration of the os uteri exist, or any other diseases, which I shall treat of when I speak specially of that organ, then the remedies for such diseases will be applied. Excess or diminution of the catamenia must have their appropriate remedies, the first in cold bathing, and the salts of lead, with opium; the second in iron and other emmenagogues, coupled with warm bathing. The remedies to allay the nervous irritability are tonics, stimulants, and antispasmodics,—such as arsenic, iron, bismuth, or zinc, with ammonia, valerian, or assafœtida. To abate that morbid sensibility of feeling which leads to constant depression, with a tendency to tears when spoken to, and pains in the stomach, &c., I have found nothing to equal the virtues of musk and castor, though in some obstinate cases, (as in that of Sarah Brown,) opium may prove the most available agent, to be administered according to necessity. Combined with all these means we must also enjoin a nourishing and simple diet, out-door occupation, and cheerful diversion of the mind—in short the tonic regimen. No order of complaints will more annoy and baffle the physician than this of hysteria, and he always must dread engaging with its fickle and shadowy eccentricities as much as he delights in contending against the real and regular march of some more deadly malady. In chorea we have something more tangible to combat with, and therefore have much more satisfaction in the efforts which we make, even although they should ultimately prove unsuccessful. The essence of the affection is some irritating influence acting on the ganglionic system, conveyed thence to the spinal chord, and there giving rise to those eccentric excitements of the motor force which produce the involuntary wrigglings and contortions which give the disease its name. The seat of the primary irritation is almost always in the abdomen, and generally confined to the bowels or uterus. There will be great constipation; and there may be retention of the catamenia. The liver will generally be found to be in a very torpid condition, and the stools passed will have a pale ashy hue. The first obvious symptoms may be merely slight twitches of the muscles, and some dragging of the limbs, which will gradually increase until the patient loses almost all voluntary force whatever, lying prostrate in bed, powerless, and dejected, yet tormented with incessant tossing of head, trunk, and limbs, contrary to inclination. Between this extreme, and the slight twitchings already alluded to, there may be every gradation of disturbance, as it must of necessity be modified by the degree of visceral irregularity, and by the strength or weakness of the patient's natural will, the exertion of the latter being always a great aid in the cure after the more physical causes have been removed. As to congenital chronic chorea, it is almost to be considered as beyond the reach of treatment, but the acute chorea is to be boldly grappled with, and the remedies to be persevered in till it be subdued. Head symptoms, such as dilatation of the pupils, with fretfulness, will sometimes manifest themselves, and then those decided measures of local leeching and blistering, &c., already inculcated, will have to be resorted to. The main objects to be pursued will be the removal of irritant causes by anthelmintics, and by purgatives of more or less activity, the moderation of nervous excitement by sedatives, the renewal of the natural secretions by specific stimulants, and the restoration of muscular or nervous tone by those metallic tonics which are known to invigorate the motor system, act how they may. And here I would draw your attention to what I consider an example of unreasonable and dangerous scepticism on the part of an eminent physician, Dr. Marshall Hall. Speaking in his "Croonian Lectures" of the cure of diseases of this kind, he says:—"The mind must be preserved free from agitation. The blood, if impaired, must be restored to its healthy condition; dental, gastric, enteric, and uterine irritation must be avoided" Then, he adds:—"*If ever* trial may be made of empirical remedies, such as silver, zinc, copper, the valerianates, indigo, cotyledon, sumbul, an issue in the arm, &c., *ad infinitum*, all which, like mesmerism, homœopathy, &c., act by inspiring confidence in the patient's mind. But all this is, in reality, untruthful, derogatory from, and unworthy of, our profession, and belongs to the low art of quackery and imposition." Now, this language is so strong, that I cannot permit it to enter your ears without pointing out at the same time how weak is its argument. If by empirical remedies Dr. Hall means those agents which are recognised as causes of certain effects, though we cannot discover the bond of union between such cause and effect, then the sentence simply means nothing at all, as the observation in that case is applicable, not to those remedies only, but to every occurrence in nature. But if he uses such an expression in its offensive sense, and means to convey, as I think he does, that such agents merely act through an impudent imposition on the imagination of the patient, and that bread crumb or distilled water, would be equally efficacious as silver, zinc, &c., if conjoined with the mere confidence of the sufferer, then the assertion must be plainly denied, as erroneous and hasty in the extreme.

We know for example, as a certainty, by illustration of numerous cases in this hospital, that the exhibition of silver alone, followed by a saline purgative, has at once arrested epilepsy, &c., by effecting the expulsion of worms. This metal was used by Boerhaeve, and is mentioned by Sydenham in relation to such parasites, and has been recently revived with like intent, by Mr. Whittal of this town. The trials of it in this hospital by Dr. Birt Davies and myself, have been most satisfactory in their results. But while in certain cases the worm is actually expelled, in others there can be no doubt that the animal has been killed, though not known to be evacuated, inasmuch as all the constitutional symptoms have afterwards disappeared, whether they consisted of itching at the nose, &c., or dyspepsia, or chorea, or epilepsy. Now, in the latter disease, silver has long been used with good effect, though with no suspicion of its killing a worm; in like manner several of the other remedies have been employed usefully though with no exact knowledge of their mode of acting. Zinc, silver, castor, &c., do most certainly allay mental and bodily irritation, and give tone to the

system, and so have earned for themselves the names of tonics and antispasmodics: the ignorance of their manner of action nowise affects the matter of fact which is palpable to every observer, except such puzzle-headed speculators as are ever looking for nicer explanations than they are doomed to obtain. No doubt such explanations are worth seeking after in proper time and place by the most diligent experiment, but we are not to withhold from acting on the known facts, until our uncertain researches after the unknown come to a close, which might be never. If, indeed, such dreamy notions ever come to influence our profession generally, we should soon degenerate from our high calling into a mere fraternity of babbling idlers, habitually permitting our obscure hypothetical doubts and quibbles to interfere between the suffering man and some ready means of cure. For no greater evil could overtake mankind than such a refusal to use the means to an end, until they should understand the intricate manner of Nature so affecting it; such conduct would not only put zinc, silver &c., into the shade, but exclude from use almost every item of the materia medica, and even food itself. So distorted is the idea, that those who hold it can only rank with the quidnuncs mentioned by Dr. Samuel Johnson, who would profoundly require the reason why a cat's tail was long and a rabbit's tail short, &c. In offering these remarks you will perceive that I have not sought to make any wanton attack upon the author alluded to, but simply seek to defend myself and the profession at large, who have employed and do employ such agents as zinc, silver, valerian, &c., from such hard imputations as quackery, imposition, untruthfulness, and the like. The direction of your minds in matters of practice has been so far confided to me, and I am therefore anxious to prevent your imbibing so noxious a principle as this, emanating as it does from an influential writer, who is commonly so subtle and exact. And to confirm your sounder views the more, I shall quote to you at length the sentiments of the philosophic Sydenham on the same subject, propounded under somewhat similar circumstances. He says:—"And now I have delivered my sentiments on this disease (small-pox), which are deduced from practical observations, and not from a groundless hypothesis: and in reality I cannot conceive how a person should be mistaken, who directs and confines all his reasonings to the practice of the art or science which he intends to learn and exercise with reputation; and on the contrary, how it is possible that he should do anything but spend his life in idly deceiving himself and others who employ his time in searching after such things as have not the least relation to practice, and as he would be no honest and successful pilot who were to apply himself with less industry to discover and avoid rocks and sands, than to search into the cause of the ebbing and flowing of the sea, which, though well-deserving the attention of a philosopher, is quite foreign to him whose only business is to secure the ship; so neither will a physician, whose province it is to cure diseases, arrive at a perfect knowledge of the art of medicine, though he be a person of genius, who bestows less time and application in investigating the hidden and intricate method of nature in producing and nourishing diseases, (whereon their histories also depend), and adapting suitable remedies thereto, than in curious and subtle speculations that do not at all contribute to snatch the patient from imminent death, which is the intent of the healing art, And this delusory procedure does not only deprive mankind of these singular advantages which would accrue to them from the ingenuity of many physicians, but renders the art of physic rather the art of discoursing than of curing; and 'tis come at length to this issue, that the patient must live or die as the philosopher conjectures, right or wrong, which must ever be highly precarious, inasmuch as the first inventors of speculations contended as warmly about their fanciful opinions as those did who blindly followed them, and it may be, none of them in the right. For though by much attention we may be able to discover what Nature does *in fact*, yet the *manner* of her operating will always remain a secret to us. Nor is this strange, since it is infinitely more propable that we poor mortals who are shut out from the glorious region of light and life, cannot possibly comprehend the method which the allwise Creator used in framing the body, than an unskilful smith should be ignorant of the manner of making a clock, the structure and motion whereof manifest the greatest delicacy of the art; and so, though it does evidently appear that the brain is the region of sense and motion, and the repository likewise of thought and memory, it is nevertheless, impossible that the mind should ever be so far enlightened even by the most exact inspection and consideration thereof, as to understand how so thick a substance, and a kind of pulp, which seems not to be very artfully formed, should suffice for so noble a use and such excellent faculties. Nor can it be accounted for from the uature and structure of its parts, how any particular faculty comes to be exerted thereby." Such are the strict logical rules by which we must be guided, or else we shall flounder into all the sophisms and quiddities of a barbarous age. Paradoxical as it may sound, such scepticism and credulity are usually twin brothers, and it must be obvious that he who has come to doubt the existence of himself has equally reached the extreme of the one and the other. But to return to the subject; there will seldom be any eccentric action during sleep, but sometimes sleep will be very limited so that the patient (as in the case of Mary Dearne, fol. 29) will be almost exhausted to death. In the instance just referred to it will be observed that there was at first no great degree of constipation, so that tonics and sedatives were the first agents applied, and afterwards a mild aperient pill. Some days after a bowel complaint set in, which so far from ameliorating the symptoms, magnified them to a very alarming degree. Under the circumstances all the other medicines were stopped, and she got nothing but laudanum till sleep should be induced. This gave some relief but induced an opposite condition of the bowels; and on reference to the case, it will be seen to what an enormous amount various powerful purgatives had to be administered before evacuation was effected.

Thus she took successively four grains of calomel four times; two ounces of castor oil, half an ounce of oil of turpentine every hour for six times, then one drop of croton oil every hour for six times, and all to no effect until I ordered a clyster, consisting of one ounce of oil of turpentine, and one ounce respectively of sulphate of soda, sulphate of magnesia, and muriate of soda, while extract of belladonna was applied to the constricted sphincter ani. There then came away a vast discharge of dark and offensive matter, but after that the stools being pale, they were kept natural and evacuated freely by means of the ox-gall and aloes, from which period all the symptoms gradually disappeared under the liberal use of the sulphate of zinc, which seemed to prove more efficacious than the nitrate of silver previously used. It was a severe case, but recovery was effected within forty-six days, a period considerably less than a patient is often doomed to suffer, even under energetic treatment. Amongst the means of rousing the peristaltic action of the bowels and improving digestion, the ox-gall is not to be reckoned as the least, as it not only appears to act as a substitute for the human bile, but also to excite the natural secretion, so that after a long period of pale or variegated discharges, requiring constant laxatives and occasional mercurials, this agent will not only improve the colour and regularity of the fæces for the time, but even induce a permanent sufficiency of the secretion, after a brief course of it. Where chorea is dependent on a stone in the kidney, or softening of the cerebellum, or other obstinate and persistent cause, as suspected in the case of Griffith, of course it is less tractable.

On rabies I shall say little or nothing: as originating in so subtle and minute a poison, requiring so long a period of incubation, and being so invariably fatal, its history possesses much interest, but as no cases have presented themselves in our hospital, and as I myself never saw one, I shall not enter into the question at large. The poison, like most other foreign matters taken into the system, has a particular determination to parts. It is chiefly manifested on the frame, and appears to affect the general nervous system, so as to give rise to an universal exalted irritability beyond that of any other disease. The whole of the reflex chain is commonly affected, but more especially, perhaps, the medulla oblongata and the upper portion of the chord, or that portion which has been called the respiratory track, by Sir Charles Bell, but which ought more properly to be termed the digestive, inasmuch as respiration is only one portion of that great process. It will be observed, in reading accounts of this disease, that those organs are most affected to which the pneumogastric nerve is supplied, and some *post-mortem* inspections have proved an inflammatory condition of the medulla oblongata. The first idea that presents itself, in considering the treatment, in the absence of all knowledge of a specific kind, is naturally that of the employment of sedatives to allay so extraordinary an irritability; nevertheless, both these and other agencies have been employed in the most amazing doses, such as opium, to the extent of an ounce, without any apparent effect. Chloroform has, I believe, subdued symptoms, but only to return after its withdrawal; so much indeed has the materia medica been exhausted in these experimental trials without success, that I am disposed to think we need scarcely look for the cure of this disease. After it is lighted up by any line of treatment, the chief attention should, therefore, be turned to the neutralization of the poison before it has induced such a condition of body, and to the prevention of its elaboration. It has been asserted that no dog which has had "the distemper" will take it without direct infection. It would be well if this were tested and confirmed, for if it were the fact, we could then have the power of almost annihilating this dreadful malady.

Epilepsy is distinguished by the sudden loss of sense and voluntary motion, the victim falling down with more or less convulsion, especially about the face, while he emits a froth from his mouth which is frequently tinged with blood. In true epilepsy there is such total unconsciousness, that not even the pupil is sensible to a brilliant light, and this will always distinguish the real from the affected fit. When severe, it will more resemble apoplexy than anything else, the difference being that the first, like its causes, is temporary, whereas the second is more permanent. The peculiar causes of epilepsy are usually hereditary, and are rather of an obscure kind. In some we can trace the existence of spicula of bone within the cranium, which, when the circulation is calm tend to no pressure, but whenever it is excited, so that an overplus of blood is carried to the brain, there exerts their pressure, and so the fit seems to be induced. The same explanation embraces scrofula and other tumours in the head. In others we may find a natural tendency towards engorgement of the brain, under the slightest mental or bodily irritation, arising from pressure or dyspnœa, or indigestion, but without the presence of any permanent physical formation. In others, again, we have to fall back on the more vague supposition of an arrest of the nervous current depending on causes of which we know nothing at all, but which are called into existence from time to time under different irritations, which may even produce their effects during sleep. Besides these hereditary, or congenital causes of this disease, it is also known to have been induced by severe blows on the head, or other affections of the brain, or the presence of worms, or retention of the menses. In such instances the patients and their relatives may have been entirely free from such attacks, yet subject to them ever after, so frequently and increasing in number and severity, as at length to end in fatuity.

The individual fits need not excite much alarm, as they are seldom fatal; but one great source of anxiety must ever attend the epileptic, in the fear of his having the seizure at some time or other in a dangerous place, such as a steep stair, or beside the fire, or deep water, or a precipice, or any other situation in which his loss of consciousness might involve a probable loss of life. Such patients ought, therefore, to be carefully watched. A long continuance of such fits, however, must be fatal to existence, especially if the patient be exposed to

strong causes of excitement, such as an active civil or military life in men, or pregnancy and parturition in women. Obstetric practitioners know how disagreeable is its visit in the latter condition; and so much is to be expected from the former that, as you are aware, the ancients called it morbus comitialis, on accouut of its frequent occurrence in their stormy popular assemblies. Some of the victims have no warning of the attack; others have several premonitory symptoms, which enable them to take care of themselves, such as a sense of pain, coldness or palpitation, or that singular creeping sensation which has been called the aura epileptica. Such are the chief features connected with epilepsy. During the fit we can do little or nothing besides protecting the patient against himself, especially as regards biting the tongue, &c., and waiting for a return of sense. Then the treatment must depend on what appears the probable cause. If on spicula of bone, or depression, or malformation of the skull, or the pressure of any suspected tumour, or other source of occasional pressure, then we can simply seek to moderate the force of the circulation by enjoining habitual abstemiousness, with rest; the avoidance of stooping, and all excitement. If upon congestion, then we must have recourse to local abstraction of blood, and purgatives, along with that quietude of demeanour and use of tonics which most represses excitation. When purely nervous, tonics and antispasmodics must be conjoined; and when arising from physical injury, or the presence of worms, or restrained excretions, then we have to remove these causes of irritation by means of the remedies known to be effectual in such cases; and as shall be more particularly pointed out under their respective heads. When dependent on a fixed organic cause, we can only hope to moderate the fits. When on worms or on congestion, we have better reasons to hope for success; and when the attacks are of a functional kind only, we have every ground for believing that they may be effectively obviated by the employment of metallic and other tonics with good regimen. Thus we find hysterical and other persons of nervous constitution become subject to fits of epilepsy simply from seeing others so affected. In such cases the greatest benefit will be derived from the use of iron, zinc, and silver, especially the two latter, if we conjoin with them a good plain diet, with stomachic bitters, exercise, and diversion, and cold bathing, if the season will permit. Most of the cases under my supervision in the hospital have been those of out-patients, in which the proper regimen could not be properly enforced; yet only one of them resisted the powers of zinc and silver, which I therefore view with great reliance.

We have now to consider the nature and treatment of spasm. Tetanus is the name given to the most formidable manifestation of rigid contraction which can possibly take place, and which often involves the whole muscles of the body. In the synthetical views, however, which I wish to take of morbid action, it would be manifestly absurd to divide and sub-divide the same diseased condition into so many orders according to the mere degree of severity or its different seats or causes. Therefore, I shall make no distinction between a common slight spasm, and trismus, and tetanus, or whether the one or the other be idiopathic, or traumatic, or opisthotonic, or emprosthotonic, or pleurosthotonic, except as modes or degrees of the abnormal contraction, but treat the whole as one affection of continued spasm, subject to the same principles of treatment in all its phases. We have numerous varied instances of this particular action of the muscular fibre, from the slightest contraction of a single muscle to those of a finger or toe, of the arm, of the calf of the leg, or of the neck, back, or abdomen, or diaphragm, &c., up to the more formidable contractions of the muscles of mastication or deglutition, or of the entire muscular system of the body. These will all be found to depend upon a more or less permanent irritation of the excitory nerves, and a more or less permanently sustained action of the moving nerves in correspondence. These irritating causes may either exist at the periphery of the sensorial system, or in the cerebro-spinal or ganglionic centres themselves. In the first case the disease would be said to be symptomatic, and in the second idiopathic; yet both alike must arise from an excitement at the centres; and the distinction, therefore, is without a difference, so far as a correct theory is concerned. The irritating causes may consist of positive mechanical injury to the more sensitive nerves themselves, or of foreign or crude matter in the more sensitive viscera, or of poisons circulating in the blood, and of a morbid condition of the blood itself, especially its deoxidation, and also in hyperæmia of the spinal chord and its appendages. The strange and terrible forms sometimes assumed by this disease are calculated to strike the spectator with horror. What is called trismus, or lock-jaw, is equally curious, though not so startling as the universal tetanus. In the former we have the muscles of mastication, &c., only affected, with fixation of the jaws; but in the latter we have all, or nearly all, the muscles of the body involved, and leading to effects of a most alarming character. As I already observed, we have had this complaint divided into opisthotonos, emprosthotonos, and pleurosthotonos, and that more equal form of it called the erect. But the truth is, that all are one affection, and the difference of outward form is only due to some accidental weakness of one part of the body as compared with the other. If the muscles in front be the more powerful, or the body be inclined that way, then the head may be bent forward so as to touch the toe. If the contrary should be the case, then the head is bent backwards on the toes, with retracted muscles of the face and starting eyes, so that the sufferer resembles some hideous demon playing the mountebank by forming the letter O in his own person. Should the patient have entire or partial hemiplegia, or any marked weakness on one side, the curvature will be lateral. If his powers be very equally balanced, he will be rigidly erect, like a steel poker. The tetanic form of the disease, therefore, is the more fearful in its aspect; but yet it is not so singularly interesting, in a physiological point of view, as simple trismus, because we can much more easily understand how a distant irritation, in the great toe for

instance, should give rise to such an excitation of the whole spinal chord as would induce an universal spasm of the muscular system, than we can unravel those delicate and mysterious inter-neural communications, through which the same distant irritation shall affect only that limited group of muscles situated about the jaws. There can be little doubt, however, that in man, as in all other animals, there is a peculiar universality of connection between the primary digestive opening and the rest of the body. We know, in the very lowest forms of animal being, that there will be an œsophageal nervous ring if there be any nervous structure visible at all. So in man the close connection that is known to subsist in this quarter, between the voluntary, semi-voluntary, and involuntary nerves that govern the muscles of mastication, deglutition, and respiration, tends to constitute this one of the most important regions of the body; and to unite it, perhaps, more with the whole of the three systems, viz., the cerebral, spinal, and ganglionic, than any other tract of the body whatever; other minute chains of actual communication with the most distant parts will doubtless be elucidated by future anatomists. In the meanwhile, certain peculiar actions indicate that such is the fact, though it may not be physically demonstrable. In the new-born infant this group of muscles acts in full perfection from the beginning, whilst all others not strictly involuntary require experience and education for their proper employment. It is also to be observed in after life that the masseter and other muscles seem to have a more immediate sympathy, as it is called, with the efforts or suffering of remote parts of the body than any others. They are always excited to strong contraction whenever the other muscles greatly exert themselves, or when they are under much pain, or when the mind is wrought up to strong resolution. The setting of the teeth, therefore, is always indicative of powerful action or passion involving the general frame. Thus, being peculiarly connected with the whole physical and moral machinery, it is no wonder that these muscles often might and do become deranged in their functions, under some extraordinary stimulus in remote parts, even when the other muscles of the body remain unaffected. It may be said that every portion of the body is connected with the rest; but yet there are some more immediately and universally in relationship with the whole; and of these, perhaps, the nerves and muscles of the face, &c, stand first. Hence, in all probability, the manifestation of trismus as a local disorder supervening upon a seemingly remote cause.

As to treatment, I have only to repeat the general rule, that we must seek to remove the irritating cause and subdue sensibility. The slighter and more limited forms of spasm that are exhibited in a few muscles here and there, will usually be found to proceed from the accidental circulation of venous blood in the parts, on account of some temporary obstruction to the flow and return of the fluids, as intense cold, or a sudden change of temperature, or a constrained position, or the presence of a ligature, such as a tight garter, or tight lacing. This may be rapidly subdued by a removal of the causes and the use of friction, or if these be not sufficient, a small dose of opium in combination with mercury. Where they are of a more serious description, and dependent on correspondently serious causes, our proceedings must be more decided. Should it arise in a greater or lesser degree from a tear or crush of the flesh, or any other surgical wound, which will most likely be in a finger or toe, or other seat of sensitive nervous expansion, then the most probable means of success will consist in a timely division of the injured nerve, along with purgatives and other powerful sedatives which are applicable to every case—such as opium, or even tobacco. If foreign or crude matters be suspected in any of the viscera, then these must be expelled, whether from the stomach by emetics, from the bowels by the most active purgative or vermifuge, or from the womb by the removal of the placenta, or other existing causes. If poisons are circulating in the blood, such as lead or strychnia, they must be neutralized or expelled by agents suited to act on such particular poisons. If the blood itself be universally in a morbid condition, as in cholera and the like, then our treatment is much more difficult, and must be partially directed to a renovation of the healthy secretions by every means which the circumstances may suggest, and which are too numerous to be classified in detail now. Should the affection more obviously depend on a hyperæmic state of the chord itself, our reliance must be on local abstraction of blood, followed by blistering from the neck downwards to the sacrum, also a liberal use of mercurials and antimonials, coupled with purgatives and sedatives as in all the other cases. In the more severe forms of the disease, however, all of these remedies unless having some early effect, that is to say within four or six days, are likely to prove unavailing, the bodily power then becomes exhausted by the agonizing exertion made by the muscular system, delirium follows upon want of sleep and mental torture, and at length, distortion of the muscles of respiration cuts off what little vitality remains, by inducing orthopnœa and its fatal consequences. A *post-mortem* inspection will most probably reveal a deoxidised state of the blood, with or without an inflammatory condition of the spinal chord or peripheral nerves, according to the origin or nature of the spasmodic action. As tetanus, in all its varied shapes, is a continued spasm or contraction, so convulsion consists of temporary spasms or contractions, alternating with relaxation. These may exhibit themselves in every degree, from the violent commotions of hysteria, chorea, and epilepsy, to the weakly twitches of nervous fever, or the little tremors and shiverings that arise from dissipation, mercury, or long-continued cold, &c. In the former the entire muscles are affected with great vehemence, while in the latter there seems only a short twittering of the minute fibrillæ, *i.e.* short as applied to those fibrillæ individually, but prolonged as applied to the general muscular system; for while one set of fibres are resting, the others are keeping up the irregular action. As all these arise from the same causes which have been already indicated under former heads, I shall not enter much further into them in this place.

They may arise from any irritation conveyed to the nervous centres; and so we have the convulsions of infants, from crude food, &c., of parturient women, from the presence of the child, or placenta, or lochia, and of ordinary persons from other similar causes. They may likewise proceed from idiopathic affections of the brain or chord, and the treatment will vary according to all these causes. The convulsions of infants, which are perhaps the most common, are generally to be subdued by calomel and the warm bath, better than by anything else; but should they depend on the pressure of a tooth on the gum, or the presence of a thorn, or such other cause, of course the treatment must be directed to the affected quarter. For the management of puerperal convulsions, I must refer you to the professor of midwifery; and as to those that affect the ordinary class of patients, under such innumerable forms of irritation as general practice will present, I must simply content myself by remarking that you must endeavour to discover the exciting cause, abate or remove it, and administer antispasmodics, stimulants, tonics, or sedatives, according to the general condition of the system. Thus in purely nervous convulsions, without any apparent physical cause, you may have recourse to such a sedative as opium, or to such antispasmodics as valerian or musk, or to the more potent tonics—zinc, arsenic, and quinine; or when they arise from congestion and languid circulation, you will employ such diffusible stimulants as brandy and ammonia. The presence of irritants will, of course, require a different mode of procedure in the first instance, such as the employment of emetics, purgatives, and vermifuges, or emmenagogues, or other agents, according to their nature, followed up by the stimulants, antispasmodics, or tonics, as they may be required.

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REMARKS
ON THE
CÆSAREAN SECTION, CRANIOTOMY, AND ON THE INDUCTION OF PREMATURE LABOUR.

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etc., etc., etc.,
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Most of our ablest obstetric writers recognize the Cæsarean section. Smellie, Leake, Aitken, Forster, Denman, Sims, Alex. Hamilton, Clark, Burns, Hull, Gooch, James Hamilton, Blundell, Barlow, Hopkins, Montgomery, Churchill, Shackleton, Conquest, &c., have treated upon it in their writings, and justly consider it the appropriate operation to meet and overcome the difficulties of those cases of protracted labour, for the management of which no other plan is available, or has yet been devised. It ought not to be considered by the profession as a resource solely to save the infant, as some of the observations of its recent advocates imply: but it ought most assuredly to be also valued as, and undertaken for, the purpose of likewise saving the life of the mother. This is a noble object to aim to attain; and if it is duly estimated and tried for, it will most assuredly be accomplished. Its numerous advocates have the highest obstetric reputations, and their opinions will be revered, when the dogmas of its adversaries are buried in oblivion. There is, then, sufficient reason for the existing members of the profession to coolly and deliberately "weigh it in the balance," and if found (not by prejudice) wanting, then they are warranted to expunge it from the obstetric code. To listen to and be guided by dogmatic assertions, is not the legitimate and scientific method to settle questions of life or death. It is a controversial subject, and will remain so, until the evidence *pro* and *contra*, is fairly examined. Most unwarrantable epithets have been used as characteristic of its termination. Dr. Osborn admonishes us as to "the propriety of never exposing the very valuable life of a mother to absolute destruction by the Cæsarean operation." The erroneous doctrines inculcated by this writer, have been ably and satisfactorily controverted by Dr. Alexander Hamilton, (Letters, &c.,) and Dr. Hull. Mr. Simmons justifies the term "inevitable destruction," used previously by Osborn; and further, brands the operation as *murder*. The fallacy of his malignant remarks are ably proved by Dr. Hull. The memorable case of Elizabeth Thompson, upon whom my valued relative Mr. W. Wood performed the Cæsarean section, affords ample proof of his unprincipled objections against this operation, and also his unwarrantable confidence in the *crotchet, and his proposed compound operation.*

This poor woman resided at Hazelhurst, about eight or nine miles from Manchester. When in labour, she was visited by Mr. Ogden, who was also a strong anti-Cæsareanist. After having examined the state of the pelvis, he sent for Mr. Simmons. When he (Mr. S.) visited the patient, he found to his great mortification, that neither the crotchet nor his compound operation were adequate to the delivery of this poor creature. He left the woman without affording her any assistance, and she was afterwards brought over in a cart to the Manchester Lying-in Hospital. The pelvis is in my possession, and a cast of it was presented by me to the Royal College of Surgeons of England. (*Vide* Case, "Medical Memoirs," by Mr. Wood.)

It has been called a "terrible," "inhuman," "cruel," "barbarous," "bloody," "horrible," "murderous," "undesirable," "dreadful," an "unnecessary," and an "unjustifiable operation," it is said to be a "melancholy catastrophe," and "that the operations, as performed, were abominations."

Many cases of protracted labours from distortion of the pelvis, have frequently occurred in my practice, some of which have been terminated by the natural efforts; some by the forceps, and others required craniotomy. Five of these cases required the Cæsarean section, which are quite sufficient to enable me to judge of the contingent circumstances which happened during and after the operation, and authorize me to

state whether the beforementioned terms are warrantable. It is not inevitably destructive, as in two out of the five cases the lives of both mother and infant were saved; it is not a cruel or inhuman operation, because it has been in every case undertaken with the most humane and sympathizing feelings, and with the hopes of rescuing the unfortunate creature from long suffering and impending destruction; it is not a barbarous procedure, being recognized by the best obstetric writers in all civilized countries, as the only available resource to meet the extreme difficulty of such cases; it is not a bloody operation, for in none of these cases was there much blood lost; it is more terrible, horrible, and dreadful to the witnesses of the operation, than to the poor suffering woman herself; she hails with joy any plan which promises to terminate the anguish she has so long endured. Dr. Sims says:—"Human imagination can hardly conceive anything more dreadful than the distressing anxiety of a woman in the pangs of labour, without hope of delivery." It cannot be murderous: to be so, it requires *malice prepense* on the part of the operator; on the contrary, it is done to save two lives. Such an epithet is more appropriate for the crotchet operation. We agree to say it is an undesirable operation, and we hope no man is so wanting in moral principle as to desire such a case to happen in order to gratify his "rage for cruel and bloody operations." The justice and necessity of this operation will be proved in the course of this paper.

A very eminent obstetric practitioner has lately remarked, that "he is fully satisfied that if, in great distortion of the pelvis, abortion, or the induction of premature labour were had recourse to at the proper season, no case could occur in which the Cæsarean operation could be required." Craniotomy or embryulcia are said to be equal to the delivery of some, if not all, the cases of distortions of the pelvis in which the Cæsarean section has been performed.

These several methods, which are recommended to supersede this procedure, do not all stand on the same moral and professional grounds. The induction of abortion, and the induction of premature labour, are considered equal to prevent the Cæsarean operation ever being required, even in the most distorted pelvis. Under such circumstances we are recommended to adopt this practice; nay, I should think, from the tone of the author, either the one or the other procedure must be had recourse to, if the practitioner desires to discharge his duty to his patient. This injunction is not alone confined to those cases with which the practitioner must of necessity be acquainted; at least, that there positively exists a considerable diminution in the pelvic diameters from his experience in former labours; but it is considered that this practice is applicable and ought to be adopted under such circumstances in first labours.

These statements naturally suggest to the mind an important question,—Whether there are any certain indications of the existence of extreme pelvic deformity during the early period of a first pregnancy, which demand manual examination? The pelvis may be extremely deformed in early life by rickets, and although the disease has been arrested, yet the mischief inflicted on its bones continues, and its diminished diameters bear the same relative proportion to its present degree of development which they did to that at an earlier period. In such a case, extreme distortion of the pelvis may exist through the whole period of life, without the slightest external evidence, either in its bones or other portions of the osseous system; and therefore this state can only be ascertained when labour has commenced.

Internal exostosis may grow from any of the bones of the pelvis, without a suspicion that such a disease exists. These tumours acquire different sizes; sometimes they become so large, and diminish the pelvic diameters so much, as to render the Cæsarean section necessary; and yet, until labour has happened, there were no external marks which shewed that so serious an internal impediment to the progress of the child had previously existed. (*Vide* Case of Cæsarean Operation by Dr. Mc Kibbin, *Edinburgh Medical and Surgical Journal*, Vol. 35.)

Fracture of any of the bones of the pelvis may occur at any period of life; and when they are united, either its inlet, outlet, or cavity, may be very considerably diminished in their measurement. If pregnancy takes place after such an accident, the Cæsarean section may be the only means by which delivery can be effected. This happened in Mr. Barlow's case, and although there was here external evidence that great mischief had been done to the pelvis, yet there was no alternative for this operation; for neither of the obstetricians was acquainted with the pregnancy until called in after the labour had lasted for a considerable length of time. A midwife had been employed in the first instance. But in other cases of this kind of accident which may take place in early life, no external traces of the injury may exist, and the occurrence may not be communicated to the attendant, either from the patient having forgotten it, or not considering it of any importance to make it known to him.

Mollities ossium, as its name implies, is a softening of the bones; and may attack any portion of the osseous system, but the pelvis most generally suffers from its ravages, which produce every degree of distortion in it. This disease is usually slowly progressive, and sometimes remains stationary, except during pregnancy, when it rapidly increases. It very seldom (yet it sometimes) happens that the distortion of the pelvis is so great, in a first labour, as to require either craniotomy or the Cæsarean section for delivery. The usual course of this malady is to produce an additional degree of mischief during each succeeding pregnancy, and thereby rendering necessary a different plan of delivery in each succeeding labour. The obstetrician may and ought to avail himself of the knowledge he has had the opportunity of practically acquiring of the degree of distortion at any previous labour, and bring it to bear on and to guide his judgment as to what method should be pursued during the succeeding pregnancy or labour. An accurate inquiry during one labour, with a careful examination of the pelvis in the early months of the next pregnancy, will be all sufficient to direct him in his

treatment of the case. In a first pregnancy he has not this information, and therefore he stands in a very different position in regard to his professional responsibility. Extreme distortion of the pelvis from mollities ossium may exist, and yet every other bone may be free from disease. The pelvis in Sir C. Bell's case was extremely distorted, but the skeleton was of average height; and the bones, especially the thigh bones, were firm and of full size.

It is true the general health suffers in a greater or less degree during the progress of this disease; and pains, like those of rheumatism, are felt about the hips and lower part of the back, and the patient's gait becomes different, and her stature becomes less.

If a woman, for the first time pregnant, applies for professional attendance in her approaching labour, at the fifth, sixth, or seventh month, and on inquiry she complains of the pains above-mentioned, and the other effects of the disease are to be observed, then there can be no doubt as to the wisdom of making an internal manual examination of the pelvis. But in many cases such an application is not made until a later period of pregnancy; and frequently even then no statement of local pains is made to the practitioner. He may be a stranger to her, and unacquainted with her former gait or stature; and he must, therefore, be unable to make a comparison of her present with her previous state. Women in the lower ranks of life usually employ midwives; and, therefore, medical gentlemen are seldom or ever consulted until the labour has continued for some time, when some serious impediment to its advance is found to exist.

From the previous remarks it is quite obvious that no knowledge of the existence of extreme distortion can be acquired in many of such cases until after the commencement of labour, when suitable measures for delivery can only then be determined on. But even in cases in which this knowledge may be or has been obtained, there is no alternative for the Cæsarean section.

A question will no doubt arise in the minds of those who have not had to manage labours obstructed by distortion of the pelvis,—Cannot a manual examination of the pelvic diameters be made with such mathematical accuracy, and a decided opinion formed, whether the child's head will pass through it?

An accurate exploration of the pelvis is at all times of the greatest practical importance; but notwithstanding the best endeavours are used precisely to ascertain its capacity, there is great danger of an erroneous computation, especially when it is distorted. The manual difficulties are great under all those circumstances, but are more so when the brim has assumed the triangular shape. The examination should not be confined to the brim, cavity, or outlet; but the measurement of every division of it must, as far as possible, be accurately obtained.

When it is intended to induce premature labour we should compute the pelvic space in relation to the size of the fœtal head at the period of pregnancy at which the operation is to be done. So, when craniotomy is decided on (as a rule of British practice) the space must be relatively considered; and at the same time it must be remembered that the reduction of the fœtal head cannot be effected beyond certain limits.

Abortion.—The induction of abortion is one of the operations proposed to prevent the necessity of the Cæsarean section; but in the opinion of the writer it can only be justifiable to have recourse to it in a first pregnancy. (*Vide* "Remarks on the Value of Embryonic and Fœtal Life," *Obstetric Record.*)

But it is not alone on moral grounds that this procedure is considered inadequate to meet such a proposition. It is physically impossible safely to perform this operation in most of the cases of extreme distortion of the pelvis, especially in those which have a triangular-shaped brim.

An experienced practitioner unsuccessfully attempted to destroy the ovum. The woman afterwards died. The pelvis is in my possession, and is an example of the highest degree of distortion from mollities ossium which was ever presented to my notice. Other cases of a similar description are on record, in which the same results happened.

Medicines have been administered to produce abortion in these cases; but the practice is unwarrantable and dangerous. One woman died after taking secale cornutum; but in her case an instrument had been first used. Mrs. Sankey, one of the women (already mentioned) who recovered after the Cæsarean operation, became again pregnant. She took, by the direction of her medical attendant, the secale cornutum and infusion of savine, for the purpose of inducing abortion, but it is said they failed to produce it. In more than a month after its discontinuance she aborted a two months' fœtus; the placenta was detained, secale cornutum was given, on the third day it was reached by the finger and extracted. She died in about five days after the expulsion of the fœtus.

Premature Labour.—Premature labour is to be induced, not so much for the purpose of superseding the necessity of the Cæsarean operation as it is to prevent the use of the murderous instruments—the perforator and crotchet. Whenever the pelvis is so much distorted as to prevent the passage of a full-grown infant without the aid of craniotomy, but will permit one that is premature and viable, this operation must be performed before the end of pregnancy. The longer gestation is allowed to proceed without interruption, the greater chance is afforded to the child to live, but the period at which labour ought to be induced, must depend on the degree of distortion of the pelvis. The great consideration here is, the probability of the birth of a viable infant. Most writers assert that it has not the power of maintaining an independent *post-partum* existence until the seventh month of pregnancy. I venture to differ from this opinion, and do not unconditionally accept this limitation, but I think that a shorter period of intra-uterine life would, in many, if not in all cases, enable the infant afterwards to exist.

I have known one, not larger than at six months, survive, and another, not more than six months and a half when born, lived to be ten years of age. Cases are recorded of viable infants born at the above-mentioned periods.

The performance of this operation is justifiable on moral grounds, and it is sanctioned by every professional and social principle. Its object is noble, it saves a life which must otherwise be destroyed, and at the same time the woman incurs not much, (from my own experience I can say no,) more risks than those which are contingent on ordinary parturition. But notwithstanding the high value of this operation, it is not warrantable unnecessarily to have recourse to it. Errors (as already stated) in computing the pelvic space may be made. This opinion is corroborated by a case which occurred in the practice of the late Dr. James Hamilton, briefly related by me in the *Provincial Medical and Surgical Journal*, Vol. 2, 1847, p. 404.

The reader is referred for further information on this important subject to Dr. Merriman's Observations, *Med. Chir. Trans.*, vol. 3, p. 123; Dr. Hull's Letters, &c.; Barlow; Dr. R. Lee's "Clinical Midwifery."

Craniotomy.—It has been asserted that delivery can be accomplished by the use of the perforator and crotchet, in all cases of extreme distortion of the pelvis. The following remarks will prove that this statement is not borne out by facts. In some cases of this kind the head could only just be reached, and with great difficulty (to say nothing of the danger) perforated. But this done, the power of the operators ended, all further efforts made to reduce and extract it completely failed. "Awful catastrophe!"

A consultation was held on the case of a poor woman in labour; most of those present were anti-Cæsareanists, and therefore they decided on craniotomy. The head was, with great risk, just opened with the perforator, but every other effort made to deliver this poor suffering creature was unavailing. She was allowed to endure the anguish of parturient pains until the uterus ruptured, and death terminated her agony. The pelvis was greatly distorted by mollities ossium, especially the outlet, and there is no doubt, in my mind, an erroneous and partial measurement had been made; most likely the brim had been only attentively examined. A cast of the pelvis is in my possession.

In one case, after the head of the infant had been perforated, the Cæsarean section was performed, and it was extracted half murdered. "Awful catastrophe!"

In another case, after mutilation by embryotomy, the infant was extracted by the Cæsarean section. "Awful catastrophe!"

Others of a like nature are to be found on record. In many of the women who have undergone the Cæsarean section, neither the os uteri or the presentation of the infant could be felt. Under such circumstances how could craniotomy be done? This is the only operation, recognized and justified by the British profession, which is undertaken with the intention of destroying life. It is only between the value of craniotomy and the Cæsarean section that a comparison need be made. I have been anxious to undertake this important inquiry, and, as statistic deductions are so much in vogue at the present day, I put out a letter in the *Provincial Medical and Surgical Journal*, October 17th, 1849, requesting the members of the Association to kindly send me a statement of all the cases of craniotomy which had happened in each of their practices; but, sorry I am to say, only three or four gentlemen have had the candour to communicate information on this subject. It has been said that the statistics of the Cæsarean section are worthless, but how, I cannot understand. Those of craniotomy are completely valueless; hundreds of such cases have been silently consigned to the grave. Instead of trying to explode the Cæsarean section, (as now practised in Great Britain, which the foregoing observations prove cannot be done,) we ought rather to endeavour to extend its adoption. I stand fearlessly forward as an advocate for its performance, not only when the woman cannot be delivered by craniotomy, but also in other cases. I consider that the Cæsarean section should be approved as an operation of election, and not, as it now is, one of necessity; and that craniotomy ought to be received in the reverse order.

For a further exposition on these subjects I beg to refer the reader to "Remarks on the value of Embryonic and Fœtal Life," *Obstetric Record;* Letters, *Provincial Medical and Surgical Journal*, Oct. 3, 1849, Oct. 17, 1849; "Successful Case of Cæsarean Section," *Ibid.*, August, 1849; "Cases of Cæsarean Section," *Edinburgh Med. and Surg. Journal*, Vol. 55, page 67.

To have entered more fully on these subjects would have extended the paper beyond the space which is allowed in a periodical publication upon whose pages there is such a great demand.

ABUSE OF THE MICROSCOPE,

AND ON THE

TENDENCY OF THE DIFFERENT BRANCHES OF SPECIAL SURGERY TO DEGENERATE INTO QUACKERY.

By J. INGHAM IKIN, Esq., F.R.C.S., Leeds.

To the Editor of the Provincial Medical and Surgical Journal.

Sir,—The use of the microscope is so general, and the benefits it has conferred upon medical science are so universally acknowledged, more especially in relation to the study and advancement of that important and interesting branch of anatomy, termed general anatomy, that it may seem somewhat inconsistent in one who happens to be a teacher of that science, and who has been in the habit of using the instrument and pointing out its discoveries for several years, to speak of its excessive use, or rather abuse. But, may we not say, fashion makes fools in too many instances, besides those wherein the manners and tastes of the public are concerned. Favourite hobbies may be ridden too hard,

peculiar theories may be carried to an absurd extent, and special medicine, special surgery, and special humbug, may serve to retard the progress of pure science and scientific practice, as well as disgust the honourable truth-seeking practitioner of his art. I affirm that, in our profession, this is much too often the case, and having just had my attention called to a case in point, I cannot refrain from sending it to the *Journal*, along with a few hasty comments arising out of the subject.

A patient of mine, married, of a nervous, excitable temperament, was liable to attacks of irritation of the mucous membrane of the bladder and urethra, attended with a sensation of burning and painful micturition, and occasionally with a mucous discharge, but free from any gonorrhœal affection, or from any exposure to infection. He had occasion, during his absence from home, to seek surgical aid in London, but as his attack resisted treatment, and continued much longer than usual, he was not content with consulting either one or two surgeons of high standing, but was induced, at the recommendation of a friend, to consult a gentleman with M.D. to his name, and who professes to make spermatorrhœa his peculiar speciality, (I am ignorant whether he is recognized in London as a legitimate surgeon,) who writes a book or pamphlet on the subject for the perusal of the public, making use of a foreign author of deserved celebrity, gets his work reviewed in the daily newspapers, and succeeds in driving a fair trade out of weak-minded, credulous individuals. I must add, that my patient had suffered before marriage, and several years ago, from syphilis, and was just the person a clever trickster and experienced quack might gull to any extent. Well, to this party he forthwith goes, he unfolds his history and tells his symptoms: the penis is examined, a small portion of the secretion of the mucous membrane of the urethra is immediately collected upon a glass, at once it is placed under the microscope, *exhibited to the patient*, and explained as being in an unnatural and diseased condition. "Spermatorrhœa exists." His habits when young have been the cause of it; his health is on the point of being permanently injured and sacrificed; his virile powers destroyed; and nothing can save him but this god of health he has lately resorted to—this restorer of healthy manhood. The poor credulous patient hears his new adviser, full of faith, admiration, and astonishment, and dreams of spermatorrhœa (for he brings a work on the subject away with him)—this woeful cause of all his sufferings. Supposing this opinion was true, common sense and the ordinary instincts of our nature, should have sent the poor fellow home to his wife and ensured a simple every-day remedy. Such is the abuse to which one of the most splendid adjuvants of our art is exposed! I must also state that this "microscopic abuser" went a step further, and succeeded in frightening my poor patient almost out of his wits, so much so, that the idea of committing suicide even crossed his mind, for he told him that he was suffering from decided secondary symptoms, and that in all probability his wife would, sooner or later, suffer, and his children be diseased, (though he had two fine healthy children,) for I must in candour and fairness state, he was suffering from a cutaneous affection—a species of lichen to which he was liable, and which was rather inveterate. He had to leave town before his cure was effected, and fortunately, soon after he had got into such dangerous hands, so that a tale of woe indeed I had to hear on his return into the country, and it was with the utmost difficulty I could stagger his faith in the correctness of the opinion of the party he had consulted. In order, however, to set his mind at rest, and to destroy his fearful foreboding and unfounded alarm, I recommended him on his return to London to consult Mr. Erasmus Wilson for his cutaneous affection, &c.; (and here, allow me to add, and I have pleasure in doing so, that I consider Mr Erasmus Wilson to be a most scientific trustworthy investigator of the pathology of the skin, and unhesitatingly affirm his classification of its diseases to be the simplest and most correct extant, as it is founded entirely on anatomical principles, and it is the one I recommend to the student who wishes to master the subject.) Mr. Wilson confirmed my opinion, and pronounced the cutaneous affection *non*-syphilitic, and I hope he has, ere this, got the credit of curing him.

In thus strongly expressing myself with regard to this case I by no means wish to inculcate that spermatorrhœa, or the diseased condition so ably treated of by Professor Lallemand, under the head of "Involuntary Spermatic Discharges," is not a disease well worthy of investigation and scientific treatment. Quite the contrary; for it is too well known to the profession that early vicious habits may lay the foundation for organic disease as well as constitutional debility. But to investigate the discharges in an ostentatious, if not disgusting way, *before* a patient is to my mind the very essence of quackery and abuse; and men who live by preying upon the morbid fears of their patients deserve the contempt of every properly-constituted mind; and it becomes a duty to the public as well as to our profession to expose and denounce such illegitimate and unfair proceedings.

But alas for our noble art! it is not the microscope alone that gets into improper hands, and is fairly degraded by the use that is made of it. Are there not many other branches of special surgery exposed to the same degradation? Is not, or rather has not, the the mania for the use of the speculum uteri been an abuse? Luckily for the credit of the profession, the late brilliant discussions on its merits, use, and abuse, before the Royal Medico-Chirurgical Society and the London Medical Society, have rather given a check to its indiscriminate use; though they will not serve to lessen or depreciate its proper value when made use of by competent persons. But that its use is so frequently required, as some parties urge, is a gross abuse that deserves the severest censure. Is not the rectum bougie a fine weapon in the hands of accomplished or unprincipled empirics? How many thousand fees have been unfairly earned, if not obtained under false pretences, from the unwary, the timid, and the credulous, by these sturdy champions for the exclusive claims of the rectum—a term allow me to add, awfully abused—for those who so heroically and exclusively deal with it prefer the *crooked* to the *straight* path with a vengeance.

How often do we hear of your great rectum lights presenting themselves sword (that is, bougie) in hand to almost every patient that consults them; declaring, whilst they sheath it up to the hilt, that to pass the flexures of the rectum and reach the sigmoid flexure with their flexible weapon is (as they tell us) the summit of surgical art—the consummation of anal skill! But, Sir, as there is no accounting for the different tastes of mankind, so we must presume that giving the mind to this particular department alone is but the act of the zealous surgeon, the philanthropist, and the philoshpher! May my good star point elsewhere! and may my reputation and that of the members of the profession to which I belong, never be founded on any such contracted bottom! Forgive the *double entendre.*

It is not my wish wantonly to offend the feelings of any one; but I unhesitatingly affirm that the use of the bougie, both that for the rectum and the urethra, is oft grievously and shamefully abused by men calling themselves legitimate and honourable practitioners.

To turn to another department of special surgery—your oculists and aurists. How few of these confine themselves to legitimate practice! How few are content with addressing themselves to the profession! How they puff off their cures and their wonderful remedies, and make a grand display of oft useless and injurious instruments! Again, is not the growing fashion of exhibiting before the patient experiments with urinary analysis apparatus, pulling out your urinometer, unfolding your test paper, holding up your test tube, &c., &c., often arrant humbug and consummate conceit? Such investigations should be made in private, or a professed chemist employed, (which is preferable,) for few men in large practice can give the necessary time for such manipulations. It is not creditable to make a foolish display and parade of one's skill at any time; and when that is done merely to astonish some enfeebled suffering fellow creature, or to pander to the morbid curiosity of over-anxious friends, it amounts to something worse than either vanity or egotism.

Such absurdities are equal to the vagaries of the great *anal* Hamilton, (as contradistinguished from vaginal Hamilton,) of Auld Reekie notoriety, who, as is well known, was in the habit of having the chamber-pots of his patients placed in order, and numbered, before he came with his wand to stir up, examine, and smell; and it is said, occasionally another of the senses was employed in this *poto*logical inquiry as well. But he (Dr. H.) was an original and talented man in his way, independent of his peculiar views; he struck out a path of his own, and could be trusted for his uprightness, which is more than can be said of too many degenerate members of our body at the present period. Another class of specials that oft abuse their profession, and deceive the public, are the spine doctors, with their extension boards, straps, springs, and machinery, muscles and ligaments being secondary agents to be relied on, and of little value, compared to artificial aids; the theory as well as the practice of too many of them being unstable and injudicious, though I admit it may be *profitable* in a pecuniary point of view. The use of the stethoscope has been, perhaps, as little abused as any modern invention connected with our art, though I have known and seen much foolish display in stethoscopic examination, and known it oft applied when it was as little required as a poke with a full-sized bougie, the prick of an exploring needle, the introduction of a trocar into an impregnated uterus, or the slipping a scalpel into an aneurism. But it is not, as in such cases as the above, or with instruments alone, that we see all this abuse; favourite theories and crotchets so possess and entrammel the minds of some of our faculty, that they seem oft to labour under a sort of monomania as regards disease. Broussais and his theory reign paramount with many, and every ailment is to be attributed to deranged state of the mucous membrane and affection of the stomach, and to dyspepsia. The liver and its secretions are ever at fault in the views of some. The kidneys and skin with others. And so on: this exclusive mode of reasoning is neither satisfactory or the treatment successful, and a fair, dispassionate, comprehensive view of disease and its symptoms, is apt to be disregarded. Another remark I venture to make, is, that as provincial medical men, we should try to keep, as a general rule, our patients out of the hands of such Londoners as I have alluded to if we have any respect either for the well-being of the persons, or of the pockets, of our patients.* It is not long since a patient of my own was brought to death's door by a fashionable physician, who erroneously treated an ailment of debility for an acute disease, and it was only the very opposite treatment to what he had adopted which restored my patient and saved her life. This I merely state to show that *fashion* does not always ensure success or satisfaction.

I will not, however, allow myself to proceed, or trouble your readers with any further remarks on this head, excepting in conclusion to express a wish—as I have a very confident expectation—that ere long the public mind will be sufficiently enlightened, to prefer in all cases, the straightforward, honourable, well educated and experienced practitioner to the charlatan and quack, whether in or out of the ranks of the profession. "Heaven," it is said, "helps those who help themselves," and we must set the example amongst ourselves of spurning every path but that of the open and straightforward one, and we must not hesitate to expose a class of men who degrade our noble profession. We must never rest satisfied till our ranks are freed from traitorous and unworthy members;—till mesmerists, hydropathists, homœopathists, and the like, or withdrawn from the list of qualified medical men, and the practice of our noble art is purified of such growing and glaring evils, as I have ventured thus imperfectly to call your attention and that of the readers of the *Journal.*

I have the honour to be, Sir,

Your obedient Servant,

J. INGHAM IKIN.

Leeds, March, 1851.

* I wish it to be clearly understood, that in saying this I only allude to the *abusers* of our art, not to the noble heads of the profession, or to the profession generally in London.

OBSERVATIONS

ON THE

SALE OF ARSENIC REGULATION BILL.

By JAMES TUNSTALL, M.D.,

Physician to the Eastern Dispensary of Bath.

Before I make any remarks upon the proposed enactment, I shall refer to the clauses of the Bill, which were three in number, and then proceed to show, that in its original form, it would have been quite inoperative for the purposes intended, viz., the prevention of accidents and offences by the use of arsenic.

"A Bill intituled an Act to Regulate the Sale of Arsenic.

"Whereas the unrestricted sale of arsenic facilitates the commission of crime: be it enacted by the Queen's most Excellent Majesty, by and with the advice and consent of the Lords Spiritual and Temporal, and Commons, in this present Parliament assembled, and by the authority of the same, as follows:

"I. That every person who shall sell any arsenic shall forthwith, and before the delivery of such arsenic to the purchaser, enter or cause to be entered in a fair and regular manner, in a book or books to be kept by such person for that purpose, a statement of such sale, with the quantity of arsenic so sold, and the purpose for which such arsenic is required or stated to be required, and the day of the month and year on which, and the name of the person to whom, such arsenic is sold, and the name of the town or other place, and also the name of the street and number of the house, if the same shall be said to be numbered, where such person shall abide, and whether such person or persons is or are a lodger in or the keeper of such house, by using the letter 'L' if a lodger, and the letter 'H' if a housekeeper, into all which circumstances the person selling such arsenic is hereby required and authorized to inquire of the purchaser before the delivery to such purchaser of the arsenic sold, and every such entry shall be signed by the person making the same.

"II. If any person shall sell any arsenic, save as authorized by this act, or shall, on any sale of arsenic, neglect to make the entries hereby required on such sale, or if any person purchasing any arsenic shall give false information to the person selling the same in relation to the particulars which such last-mentioned person is hereby authorized to inquire into of such purchaser, every person so offending shall for every such offence, upon a summary conviction for the same before two justices of the peace, be liable to a penalty not exceeding *twenty pounds*.

"III. Provided that this act shall not extend to the sale of arsenic when the same forms part of the ingredients of any medicine required to be made up or impounded according to the prescription of a legally qualified medical practitioner, or a member of the medical profession."

It is manifest that the first clause was intended solely to register the sale; it affords no protection whatever to the buyer on the one hand, or to the accidental misuse of the poison on the other, always providing that it had been purchased for a legitimate object. This omission has been supplied in the amended Bill, which requires the purchaser to be a male adult, who is also compelled to sign the book kept by the seller. The Bill appeared to me to be deficient in that it did not define who the persons should be, to whom the sale of arsenic should be entrusted; the correspondence which I last year undertook with the leading druggists of England, enabled the Arsenic Committee of the Association to report:—

"That the indiscriminate sale of arsenic and other poisonous drugs, by retail in a careless manner, is almost exclusively confined to those who sell drugs as an auxiliary to other little businesses, and who are ignorant of their doses, effects, and qualities, such as chandlers, grocers, hucksters, and general dealers, in thinly-peopled places, and in some instances in the low neighbourhoods of populous towns."*

The case which occurred a few days since at Chew Magna, in this county, where fourteen persons were nearly poisoned by arsenic sold by a baker's wife, by mistake for carbonate of soda, appeared to bear so strongly on this point, that I felt it my duty to send the account of it to the Earl of Carlisle, with a suggestion that the following should form the second clause in an amended Bill.

"*If any person otherwise than a member or licentiate of the Society of Apothecaries, or of the Pharmaceutical Society, or one accustomed to dispense medical prescriptions, as a part of his accustomed profession or trade, shall sell any arsenic by retail, such person shall, on proof of such sale before two Justices of the Peace, be liable to a penalty not exceeding £20.*"

And still further to carry out the views of the Association, I forwarded to Lord Carlisle a copy of my pamphlet upon this subject, a reprint of an article which appeared in the *Provincial Medical and Surgical Journal* of the 22nd August, 1849, and suggested the following clause for his consideration:—

"*That for every purpose, except for the arts and manufactures, and to the members of the medical profession, and then only to persons well known to the person selling the arsenic, no arsenic shall be sold by retail, unless mixed with powdered charcoal, or some coloured material easily recognised by sight, under the penalties hereinbefore recited.*"

His Lordship was pleased to reply in the following terms:—

"March 24, 1851.

"Sir,—I am much obliged to you for your considerate suggestions. I find the subject of licensing attended with greater difficulties than I can surmount, but I hope to give effect to the spirit at least of some of the remaining recommendations.

"I have the honour to be, Sir,

"Your very faithful servant,

"CARLISLE.

"To James Tunstall, Esq., M.D."

On the same evening the noble Lord, in moving the third reading of the Bill, "proposed that not only the seller should enter the name of the purchaser in a book, but that the purchaser should also enter his own name in the same book."

* *Provincial Journal*, April 3rd, 1850.

"It had been represented that cases of accidental poisoning had occurred, and it, therefore, had been suggested that arsenic should be coloured, that might interfere with its use in the arts, but not for its use in agriculture; he, therefore, proposed that no arsenic should be sold in quantities less than ten pounds, except in cases where it was to be used for the arts, unless it should be coloured with indigo or soot; and that no arsenic should be sold to any but a male adult person; and he should also propose that no arsenic in a less quantity than ten pounds should be sold, except in the presence of a person known to the seller." The Bill, as thus amended, was read a third time and passed.*

It will be seen that, with the exception of the clause restricting its sale to chemists, druggists, and apothecaries, the Bill now virtually embodies all the recommendations of the Committee of the Association. I must candidly confess that, with respect to this exception, I am disappointed. It has been shewn over and over again that the evil rests with the country general dealers. I regret that time has not been permitted me to communicate with the other members of the Arsenic Committee, for the Bill was ordered to be printed on the 10th, and passed the House on the 24th instant. I I think that the amended Bill will not reach the evils of the case, unless the sale of arsenic is restricted. On the other hand, however, it may be said that the introduction of the colouring matter will afford all the necessary protection; for it is not at all likely that country shops will order a greater quantity than ten pounds; and the difficulties thrown into the way of its sale by the registration clauses will no doubt tend materially to diminish the evil.

I think it of importance that its course should still be carefully watched through the House of Commons; for which purpose I have forwarded a copy of my pamphlet to each Member of Parliament, and have made arrangements to have a copy of the amended Bill forwarded to me as soon as printed; and would strongly urge upon every member of the Association the necessity of enforcing upon the Members of Parliament with whom they may be acquainted, the great importance of a restrictive clause, in order that the Act may be complete. It appears, indeed, perfectly absurd that in the middle of the nineteenth century arsenic and other poisons should be allowed to form a portion of the ordinary stock in trade of the village baker, grocer, and huckster, more especially when so favourable an opportunity occurs for abolishing so great an evil as the Bill now under consideration presents.

Bath, March 27, 1851.

* *Sun*, Tuesday, March 25, 1851.

Provincial Medical & Surgical Journal.

WEDNESDAY, APRIL 2, 1851.

On Saturday, the 9th of March, at the Worcester Lent Assizes, Emma Taylor was indicted for the wilful murder of her infant child. Mr. Hastings prosecuted; the prisoner was undefended. The facts of the case were as follows:—In the month of November last the prisoner was in the employ of Mr. Bullock, a farmer, near Pershore, as an in-door servant. On the 9th of that month Mrs. Bullock was in the garden at an early hour, and observed in some bushes under the prisoner's window, something which proved on examination to be the afterbirth of a child. She sent a charwoman who was then in the house, named Hannah Davis, to the prisoner's room, whom Davis found in bed, and in reply to several questions, confessed that she had been recently delivered, and that the child was in her box, of which she gave the key. On opening and examining the box, the body of a female child was found at the bottom, concealed under the prisoner's clothes. The prisoner stated that the child had fallen from her while she was standing by the side of the bed, that it never cried, and that she accordingly placed it in the box, and threw the afterbirth out of the window. Both Mr. Bullock and Hannah Davis deposed that they found marks round the neck of the child, some of which appeared like nail-marks, and others as if they had been caused by a tape or string; there was also a bruise under the ear. Mr. Graham Niven, a surgeon, practising at Pershore, examined on the same evening both the mother and the body of the child, and on the Wednesday following he made a *post-mortem* examination. Mr. Niven deposed as follows:—

I am a surgeon, residing at Pershore. I was sent for to Mr. Bullock's on Monday afternoon, the 9th of November last, and I there saw the body of a new-born female child. I also saw the prisoner; she had been recently delivered. The child had come to its full time; there were no marks of violence on its body, except round its neck. I found there several marks which appeared to me to have been caused by tying a piece of tape round the neck; they did not extend all round the neck, but were only seen on the anterior portion. They seemed to me to be of such a nature that they must have been inflicted during life; I do not think they could have been caused after death. Two days after I made a *post-mortem* examination. I examined the head and found a small coagulum of blood on the upper part of the head under the scalp; in other respects I found no traces of injury or disease; the brain was perfectly healthy. I examined the lungs, which were in a healthy state, and had been inflated with air; they floated in water; they had changed their colour, and assumed that which characterises them after respiration has taken place. I also examined the heart; the ductus arteriosus was slightly contracted, but pervious. In my opinion the child was born alive, but I would not undertake to swear positively that it was so. I believe that it was born alive, and that it did not die from

natural causes; from the marks on the neck death was in my opinion caused by strangulation. I do not think that those marks were caused by the prisoner's efforts at delivery; the nail-marks might, but the ligature-marks could not have been so produced. I do not believe that the child was killed by falling from the mother; I consider such an event to be possible, but highly improbable. In answer to a question from his Lordship, Mr. Niven said, that the ligature-marks could not have been caused by the navel-string during the birth, because there were distinct convolutions, which could only have been caused by tape.

Mr. Justice Patteson, in summing up the case to the jury said they were not to find the prisoner guilty, unless they were fully convinced, not only that the injuries were inflicted by her, but also that they had been so inflicted after the child had been completely born alive into the world; and he pointed out that the medical witness had not sworn positively to this point. He also dwelt strongly on an assertion made by the prisoner during the trial, that the medical man whom she had consulted at the Worcester Infirmary and elsewhere, had not informed her that she was pregnant, a statement which was apparently borne out by the fact that her master and mistress had been entirely ignorant of her condition.* His Lordship said that the test of floating the lungs had been proved to be fallacious, but did not allude to the circumstance of the change of colour, which only follows complete respiration; nor did he mention to the jury the last answer of the medical witness respecting the nature of the ligature-mark round the neck. The summing up was on the whole strongly in favour of the prisoner: and after a brief consultation the jury acquitted her of the murder, but found her guilty of the concealment of the birth. She was sentenced to one year's imprisonment with hard labour.

This case, like many others which are continually brought before the public, shows the impossibility of obtaining a conviction for infanticide, under the present state of the law, as laid down by the judges, and the necessity, in our apprehension, for some alteration therein. The difficulty primarily arises from the disproportion felt to exist between the crime and the punishment provided for it. The capital retribution which justly awaits a Rush and a Greenacre, becomes cruel severity when adjudged to a wretched woman, who, in the anguish, shame, and perturbation of her first delivery, when often perhaps a scarcely responsible being, lays violent hands on the child, for which in a few hours after, she might evince the fondest maternal affection. This consideration, probably, has led our judges to narrow down the evidence in these cases, and to exclude all testimony except a positive assertion of an actual fact, in a way which they never adopt in other criminal trials, and which makes a conviction, if the medical witness be candid, next to impossible. Directing the jury that the *complete* birth of the living child must be fully established—established, that is, by the positive assertion to that effect of the medical witness, the judges have affixed to these prosecutions a *sine quâ non* condition which can hardly be fulfilled. In the case before us, although no one single test of the child having been born alive can be considered infallible, their concurrent testimony—the fact of the child being full-timed, perfectly healthy, with lungs which had been fully inflated, and a ductus arteriosus slightly contracted, *with marks of violence sufficient to account for death*—furnished evidence which was really irresistible. Judged by the ordinary rules, Emma Taylor would have been convicted of murder, *and sentenced to death*. It is this terrible consequence which makes judge and jury alike anxious to shirk the responsibility of a verdict of guilty. Would it not be far better for the Legislature to interpose, and affix the punishment of transportation to the crime of murder of a new-born infant by its mother, with a special proviso that proof of the complete birth shall not be required? Such an enactment might have the effect of stopping a dreadful but too common crime, to repress which, the sentence of imprisonment at present (virtually) awarded, is utterly inadequate. Common sense, too, points this way: how can it be less homicidal to slay an infant three parts or half-born, than one which has had for a few moments an independent existence? We have only to add, that in the present instance all doubt is now at an end, by the full confession of the prisoner, which has, we are informed, been made; according to her own account, she laid the child on the bed after it had been born alive, and there strangled it.

* This assertion was entirely untrue: when an out-patient of the Worcester Infirmary, Emma Taylor had been told of her condition, and warned to make the necessary preparations.

We congratulate the members of our Association on the progress of the "Sale of Arsenic Bill" through the House of Commons. It is true, as Dr. Tunstall observes in his remarks, which

will be found at page 181, that there is no probability, unless strenuous efforts are made, that the sale will be restricted to chemists, druggists, and apothecaries, but still with that exception every other point has been gained. The importance of the restriction of the sale of arsenic is so great to the community at large, that we cannot sufficiently thank Dr. Toogood for his original suggestion, and Dr. Tunstall and the rest of the Committee, for their indefatigable exertions in carrying out so benevolent a design. It is not perhaps generally known, how strong has been the opposition to this measure on the part of the manufacturers and agriculturists. We should have thought that common humanity would have induced all those who use arsenic in any form, to guard its employment by every practicable means; but as, in all hazardous employments, the constant exposure to danger seems to dull the sensibility to its probable results, so in this case, those who ought to be most cautious, since they are continually offering temptation to the wicked, and freedom from punishment to the careless, have evinced the most reckless opposition to the enforcement of any restriction upon the sale. This is the only excuse which we can make for this otherwise unaccountable proceeding, but let the grounds for it be what they may, we have equally to thank the gentlemen who have superintended the progress of the measure, for their zeal and energy in its prosecution.

Reviews.

Address before the American Medical Association, at the Anniversary Meeting at Cincinnati, 1850. By John C. Warren M.D. Boston: 1850. pp. 65.

This is an address, in its objects very similar to those which are annually delivered in our own Association, and is intended to chronicle the recent improvements in the art and science of medicine. In the present case the retrospect does not embrace the whole range of medical science, but on the contrary, is limited to a few subjects connected with the branch of which the author is so worthy a representative—that of surgery. The subjects noticed are the microscope, lithotrity, tenotomy, the surgical use of cold water, and etherization. On each of these points the reader will find important information. There is one use of anæsthetic agents alluded to, which is certainly novel, as its propriety is likewise somewhat doubtful. Dr. Warren says:—

"The agony of death is a fair subject for the influence of ether. This supposed agony, in perhaps the greater number of cases, is a creature of the imagination. Nature, like a kind mother, has presented the phenomena of death with such accompaniments as she thinks necessary to deter us from resorting to it by our own act. . . . Some instances there are, in which there is real suffering. In these an invaluable friend is found in ether. And when the mortal strife is so far advanced as to leave neither hope nor chance of recovery, the duty of the physician is to interpose the means by which we may be quietly conducted through the final moment. This practice I adopted many years before ether was introduced; and I have followed it lately, though with great caution, and not without the clear knowledge and full assent of the patient and his friends." —p. 63.

Introductory Address on Medical Education. By Alexander Fleming, M.D., Professor of Materia Medica, Queen's College, Cork. 1850-51. Dublin: 1850. pp. 32.

A vast improvement is perceptible in the introductory lectures of the various medical schools since we were *in statu pupillari*. The last session in particular has been distinguished for addresses which, both in eloquence and moral tone, reflect a lustre upon the profession of medicine. In the former of these qualifications perhaps Dr. Fleming's lecture does not come up to some which have graced the metropolitan schools, but in the latter and more important, he need yield the palm to none.

In the outset Dr. Fleming warns his hearers that medicine is a difficult study. And he does well. Would that its difficulties, its responsibilities, and its requirements, social and moral, were more deeply impressed upon the multitudes of raw youths, who annually crowd the benches of the lecture room, some at least we trust would be deterred from pursuing a calling for which they are, by education and early habits, entirely unfitted; and a noble profession would less often be degraded in the eyes of the public.

The importance of a preliminary education equal to that required by other liberal professions, is strongly insisted upon by Dr. Fleming, as the chief means of giving to the medical practitioner that title to social consideration which is claimed by gentlemen in other walks of life. He also dwells forcibly on the necessity of the student giving an equal share of his attention to medicine and surgery, and not, as is too often done, to

allow himself to be attracted by the latter to the exclusion of the former. This is sound advice, and if it were more attended to in our medical schools, would save many an uncomfortable reflection in after life. After some further and equally excellent observations, on the necessity for cultivating a spirit of kindliness and forbearance towards those, who, in the eternal jostling of private practice, may sometimes appear as rivals, Dr. Fleming concludes with an explanation of the curriculum of study demanded at the Queen's College, Cork. This we think offers all that is desirable for the formation of enlightened medical practitioners—men, as he observes, "fitted to raise our social position, and advance our difficult science."

Foreign Department.

Epilepsy; Abscess of the Brain.—By M. Sissa.

M. Sissa, (*Encyclographie Médicale,*) relates the case of a man, aged 29, the subject of epileptic attacks of three weeks' date. The fit was preceded by tingling in the ears, and a pricking sensation along the cord, extending to the extremities. The first fit had occurred on the 18th of February, the second on the 20th of the same month, with increased violence. M. Sissa remarked a degree of wildness in his general attitude, and in the movement of the eyes of his patient; with this exception his intellectual faculties were intact. There was no acceleration of the pulse, or increased heat of skin. He complained of heaviness of the head, and likened it to having on a leaden cap.

A consideration of these symptoms led M. Sissa to form the diagnosis, that there was slow arachnitis of the cerebro-spinal system. He prescribed bleeding, (general and local,) mercurial frictions along the back, even to salivation, either alone or in combination with belladonna and aconitine. He also employed saline purgatives, and calomel and jalap. By these means he suspended the fits until the 30th of March; but on this day, the patient being a little fatigued, was again seized with convulsive fits. The same treatment was recommended, and a large blister applied to the nucha, afterwards kept open with mercurial ointment.

In about eight days the patient began to complain of headache, which, commencing on the right side, spread over the head; it continued during the day, and returned at the same hour on the following day. Subdued by the sulphate of quinine, it gave place to another pain, a little above the union of the right parietal bone with the occipital, which thence extended over the whole head, and did not again abate. The patient however ate, walked, and had no appearance of fever. In spite of bleeding, purgatives, and revulsives, things remained the same, until the 2nd of May, when the pain became all at once insupportable. The patient uttered continual cries, which neither fresh bleedings, nor the applications of ice could appease. Every moment increased the suffering; his arms were agitated with convulsive tremblings; still these alarming symptoms were unaccompanied by the slightest fever. All means proved useless, and on the 9th of May he died, without paralysis, without symptoms of apoplexy, and not having, for nearly forty days, shown any marked signs of epilepsy.

Post-mortem.—The skull was of extraordinary hardness, though not thicker than usual. After the removal of the osseous cap, the cerebral mass quickly escaped, as though it had been previously subjected to strong compression. The dura mater was nearly cartilaginous, with its sinuses empty, while the arachnoid and pia mater, on the contrary, were gorged with blood. The cortical substance of the brain was very thin, compared with the white substance. On detaching the brain a quantity of greenish pus escaped from the right posterior lobe. On continuing the examination a nearly round cavity was discovered in this lobe, large enough to contain a hen's egg, full of greenish pus, of the consistence of cream, and without smell. They estimated the quantity at about two ounces. The cavity was not covered with a cyst; it rather seemed that the cerebral fibres went out of the way to receive the purulent liquid. The other parts of the coats presented a rather marked state of softening, but it was not easy to decide whether it was connected with inflammation, or the effect of decomposition.

Abortive Treatment of Small-pox by Collodion.

When this fluid was first introduced to notice, we suggested in a communication which was copied into some of our cotemporaries, that it would prove valuable as an application to induce the abortion of the variolous pustule. We are therefore glad to observe, that in the hands of M. Aran, collodion has fully realized our anticipations.

In the *Bulletin de Therapeutique*, October 30th, M. Aran narrates the case of a youth who fell under his charge with confluent small-pox in an early stage. The face was thronged with pustules and was intensely swollen M. Aran applied a layer of collodian. In two days the lobes of the ears and lips, which had not been covered, exhibited fully-developed pustules, which, under the collodion the pustules were arrested. The application was several times repeated, and on the ninth day it peeled off together with the epidermis, leaving the skin of a rosy colour and without pits. On the ears were several deep cicatrices.

Muriate of Lime in Skin Diseases.

Chloride of calcium is not employed much in medicine, but according to Cazennave (*Bulletin de Therapeutique*, 1850) it is a valuable remedy in struma, and diseases depending upon it. He has used it in lupus, in chronic eczema, and impetigo, in doses varying from fifteen to thirty grains per diem, in some vegetable decoction or infusion.

Formation of Artificial Milk.—By Dr. PANUM.

We extract the following from the *London Jonrnal of Medicine* (March). In the July number of the *Bibliothek for Læger*, Dr. Panum writes as follows:—"It occurred to me that the question of the identity of the material I have been describing with casein, might be solved by the *synthetical* method, which, though it can seldom be satisfactorily employed in scientific diagnosis, yet in the inability of analytical chemistry with regard to the protein compounds, is not to be despised. If it were possible, by adding the necessary constituents, to form from the substance under consideration some universally known product containing casein, such as milk or cheese, we should have a striking proof of the identity of the substance with casein.

"I obtained a quantity of serum from bullock's blood. To this I added acetic acid, in the proportion of six drops of concentrated acid to an ounce of serum, and then a considerable quantity of water. The substance described in my former contributions sank on standing to the bottom of the vessel, so that the superabundant clear fluid could be poured off. On again adding water and letting the substance sink to the bottom, it was rendered almost perfectly free from soluble albumen, etc. After it had settled as much as possible, the water was poured off, so as not to waste the substance, which remained suspended in a greater quantity of water than casein is diluted with in milk. It was now my object to find out, whether the solution of this substance produced by salts or an alkali could be brought to coagulate by contact with the mucous membrane of the stomach of kittens or puppies; and whether it were possible to produce a substance which, in taste and other circumstances, should agree with milk. But as it would probably be difficult to make animals use the solution as milk, unless the other constituents of milk, namely butter and sugar, were mixed with it, and as the taste and peculiarities of cheese might be modified by them, I first tried by adding these substances, to produce a liquid which should have some resemblance to milk. At a temperature of 30 Reaumur, I added to the milky liquid phosphate of soda, till all the supposed casein was dissolved. I then added butter and sugar in the proportions in which they are usually contained in milk, and, after the butter was melted, I shook the whole mixture in a flask. The liquid at first greyish or dirty yellow, became of the colour of egg-flip, and as it cooled became more and more like milk. The clearer was the solution and the whiter the milk-like fluid. If the serum was perfectly free from blood-corpuscles, the emulsion, when diluted with water, had the same bluish colour as milk and water; but if there was a strong blood-red tinge in the serum, the solution in phosphate of soda had a reddish, and the emulsion a weak yellowish tint. The product had a taste which bore a most striking resemblance to that of true milk; only it was a little more sweet, and left a feeble, though recognisable, bitter after-taste.

[Not quite satisfied with this essay, Dr. Panum tries whether he cannot form a closer imitation. He says:—]

The most striking difference which the artificial milk presented on a superficial examination, was that it required a far shorter time than real milk to form a layer of cream on the surface, and that, after standing some time longer, a layer of clear liquid was formed at the bottom of the vessel. I ascribed this failure to the greater average size of the globules in the emulsion, as compared with true milk-globules. When I employed sugar of milk in place of common sugar, the emulsion was uniform, and showed no layer of clear liquid at the bottom of the vessel, even when more water was added. At the same time the average size of the corpuscles became less, so that they could not be distinguished by their size from the true milk-globules, and they were now free from any appearance of nuclei or granular cell-contents. The cream was longer in rising to the surface, and the great sweetness which the emulsion had when made with common sugar was no longer prominent, so that the liquid tasted still more like milk. A slight smack of salt disappeared when the butter was washed in water, and a slightly harsh taste of the butter was still farther removed when unsalted butter was used, which had been freshly churned and washed with water. There was still a slightly bitter after-taste, but this was removed by using carbonate instead of phosphate of soda, a much smaller quantity of the former salt being required to produce the required solution. It was now impossible for me to recognise, by the taste, any difference between artificial and real milk. As, however, it might be said that *de gustibus non est disputandum*, I submitted the liquid to the taste of others, with the same result.

[We commend our philosopher to the unscientific but perhaps more practical fabricators of milk, who are so numerous in the metropolis. If we are to believe Mr. Rudd, bullock's brains, treacle, and whitening, are amply sufficient to deceive the most refined London palate.]

General Retrospect.

ANATOMY AND PHYSIOLOGY.

Anatomy of the Urethra.—By Mr. HANCOCK.

Mr. Hancock, assisted by Mr. Hogg, has examined, microscopically, the structures surrounding the urethra. He found that the urethra itself was not muscular, but closely invested by organic muscular fibres continuous with the muscular coat of the bladder, which consisted of two layers, an internal and an external. The external passes forwards, and extends over the outside of the prostate gland; the internal, on the contrary, accompanies the mucous lining through the prostate, forming an involuntary muscular covering to the urethra in its passage through the gland. The membranous portion of the urethra is next closely invested by these muscular fibres, which cannot be mistaken for any portion of

Wilson's, Guthrie's or Sartorius' muscles, the latter being voluntary, and presenting the usual striated appearance under the microscope, whilst the former are involuntary and nucleated. Continued forwards, they reach the bulb, where they divide, the one part being continued onwards to the orifice of the urethra, lying between it and the corpus spongiosum, whilst the other passes on the outer surface of the corpus spongiosum, separating it from its fibrous investment, to which the fibres adhere pretty closely; these latter are also continued forward to the orifice of the urethra, and, in their course, invest the spongy portion of the bulb, urethra, and glans penis, entering very largely into the formation of that peculiar structure found at the orifice of the urethra, and which appears to consist almost entirely of involuntary muscle and elastic cellular tissue, forming an additional sphincter muscle to those usually described as met with in various parts of the body. It will thus be seen that the corpus spongiosum urethræ lies between two layers of involuntary muscle, the one separating it from the urethra, the other from its fibrous covering—an arrangement, doubtless, exerting considerable influence over the expulsion of the blood from the corpus spongiosum when erection of the organ is no longer required, as well as over the emission of urine and the seminal fluid.

PRACTICAL MEDICINE AND PATHOLOGY.

Beneficial Effects of Creasote in Diarrhœa.—By Mr. Kesteven.

The value of creosote in diarrhœa being little known, Mr. Kesteven places his experience of it on record; he does not, however, mention the forms of diarrhœa in which he has found it most applicable. The form in which he has administered it to adults has been as follows:—R. Creosoti, m. j. ad m. v.; Spir. Ammon. Arom., m. xv. ad dr. j.; Aquæ, oz. j. ad oz. iss.; where pain has been severe, Tinct. Camph. Co. has been added. He informs us that in no single case has creosote failed to be of signal benefit; in most cases one single dose has sufficed to arrest the course of the disease; in very few cases has it been requisite to administer more than the second dose. The remedy has been tried, (to keep within the limits,) it may be stated, in considerably more than a hundred instances, and its effects can therefore be confidently affirmed. Mr. Kesteven does not assert that equal success will always attend its use; the circumstances of local influences, epidemic constitution of the season, may, he admits, somewhat modify its effects in other hands. He explains the action of creosote in diarrhœa to its power of coagulating albumen and other animal principles.—*Medical Gazette*, Feb. 7, 1851.

Diagnosis of Fatty Degeneration of the Kidney.—By Dr. G. Johnson.

The urine in cases of fatty degeneration of the kidney has characters sufficiently destructive to render the diagnosis a matter of ease and certainty. It is commonly of a pale yellowish colour. When just passed it is clear, but after standing some hours it usually deposits a light cloudy settlement; sometimes in the early stages the urine has a dark smoky colour, from containing blood. The quantity secreted is less than normal, and its density in most cases exceeds the healthy standard. It is by no means unusual to find the specific gravity ranging from 1025 to 1030. The albumen is generally very abundant, so that when boiled the urine becomes almost solid. On a microscopic examination of the sediment, there may be seen transparent casts, of rather small size, in many of which oil globules are entangled; also cells containing oil globules in greater or less abundance. The majority of these cases have terminated fatally, while in a few instances the symptoms continue in a greater or less degree, the urine continuing highly albuminous, and presenting unequivocal microscopic evidences of the true nature of the disease. For the purposes of prognosis, it is important to distinguish between a case in which the urine presents the characters above described, and a case of simple desquamative nephritis, as it is to distinguish tubercular disease of the lung from acute pneumonia.—*London Journal of Medicine*, Feb., 1851.

SURGERY.

Treatment of Burns and Scalds with White Lead.—By Dr. Gross.

Dr. Gross states that during the last nine years he has paid much attention to the treatment of burns and scalds with carbonate of lead, in the form of white paint. It is extremely efficacious, and is applicable to accidents of every intensity. As the lead of the shops is too stiff for use, he mixes it with linseed oil, till it acquires the consistence of thick cream. With this the affected surface is thickly coated by means of a camel's-hair brush. If vesicles exist, their contents are evacuated with a fine needle, and the part well dried, otherwise the lead will not adhere. The dressing is completed by covering the paint with carded cotton, and a roller over all. In mild cases one application will be enough, in more severe ones several will be required.

Dr. Gross states that he has never seen any injurious effects from the white paint. In one case of extensive burn, the application was continued for five weeks. In short he considers the treatment perfectly safe in every kind of burn, and at every age. As a precaution against the toxic effects of the lead when feared, an occasional dose of sulphate of magnesia may be given. Dr. Gross considers that the white paint acts partly by excluding air, partly as a sedative. In many cases he says it acts like a charm.

Dr. Gross also speaks in favourable terms of collodion, but has not had extensive experience of it.—*Transactions of the American Medical Association*, Vol. 3.

General Remarks on the Diagnosis of Tumours of the Neck.—By Dr. Redfern.

This always presents great difficulties when the tumours are of large size, only slightly painful, and

fluctuate indistinctly. If a complete and accurate history of the case cannot be obtained, more than a general diagnosis may be unattainable, but when the precise position of the tumour at its commencement can be made out, when its relations to the larynx and trachea, and its mobility in regard to them and the surrounding parts can be ascertained, together with the rapidity and manner of its growth, there will be little difficulty in arriving at a satisfactory conclusion.

A tumour developed in the substance of the thyroid body presents itself in the front of the neck, is usually larger on one side than the other, is firmly connected with the larynx and trachea, moves freely with the larynx in deglutition, and when it is displaced laterally by manipulation. The other features vary with the nature of the tumour.

In ordinary bronchocele the swelling is soft, projecting, and elastic, without fluctuation, pain, or tenderness on pressure; it occurs in early life in the female sex, and in particular localities; it is simple in its nature throughout, and presents no tendency to degeneration of structure; it does not interfere with respiration or deglutition, nor does it affect the patient's health or comfort till it reaches a large size.

In cystic disease of the thyroid, the nature of the tumour becomes manifest sooner or later, by the presence of fluctuation in one or more cysts, by a glairy, serous, or sero-sanguineous fluid escaping upon puncture with a grooved needle, the fluid containing no cell formations, by the formation of the tumour taking place after the middle of life, by its slow and painless growth, and by the slight inconvenience caused by it, until it reaches a large size.

In cancerous disease of the thyroid, the tumour appears from forty to sixty-five years of age, is of great density, and generally painful; it is rapidly developed, and may attain a large size in a few months. It occasions great difficulty of breathing and deglutition from an early period, and the aspect and complexion indicate a malignant disease.

In medullary cancer the tumour is less uniform in its consistence.

Enchondromatous tumours are recognised by their density, slowness of growth, and absence of any sign of extension to surrounding tissues.—*Monthly Journal of Medical Science*, December, 1850.

MIDWIFERY.

Cæsarean Section.—By Dr. West.

In connection with an essay on the dangers attending the Cæsarean operation by M. Roubaix which appears in a former number, we give an abstract of a paper by Dr. West, in which he relates a case and also points out the peculiar sources of danger.

The subject of this history was a young woman, aged 27 (a patient of Mr. Wren, of Brownlow Street), whose health had always been indifferent, but whose person was not apparently deformed, and who reached the end of her first pregnancy without manifesting any symptoms especially calling attention to the state of her osseous system, with the exception of pains of a rheumatic character, and difficulty in walking, which last became very great during the last two months of her pregnancy. When labour came on, which it did at the end of the full period of utero-gestation, the existence of extreme pelvic deformity was at once ascertained by Mr. Wren, in whose opinion,—as well as in that of Dr. West, Dr. Murphy, and Dr. Ramsbotham,—the performance of the Cæsarean operation was indicated. It was accordingly performed by Mr. Skey fourteen hours after the commencement of labour, and eight hours after the rupture of the membranes; uterine action having, however, been feeble from the first, and having almost ceased since the escape of the liquor amnii.

The patient was, by her own desire, subjected to the influence of chloroform before the operation was begun: no difficulty was experienced in its performance; and a living female child was extracted. Very formidable hæmorrhage succeeded the removal of the placenta; and the subsequent contractions of the uterus were very tardy in their occurrence. The patient was left in a state of great exhaustion, from which she never completely rallied, and died in 108½ hours after the operation, apparently from the conjoint effect of the hæmorrhage during the operation, and of the shock to the nervous system. The treatment had consisted in the administration of stimulants and nourishment, both by the mouth and in enemata; and the patient was kept in the same manner almost throughout under the influence of opium.

The body, on examination after death, presented no evidences of serious inflammation; but the uterine wound was gaping widely, and even that of the abdominal walls was but partially closed. The pelvis presented in a most marked degree, all the characteristics of that deformity which is produced by mollities osseum; the pubic bones being projected into a beak 1·2 inches in length; the width of the pubic arch being reduced to 0·6 of an inch, and the distance between the tuberosities of the ischia to 1.2 of an inch.

The writer having noticed the high maternal mortality resulting from the Cæsarean section, and which he estimates at more than the number of 63 per. cent., at which the statistics of all cases recorded since 1750 places it,—since the results of cases occurring in hospitals abroad yield a maternal mortality of 79 per cent., and of cases in this country of 85·4 or 87·5 per cent., according to two different estimates,—proceeds next to point out the causes, apparently inevitable, of this high mortality.

These causes he refers to four heads: and illustrates their respective influence by reference to a table of 134 fatal cases in which the body was examined after death. The four heads are as follows:—

1st. The danger arising from hæmorrhage, which proceeds from a source different from that whence bleeding takes place in any other operation, and which is not capable of being arrested by the same means as suppress it under ordinary circumstances.

2nd. That dependent on the shock inflicted on the nervous system, as well by the violent interference with

the most important process that ever goes on in the organism within the same limited time, as by the injury to a part so important, and so richly supplied with nerves, as the uterus of a parturient woman.

3rd. The hazard inseparable from extensive injury to the peritoneum, when unblunted in its sympathies, and unaltered in its texture, as in cases of ovarian or other tumors, for the removal of which a similar exposure of the abdominal cavity is sometimes practised.

4th. That which results from the infliction of a wound on the uterus at a time when, in the ordinary course of things, the processes which nature is prepared to carry on in it consist in the disintegration and removal of its tissue—processes the very opposite to those essential to the repair of injury.

From a consideration of all these sources of danger, to the last of which attention has hitherto scarcely been directed, the author concludes that the rule which forbids the performance of this operation, when a reasonable prospect of delivery *per vias naturales* exists, is a good one.—*Medical Gazette*, Feb. 7, 1851.

TOXICOLOGY.

Fatal Poisoning from Bromine.—By Dr. Snell.

This case is considered by the narrator to be the only instance on record in which the poisonous effects of bromine have been witnessed in the human subject.

Dr. Snell was called to see Mr. ———, Tuesday morning, May 28, 1850, about half-past six o'clock. He was informed by the friends that half an hour previous the patient had swallowed bromine, with suicidal design. At this time the patient was complaining of incessant pain, which he described to be of a burning character; breathing slightly accelerated, short, and thoracic; pulse somewhat frequent, small, and quick; slight borborygmus and eructations from the stomach; several times during his illness partial tremors of his hands and arms were observed, but no decided convulsive movements were manifested, and the tremors were, doubtless, the result of excitement and fearful apprehension upon a naturally nervous temperament. An ounce bottle, with its tin case, was found upon the walk below his bedroom window, and he confessed having taken the whole, but a few drops spilled upon his hands and clothing in the act of swallowing. It was taken undiluted, directly from the mouth of the phial, hence the violent inflammation of the lips, tongue, mouth, œsophagus, &c. Another fact not to be omitted in the detail of the case is this, the poison was taken into an empty stomach; this circumstance alone, doubtless, caused a greater intensity, as well as an earlier commencement of the symptoms of gastritis. At the expiration of two hours and a half from the time the fatal dose was taken, the symptoms began to indicate some degree of prostration, surface cold and clammy, breathing short and laborious, with a prolonged expiration, attended with considerable mucous throat-rattle. The mucous secretion of the schneiderian membrane was copiously discharged, and saliva flowed very freely; pulse frequent, quick, and hard; no thirst, retching, or vomiting; pain more intense. In three hours and a half pulse more frequent and feeble; breathing thoracic, difficult, and slightly convulsive; mucous throat-rattle more extensive, and deglutition, which has been growing more and more difficult, is now found to be impracticable. The patient is becoming quite restless, throwing his hands and arms frequently into different positions. Cold perspiration breaks out, and the skin in many parts appears tinged slightly blue, and shrunk; countenance haggard, and blueish pale; features pinched; eyes sunken, pupils natural, conjunctiva has lost its lustre, and appears corrugated; no abatement of pain; frequent but ineffectual desire to stool; restlessness and other symptoms, indicative of extreme prostration and impending dissolution, increase rapidly. In four hours, pulse small, frequent, and almost imperceptible; no retching, vomiting, or thirst; patient is unable to protrude his tongue; cold perspiration increases; constant restlessness; pain moves lower down. Four hours and a half, no pulse; extremities cold; respiration decidedly convulsive, with the prolonged expiration peculiar to dying persons. The above symptoms continued to grow more intense till death relieved the sufferer, about seven hours and a half after the poison was taken.

Autopsy sixteen hours after death.—The head was not examined. Lower portion of the lungs congested, and a limited number of tubercles in the upper lobe of both sides. There was considerable serous effusion in the pericardium, but nothing more of particular importance was found respecting the viscera of the chest. The mucous surface of the œsophagus was not examined, but from the symptoms evinced during the illness of the subject, it is to be inferred that the mucous membrane of the entire œsophageal passage was in a state of high inflammation, and perhaps partial disorganization. The peritoneum was tinged reddish-yellow throughout the upper two-thirds, and highly injected in the parts lining the stomach, duodenuum, and liver. The lesser omentum, great omentum, and transverse meso-colon, were all deeply tinged with bromine, and injected to a considerable extent. On the anterior surface of the stomach, near the middle of the lesser curvature, is a large ecchymosed spot, two inches in diameter, the centre point of which is softened and gelatine-formed this may be owing to *post-mortem* changes. The whole anterior surface is very much injected, especially about the lesser curvature. On the posterior portion are several ecchymosed spots, surrounded by red borders. The internal surface was covered with a thick layer like tanned leather, and peeled off readily. The mucous membrane was softened, and intensely injected. The lower part of the stomach is hard and tanned. The same appearances extended to the duodenum.

The treatment pursued was experimental, and consisted of emetics, followed by starch, white of eggs, and ammonia.—*New York Journal of Medicine*, Sept.

UNIVERSITY OF CAMBRIDGE.

NATURAL SCIENCES TRIPOS.*

CAMBRIDGE, MARCH 8TH, 1851.

QUESTIONS.

Geology.—1. Define Geology, enumerate its leading objects, and determine its place among the Natural Sciences.—2. Among great mineral masses, what are the leading distinctions between stratified and unstratified rocks? Are we able to determine the probable epoch of any mineral mass by its internal structure? Quote examples, in point, both from aqueous and igneous deposits.—3. Enumerate some of the old "Sacred Theories" of the Earth. Explain, very shortly, what is meant by the Huttonian theory; point out how far it is inductive, and how far hypothetical.—4. Explain the natural mechanism by which aqueous vapour is elevated, then diffused through wide regions of the atmosphere, and afterwards precipitated. Explain the laws which govern the precipitation, and illustrate them by examples derived from the British Isles.—5. Explain the geopraphical conditions necessary to the formation of Glaciers. Enumerate their leading phenomena, the effects produced by them on the contiguous rocks, their progressive motion, and their transporting power. Explain the causes of their onward movement according to the views of De Saussure, Charpentier, Agassiz, and Forbes.—6. Shew, by the evidence of sections, that the earth has been brought into its present condition after repeated elevations of the land. What mechanical effects might be expected, from deep-seated forces of elevation, in the production and direction of great fissures? Do the valleys in any parts of England (*e. g.* in Cumberland and the Wealden country) illustrate a mechanical theory of elevation. How far does such a theory modify the Huttonian views on the excavating powers of rivers? How far can we determine the first epoch of a valley by geological data? How far can we approach to the past duration of the existing conditions of drainage, in any given valley, by the help of natural chronometers? Answer these questions by an appeal to well-known examples; or by actual sections.—7. What do we understand by modern alluvial deposits—diluvial drift—till—bowlder clay? Shortly give the theories by which the diluvial drift of England has been accounted for. Give the geographical distribution of the bowlders of Shap granite. Describe the modern alluvial deposits, the great brown clay, and the common flint-gravel of Cambridgeshire. What is the relative age of these three deposits? Determine the question by sections, and by a list of the imbedded fossils found in each.—8. Shew historically, by an appeal to known examples, the sympathetic action of many distant volcanic vents. State the conclusions Humboldt draws from facts of this class. Explain the terms basaltic lava, tractytic lava, obsidian, pearl-stone, pumice, amygdaloid.—9. Among geological deposits how do we distinguish plutonic or volcanic masses from the aqueous deposits with which they are associated. Illustrate the distinction by examples. Define Granite, Syenite, Porphyry, and Greenstone. How can we define the epoch of any mass of granitic rock? What are the relative ages of the granitic rocks of Mont Blanc, of Devonshire and Cornwall, of Charnwood Forest, and of Cumberland?—10. Enumerate the several minerals that commonly pass under the name of Feldspar. In what consists their specific difference? Define the mineral characters of Augite and Hornblende. Are they different species, or but modifications of one? Assuming their specific difference, how can we interpret the experiments by which one is made to pass into the other? Describe the experiments of Watt in illustration of the structure and formation of basalt.—11. Enumerate some of the most remarkable species of crystalline stratified rocks. In what sense is this structure to be called metamorphic? What explanations have been given of this structure? When considered on a great scale, do rocks of this class fall into any natural arrangement resembling that of Werner's primitive rocks?—12. What are the four great primary divisions of the Animal Kingdom, on the system of Cuvier, and on what tests is it founded? Enumerate the Classes of the Vertebrate Sub-kingdom, and enumerate the Orders of the several Classes, stating the distinctive characters of each.—13. Define the meaning of the terms Primary (or Palæozoic) Secondary, and Tertiary, as applied to fossiliferous strata. Enumerate the systems, or groups of deposits, into which primary, secondary, and tertiary rocks are now commonly subdivided: using the British types of comparison; and putting them, also, in co-ordination with good foreign types. Quote a few examples of the most characteristic fossils in the several systems, as well as in the subordinate groups—from the oldest to the newest. Prove the truth of the order of succession by an appeal to actual sections.—14. Shew that an arrangement of successive systems by the evidence of natural groups is very nearly coincident with an arrangement on fossil evidence. Point out some cases where the arrangement of natural groups has been modified, during the progress of geology, by the application of palæontological evidence.—15. Explain the meaning of the word *Trias*. Are the groups of strata defined by this word well represented in Britain?—16. Explain the classifications of Fishes given by Agassiz. Enumerate some of the most famous palæozoic species, and describe their peculiarities in contrast with modern Fishes. What is their rank on the general organic scale?—17. Enumerate the Reptile Orders, on the system of Owen. Describe the anatomical peculiarities of the Enaliosaurs and Dinosaurs. Taken collectively, what is the rank of the secondary Reptiles, when compared with the Reptiles of the tertiary and modern periods?—18. Explain the terms Eocene, Miocene, Pliocene. In which of these subdivisions do we now group the several tertiary deposits of England?—19. In what subdivision can we place the raised beaches on the coasts of Devon and Cornwall, and similar deposits on the Western coasts of Scotland?—20. Explain the anatomical reasons that have led geologists to refer certain fragments of small jaws (found in the lower Oolites of Stonesfield) to Mammal genera.—21. State the arguments for and against the following inference, viz., that in the oldest palæozoic strata we have not only reached the oldest known traces of organic life, but the oldest terrestrial monuments of organic creation.—22. Reviewing the whole fossil evidence, shew that it does not lead to a theory of natural development through a natural transmutation of species.

GENERAL PAPER.

I.—*Chemistry.*—1. State the laws according to which chemical combination always takes place. What is the relation between the equivalent weight, the equivalent volume, and the specific gravity of a gas? The equivalent volumes of oxygen, hydrogen, and nitrogen are as 1 : 2 : 2 : and their specific gravities are 1·103, ·069, and ·973; find the equivalent weights of oxygen and nitrogen, that of hydrogen being unity.—2. Enumerate and describe the compounds of sulphur and oxygen, giving the chemical formulæ for each compound. Describe and explain the process for forming sulphuric acid by the combustion of sulphur and nitrate of potassa or soda.—3. What different classes of compounds are included under the general name of *salts?* What is the nature of the compounds termed by BERZELIUS *sulphur-salts?* What are the general characteristics of the nitrates?—4. State the chief points of distinction between

* Concluded from page 167.

organic and inorganic compounds. What are organic bases? Define *isomerism*, and give instances of it.—5. Describe the chemical changes which occur, and the other phenomena observed, when a solution of sugar is submitted to the action of *ferment*.

II.—*Mineralogy.*—1. All mineralogical arrangements must be, in effect, chemical. Give an account of the first and second chemical systems of BERZELIUS. Point out the superiority of the latter over the former, and the objections to which the latter is still exposed.—2. Does *pentagonal* symmetry ever exist among crystals?—3. Define a *zone*, and shew how to determine by observation all the faces that belong to a given zone.—4. State the systems of crystallization and chemical formulæ of *rutile*, *brookite*, *anatase*, and *oxide of tin*. Are any of these minerals isomorphous? In what geological formations do they usually occur?—5. To what system do the crystals of $CaO + SO^3$ belong? State the number and direction of the principle cleavages. Are the crystals isomorphous with those of $BaO + SO^3$? Compute the quantities of lime, sulphuric acid, and water contained in 100 parts of $CaO + SO^3 + 2HO$; having given $O = 100$, $H = 12{\cdot}48$, $Ca = 251{\cdot}5$, $S = 200{\cdot}75$. To what system do the crystals of this substance belong? In what direction or directions do they cleave most readily? Is it isomorphous with any other chrystallized substance? What is its hardness in the scale of MOHS? Shew how the presence of lime, sulphuric acid, and water may be detected in it.

III.—*Botany.*—1. Describe the appearance of transverse sections of the stems of exogenous trees, endogenous trees, and tree ferns. Explain the peculiarities of growth to which the differences are owing.—2. In what parts of a plant does assimilation take place? What are the principle chemical changes involved in this process?—3. State the opinions most worthy our attention on the structure and composition of starch granule.—4. In what natural orders do we find the whole structure of the plant composed of cellular tissue? Describe the general characters of the organs of reproduction in these orders. 5.—Describe the general structure of Pollen, and the phenomena observed at the period of impregnation.

IV.—*Anatomy and Physiology.*—1. Describe the appearance of human blood as seen under the microscope. What are the organic constituents of the solid and fluid portions respectively? What chemical elements are contained in each of these organic constituents? Describe the phenomena which are observed on the removal of the blood from the living body.—2. Give a general account of the chemical changes which take place in the blood in the course of its circulation through the body, and in its passage through the lungs and through the kidneys.—3. In what respects do the structure of the heart and the course of the circulation of the blood in reptiles, fishes, and crustaceans differ from those in mammals?—4. How far is the action of the heart dependent on the nervous system? Will the mechanical action of the heart account for all the phenomena of the circulation?—What are the peculiarities in the structure of the teeth and jaws of Rodents?—6. Describe the compound stomach in ruminants, its structure, and the mechanism of rumination. Give remarkable instances in vegetable feeders in which the complexity of the stomach varies inversely as that of the cæcum.—7. How do you account for the contraction and dilatation of the pupil of the eye?—What are meant by fissiparous, gemmipparous, oviparous, and viviparous reproduction? In what classes or orders of animals do we find these modes of reproduction respectively to prevail? Describe the mode of reproduction of the aphis. What explanation has been given of this and similar phenomena?

V.—*Geology.*—1. Define geology, and distinguish it from palæontology and physical geography.—2. What results have been arrived at experimentally respecting the internal temperature of the earth? How do these results bear upon the metamorphic structure of certain rocks? Has any theory been proposed for the continuance of metamorphic action during successive geological periods of the earth?—State the evidence in proof of the elevation of strata at successive periods. Give some modern examples of this process.—Give a brief outline of Darwin's theory of the formation of coral reefs, and his classification of them.—Enumerate and briefly define the divisions, systems, and groups into which stratified deposits have been separated. By what observations, and on what principles have their relative ages been determined?

Correspondence.

THE BENEVOLENT FUND.

To the Editor of the Provincial Medical and Surgical Journal.

MR. EDITOR,—Will you pardon me for begging a space in your valuable journal, for the advocacy of the Benevolent Fund, which may fairly be asserted to be *one great object* of my existence. It was said of one of old, who was pleading his own cause, with the sincerity and earnestness of honest conviction,—"Paul, thou art beside thyself; much learning doth make the mad." But his reply was,—"I am not mad most noble Festus, but speak forth the words of truth and soberness" So, I doubt not, there are many amongst my brethren, who set me down as a *maniac*, and who pity me as demented. I know full well that it is the common indication of insanity, that the patient thinks all the world mad, while he alone, in the solitary grandeur of his exclusiveness, is the only rational person; and therefore, this is no proof that I am not entitled to the sympathy and compassion of your readers, because I have been reft of my *reason*—that great prerogative and attribute of mind.

But if I shall succeed in proving that my own conduct is founded upon undoubted and acknowledged principles, and that I am not exclusive in my attachment to this "one great object of my life," I shall by such means have established my claim to sanity;—shall have shown the correctness of my judgment;—shall have proved the consistency of my conduct;—and shall have established my title to be listened to attentively, while, in the words of the great orator before alluded to, I may be permitted to say to each one of my readers,—"I would to God, that not only thou, but also all who hear (read) me, were both almost and altogether such as I am," *except*, indeed, those imperfections which attach to humanity. And if I shall succeed in establishing my premises, I shall be entitled to make an appeal to the reason and conscience—to the principle and feeling of all my readers, who may not have contributed to the support of the Benevolent Fund, or who may not now be subscribers to that fund.

I shall set out with the assertion, that the Benevolent Fund demands the support of every member of the profession; and I propose to establish this assertion by a reference to two principles—first, *secular*; and secondly, *moral or religious*.

I. *Secular.*—We are all members of a vast Association, one of whose fundamental objects is "the maintenance of the honour and respectability of the profession generally in the provinces, by promoting friendly intercourse and free communication of its members, and by establishing among them the harmony and good feeling which ought ever to characterize a liberal profession."

But let me ask, how can this principle be carried out, if we turn our back upon our unfortunate brethren;—if we superciliously pass by the brother who is disabled by paralysis,—who is distracted by temporary embarrassment,—who has fallen a victim to unavoidable misfortune? How can it be carried out if we turn a deaf ear to the voice of sorrow and of sickness,—if we refuse to listen to the wailing of the bereaved widow, or to the cry of the helpless and starving orphans? How can it be carried out, if we will not lend a helping hand to restore the honour and respectability of him who has been unable to meet his creditors,—who has himself perhaps been the unfortunate inmate of a prison? How can it be carried out if, in the desolation of our selfishness, we withhold those self-denying sacrifices to maintain that "harmony and good feeling," which must ever depend upon the reciprocal interchange, not only of good wishes, and kind words, but also of veritable self-denying acts of benevolence? In a secular point of view, therefore, we are bound to contribute to the support of the Benevolent Fund, which for the last fifteen years has been intimately *incorporated with our Association.*

II.—But my second principle has a moral or religious basis. It is a Christian's duty to alleviate the wretchedness of destitution. "Whoso hath this world's good, and seeth his brother have need, and shutteth up his compassion from him, how dwelleth the love of God in him?" It is thus made a test of our common Christianity. It is true, that this principle may be attempted to be evaded, by saying, that we possess not "*this world's good,*" and therefore cannot give. Now this question must be tried on Christian principles: and here it is clear that the *widow's mite* has been declared to be more than the gifts of all those who had cast into the treasury of their abundance,—and it is equally clear, therefore, that the actual motive-principle of charity, is *self-denial.* It is not the giving of that which costs us nothing, but of that, to spare which, has required the abandonment of some little luxury, or comfort, or convenience, which we had previously enjoyed—and lawfully enjoyed. And seeing that, as *individuals,* we cannot often meet with these cases in private life, it becomes our paramount duty to contribute to the support of a fund which is set apart for this purpose—which is always ready to listen to, and investigate the applications of the wretched—and to extend its aid to the deserving in the proportion in which your liberality, or the contrary principle, may enable them to do.

Thus, then, I have established my second principle and proved my title to sanity—that I am not *exclusive.* Placed in a prominent and responsible situation by the kindness and good opinion of my brethren, it is necessary for me to give a preference to the fund, whose especial care is devolved upon my attention; and I have conscientiously and uniformly striven to redeem my pledge given three years since, that I would exert my best energies for the advancement of its interests; and that I would neither rest myself, nor let others rest, till I had seen the establishment and enlargement of its resources, commensurate with the profession it represents, and with the mass of misery which it professes to relieve. Facts, however, will prove that my support is not confined to this institution,—but that it is extended to others which are local in their operation —and *provident* in principle—or which are, in fact, pursuing the same object, though by somewhat different routes.

Having thus established my claim to be heard as a rational man, I come now to the application of these principles. And first, what is the fact with regard to support from members of the Association? It is simply this, that reckoning all the contributors to the Benevolent Fund, both *donors* as well as *subscribers,* from among the members of the Association—and we have just *one* such contributor for every four-and-a-half members—not, therefore, one *fourth, or nearly so, are regular subscribers to their own incorporated Benevolent Fund!*

Now, Mr. Editor, this surely ought not to be, and as a proof that it ought not to be, I will give you a sketch of some of the cases relieved since last July. In the eight months which have passed, we have relieved twelve medical men, in various forms of difficulty, chiefly induced by sickness or other infirmity; we have granted annuities to one aged medical man, and to three widows; we have aided two medical men who have been disabled by paralysis; we have extended our help to eleven widows and families of medical men, all left in deplorably-destitute circumstances, and one of whom was deprived of all her earthly support, and left with a large family, in a single instant, by the suicide of her husband, whose brain had been overturned by accumulated difficulties; we have rescued one medical man, with a large family, from utter destitution, and have placed him in such a position as enables him to support both himself and them; we have aided in the outfit for emigration of two female orphans of medical men; we have contributed to smooth the dying pillow of two who have gone before us to their long home; we have contributed to the well-being of two somewhat aged orphans of medical and literary men who were now placed in great difficulties; and we have assisted in the education of three other orphans, besides various other forms of misery which have come before us, and which need not now be particularized. And we have been *unable* to preserve one family from parochial relief; or to prevent other forms of hopeless degradation, in which a son of a medical man is at work in a coal mine, and three daughters are variously employed in menial domestic offices, for salaries not exceeding ten pounds a year.

And is there, Mr. Editor, a single heart which is not moved by this recital? Is there a solitary individual whose judgment remains unconvinced as to the necessity of relieving these forms of wretchedness,—or, I may add, of *himself being a party to such relief?* Is there a heart so hard that it cannot feel for other's woe, and that it does not beat responsive to this appeal, and come forward in aid of the misery of his brother? Among the individuals whom I am just now addressing, is there one who can willingly turn a deaf ear to the lament of the widow, or to the feeble piteous cry of helpless in-

fancy, pinched by want, to which God grant they and theirs may be utter strangers? Is there one who could pass by in cold indifference the recital of such destitution? Yea! is there one who could by so doing willingly plant a thorn in the bosom of one sufferer, and add a sting to the sorrow, by which the brain is already overwhelmed—even the sting of withholding his active sympathy, and thus declaring that such sorrow was not appreciated by the wealthy and the prosperous, or that its victims did not belong to the same family with ourselves?

Yet it is an astounding fact, that not one in five of the members of our great Association is a *subscriber* to the Benevolent Fund,—not one in five who would spare even five shillings a year to save a wretched brother or his starving family from parochial relief. It is an *astounding fact*, and I mention it as such, because it is hardly conceivable that a penny a week could not be spared for such an object; not that I advocate so small a sum as a subscription: it is too small, too inexpressive of the feelings of a gentleman towards his brother or his sister in distress, as if *their misery* could be put upon a level with the ordinary street beggar; but even this small pittance is withheld, and if given by each, even this would realize a considerable sum, and enable the Committee to act with confidence, instead of now being almost always indebted to the kindness of their Treasurer for advancing sums which are imperatively called for, for the relief of misery, which will be heard, and *must be relieved*. And yet there must be an end even to these advances, and unless the Committee be adequately supported by their fellow-associates, they must eventually be compelled to withhold their relief from cases of the deepest distress and destitution. And shall it ever be said, to the disgrace of our noble profession, that we are liberal to others, but not so to ourselves;—that we are charitable to all but our own brotherhood;—that we are bountiful to all but to those who have the largest claim upon our resources? And thus shall our motives of ordinary charity be left open to the suspicion of being grounded on that which is sinister and selfish,—and of being given with a provident eye to the future harvest which might be reaped from the seed thus sown?

There may, however, be those who will reply, that they are already contributors to benevolent funds for the same objects; but this is impossible, for there is no other fund in *this country, aut simile aut secundum*. In a paper which I have recently inserted in the *Medical Times*, I have shewn the distinction between our fund, which is *purely charitable*, and all the other medical relief funds which are pseudonymously called *benevolent*. Doubtless they are *benevolent* in the restricted sense of *friendly*, in which sense all the members of every mutual provident fund are benevolent; they take care of themselves and others also. But they are not *benevolent* in the sense in which I now employ the term—as contributing for the relief of the wretchedness of others, hoping for nothing in return; unrestricted to membership, unconfined to a specific locality, but extending its aid to sorrow in every shape, and to suffering in every place.

It may be said by others, that they possess not *the means* of subscription. Now, feeling as I do, the circumstances of the present times, and how grievously they press upon professional incomes; how much those incomes are diminished, directly and indirectly, by the depression of agriculture, by the various forms of quackery, and by none worse than by individuals thinking they can prescribe for themselves; and by the various and unscrupulous frauds and trickery by which the medical man is cheated out of his just remuneration; and appreciating the enlarged expenditure which is rendered necessary by the education of the day, I am fully disposed to make every allowance for this reason. But there can be very few instances among our associates in which it can be more than one of the arts of evading a charitable subscription. When the income is narrow, but not so narrow as to preclude a subscription to the Association for our own benefit, a very little self-denial will enable each one to *do something*, and express his good will, in so just, and good, and holy a cause. And among those who seem not to possess *the means* for this additional call upon their pockets, is there no plan to be devised for contracting the expenditure, so as to secure the necessary dole of charity? Is there no luxury that can be lopped off in order to supply this sum? Is there no expense that can be spared? The very act of *self-denial* in order to effect this object, will create such an amount of *self-respect*, as in itself to more than compensate any supposed loss. There are those who have *not* the means, and yet will be found, themselves and families, at balls, races, dinners, various parties of pleasure, and subscribers to various amusements—all very proper in themselves perhaps, but highly detrimental to the tone of high-minded feeling, if indulged in at the expense of one sorrow unalleviated,—of one tear unassuaged,—of one sigh unattended to,—of one plaint unheeded,—of one misery unrelieved. And this is to be carried out upon principle, not simply when the feelings are excited by the knowledge of a case of wretchedness in our own neighbourhood, but by the knowledge of the fact that such cases do often occur, that they are presented to the Committee of the Benevolent Fund in such numbers, and with such fearful aggravations, as to be beyond their powers of adequate relief. Oh! then, give them those powers! withhold not your aid from this Godlike charity; withdraw not your support, but contribute to the relief of unspeakable sorrow in him who is bowed down by affliction—

> "And many a furrow in whose grief-worn cheek,
> Has proved the channel for a flood of tears."

And now, Mr. Editor, let me, in conclusion, appeal to each one of my readers—to each one of my associates. What have you done to aid this Godlike institution in its labours of love—labours which approximate man more nearer to his Maker than any other sublunary act? Are you a subscriber to the Benevolent Fund? Your means are shown by your subscription to the Association: this is for your own benefit and advantage. But are you also a subscriber for the benefit of others? Can you lie down upon your pillow this night with the comfortable reflection that you have done what you *could* for the relief of the sufferings of your brethren? Can you repeat the prayer for daily bread?—or that it may please "Thee to have mercy upon all men," if you have not shown mercy to the helpless, the destitute,

and hopeless sufferer? Oh! if you are not already a subscriber to the utmost of your power, let me entreat you, as you value your peace of mind here—the estimate of your present character and your future happiness, to lose not a day in inscribing your name as a subscriber, to the utmost extent of your resources. Let him that hath much give of his abundance; let him that hath little give of that little; remembering those of whom it was said, that the *riches* of their liberality abounded out of their *deep poverty;* and remembering also, that it is *accepted* according to that a *man hath*, and not according to *that he hath not*.

It has always appeared to me that an after-dinner collection at each one of our general and branch Anniversaries was a peculiarly grateful method of adding to the funds of our institution; and that when the heart was warmed and softened by the hilarities of genial and fraternal intercourse, the festivities of the day and the toast of the Benevolent Fund would be *sanctified*, and stamped with ineffable truth, if supported by a small contribution, to those who know no festive day, and who actually know not where to look for to-morrow's sustenance for themselves and their families. But *quot homines tot sententiæ*. There are, I find, many who strangely think that the zephyr of charity is calculated to disturb the Favonian breeze of the "feast of reason and the flow of soul;" and although, as an individual, I cannot enter into such views, I cheerfully yield my own to the general harmony of our convivial meetings. Far be it from me to insist upon any *peculiar method* of enlarging our funds: here I cheerfully give way to the expression of general feeling. But I cannot equally give way on the general subject, or yield this principle,—that it is a duty, a privilege, and a pleasure to contribute to the relief of the afflicted and the destitute. And if each associate will fulfil this duty, and reap this privilege, and enjoy this pleasure, the funds would not require the aid of an *after-dinner collection*. Laymen look on and wonder at our apathy, and hesitate to help them who will not help themselves. O! let this plague spot in our history be blotted out by the tear of sympathy, and dried by the outstretched hand of unfettered charity.

In the paper in the *Medical Times* of last Saturday, to which I have already referred, I have mentioned two other methods of charitable donation; the first to consist in the handing over to the Benevolent Fund all the fees received from Life Insurance Offices; the second, in the donation of old clothes—a species of charity which, though managed unostentatiously, and unobserved by the Treasurer or his family, has been found of infinite service in enabling the child of misfortune to assume an appearance which has fitted him for a situation, and given him the garb of a gentleman; and also been most useful to persons emigrating. I can only add, that I shall be most happy to receive the above-mentioned supplies; and that donations of old clothes for gentlemen, ladies, or children, will be thankfully applied to this sacred object.

Donations and subsbriptions are earnestly solicited, and may be paid to the Treasurer, Mr. Newnham, Farnham, by post-office order or cheque; or to Messrs. Herries, Farquhar, and Co., Bankers, London.

WILLIAM NEWNHAM.

Farnham, March 10, 1851.

CRITICAL REMARKS ON MR. SKEY'S ACCOUNT OF THE PERITONEAL COVERING OF THE DISTENDED BLADDER.

To the Editor of the Provincial Medical and Surgical Journal.

Sir,—In your review of Mr. Skey's new work upon "Operative Surgery," published in the last number of the *Provincial Medical and Surgical Journal*, no notice is taken of an extraordinary statement which he makes whilst speaking of the operation of puncturing the bladder above the os pubis, and I shall therefore feel obliged if you will insert this letter to call the attention of surgeons to the subject, for it is a matter of importance that students and practitioners should not be misled in a practical question of this kind.

Mr. Skey states* that the peritoneum is perforated twice by the trocar in the performance of this operation. He brings forward to support his views, neither facts nor actual experience, but considers it unlikely that nature would deprive the bladder, during the state of distention, of one of its most extensible coats.

The membrane in question will doubtless stretch to a certain degree; but Mr. Skey could never have supposed that it was sufficiently elastic and extensible to cover a bladder when collapsed in the pelvis, and then without shifting its position, or gliding upon the muscular coat or the muscles of the abdomen, to cover the same organ as completely when distended up to the umbilicus.

In hernia, the case to which Mr. Skey alludes in support of his hypothesis, there can be no doubt that, when a rupture is suddenly produced, the peritoneum slips out from its place in the abdomen, and does not merely give way by its extensibility and elasticity before the protruded viscus. Mr. Laurence, in his "Treatise upon Ruptures,"† describes the connecting medium of the peritoneum to the subjacent parts in the lower and anterior part of the abdomen, as being "a soft, extensible, and elastic cellular substance, which yields readily when the membrane is subjected to the action of a distending force, and thus allows it to undergo a real change of situation or displacement, without any laceration of the connecting medium."

In pregnancy the peritoneum of course stretches to allow of the increase in the size of the uterus, but the broad ligaments and other neighbouring folds are also made use of to cover the distended organ, and become obliterated and lost. This fact, if Mr. Skey will admit the use of an argument drawn from "obstetricy," proves that the peritoneum is capable of a change in its position with relation to the viscera in the abdomen.

It will also strengthen the conviction of those who hold the common opinion on this subject, to know that Sir Astley Cooper, Mr. S. Cooper, Fergusson, Druitt, Chelius, Cruvelhier, and others, speak of the little chance of the peritoneum being wounded in these cases from its being raised out of the way by the distended bladder. Mr. S. Cooper, in a note,‡ alludes to a preparation in the Museum of London University, exhibiting the track of the trocar, which "proves that

* Operative Surgery, p. 515—516.

† Laurence on Ruptures, p. 16.

‡ Cooper's 1st Series, p. 684. Sixth edition.

Mr. King's statement of the peritoneum being necessarily pierced twice by the trocar before the bladder is reached is a mistake."

About three weeks ago a patient died under my care at the Bristol Royal Infirmary, from sloughing of the nates. He was transferred to me from a medical ward, to which he had been admitted for disease of the spine, and, as it turned out upon the *post-mortem* examination, with suppuration within the theca vertebralis. For the last thirty-six hours of his life he had retention of urine, and the catheter was passed for him, but when he died his bladder had not been relieved of its contents for twelve hours.

At the *post-mortem* examination, (besides many other appearances,) the bladder was seen to reach nearly up to the umbilicus, and the peritoneum was reflected *directly* across from the fundus of the bladder to the posterior surface of the abdominal muscles, leaving *at least four inches above the pubes*, where the muscular coat of the bladder was lying against the abdominal muscles.

The state was so obvious and well marked that I drew the attention of the students present to the position of parts, and pointed out that in such a case the bladder could be easily reached by a trocar, without any probability, or scarcely possibility, of wounding the peritoneal cavity.

A statement upon an anatomical point of this kind coming from an Assistant-Surgeon to St. Bartholomew's, and a Lecturer on Surgical Anatomy, ought to be well considered, and every opportunity taken of settling it by an appeal to facts, and if this is done I have little doubt but that the result will prove that Mr. Skey is mistaken in his opinion.

I remain, Sir,

Your obedient servant,

AUGUSTIN PRICHARD,

Surgeon to the Bristol Royal Infirmary, and Lecturer on Anatomy and Surgery at the Bristol Medical School.

Red Lodge, Bristol, March 25, 1851.

[The above opinion of Mr. Skey's entirely escaped our notice, or we should certainly have taken the same view as that held by Mr. Prichard.—Ed. J.]

ON THE STYPTIC POWERS OF MATICO IN UTERINE HÆMORRHAGE.

To the Editor of the Provincial Medical and Surgical Journal.

Sir,—Having lately witnessed very satisfactory results from the application of matico in a case of hæmorrhage from the uterus, I think it my duty, through the medium of the *Journal*, to lay the case before my professional brethren. The age of the patient is 37 years, she has had ten children, the youngest being 16 months old; during the seventh month of her last pregnancy she felt darting pains in the lower part of the womb, which she had experienced, more or less, up to the present time. Since the birth of her last child, she has had no regular menstruation, but has been the subject of hæmorrhage from the womb at uncertain intervals; she has also lately perceived a slight enlargement of one of the inguinal glands.

On examination, the os uteri was found to be irregular, having an ulcerated surface, with hard edges, occupying one-third of its circumference. In spite of the recumbent posture, and the injection of a strong solution of nitrate of silver three times a day, several napkins continued to be soaked with blood during the night and day for ten or fourteen days, and the patient began to evince the usual symptoms of chronic hæmorrhage. I then made a paste of matico leaves, mixed with a little mucilage of acacia, and having rolled it into balls of a convenient size, three or four of them were introduced into the vagina, and kept in contact with the os uteri by a firm plug of lint, completely filling up the vagina. No pain or inconvenience from this application were experienced, and the bleeding ceased entirely, and it was not renewed after the plug and matico came away at the end of ten days. Although the os uteri continues much in the same state, and there is too much reason to fear that malignant disease exists, yet the effect of the application of matico in this case increases my confidence in its styptic power, and has made me determine on using it, in this same form of paste, in the troublesome hæmorrhage which occurs from carcinomatous and other unmanageable ulcerative surfaces; I shall also try it in leucorrhœa accompanied with tendency to prolapsus uteri, cases which often defy injections of decoction of pomegranate rind, and other astringent applications.

My attention was first directed to the styptic power of matico a few years ago, by Mr. Hoare, a practitioner in this town, who had found a strong infusion of it surpass all other means, as an injection, in cases of bleeding from internal hæmorrhoids. My own subsequent experience of it in similar cases, has fully borne out his good opinion of it, and in one instance, viz., that of a lady whose health was failing from repeated loss of blood from the rectum, there has been no return of hæmorrhage since the use of an injection of infusion of matico, two drachms to a pint of water, and some considerable length of time has now elapsed.

I am, Sir,

Yours very faithfully,

FREDERICK FRANCIS GIRAUD.

Faversham, March 14, 1851.

Medical Intelligence.

PROSECUTION UNDER THE LUNACY ACT.

At the Kent assizes, held last week, at Maidstone, Dr. A. B. Maddock and Mr. Perfect, the proprietor and medical officer of the lunatic Asylum at Malling, pleaded guilty to an indictment preferred against them by the Commissioners of Lunacy for making false entries in their books, representing that no personal restraint had, during a certain period, been used towards any of their patients. Dr. Maddock also pleaded guilty to a second indictment. The defendants pleaded guilty, as they stated, to spare the exposure of the names of their patients. The case, however, was gone into, and the indictment fully sustained. Mr. Baron Parke said the question was not whether restraint was necessary, but it was imperative on the defendants to have placed the employment of that restraint on record. The Commissioners had most properly instituted this prosecution.

The present proceeding would operate as a warning. It was the duty of the defendants to have made the entries, and having failed to do so, they were subject to the consequences. But under all the circumstances, justice would be satisfied by the defendants paying the costs of the prosecution, which he understood would be £150, and he ordered Dr. Maddock to pay a fine of £50 on each of the indictments, and Mr. Perfect £50 on the indictment against him.

SIR CHARLES M. CLARKE.

A dinner is to be given to this distinguished physician on his birthday (May 28). The preparations of the Committee are already in an advanced state.

ROYAL COLLEGE OF SURGEONS.

Resolutions of the Council of the Royal College of Surgeons of England, respecting certain further Alterations deemed necessary in the Charters and Bye-Laws of the College; and to which they request the sanction of the Secretary of State for the Home Department.

"1. That in the opinion of this Council such parts of the Charter and Bye-Laws of the College as restrict the eligibility to the Council to Fellows residing and practising Surgery within five miles by highway or road from the General Post-Office in Saint Martin's-le-Grand, should be abrogated.

"2. That in the opinion of this Council such parts of the Charters and Bye-Laws of the College as restrict the eligibility to the Council to Fellows not having during the five preceding years practised Midwifery or Pharmacy, and require a Certificate thereof by three Fellows, should be abrogated; and that instead thereof a Certificate by three Fellows, and a Declaration by himself, that the person nominated to be ballotted for as a Member of the Council does not practise as an Apothecary, be required.

"3. That it is the opinion of this Council that the Medical Qualifications of those about to engage in the practice of Surgery, or in General Practice, should be tested by the Royal College of Physicians.

"4. That the Council of this College are prepared to form and superintend a Board of Examiners in Midwifery, or to co-operate with the Royal College of Physicians in the institution of Examinations for testing the qualifications of Practitioners in Midwifery.

"(By order)

"EDMUND BELFOUR, *Secretary.*"

19th and 24th March, 1851.

Gentlemen admitted members on Friday, March 21, 1851:—Edward Robert Bickersteth, Liverpool; James Strange Biggs, Devizes, Wiltshire; George Earle, Beverley, Yorkshire; Thos. Fuller, Brighton, Sussex; William Henry Gatty, Market-Scarborough, Leicestershire; Charles William Goodall, Normanton-on-the-Woulds, Nottinghamshire; Constantine Holman, Hurstpierpoint, Sussex; Moses Morgan, Banbury, Oxfordshire; Charles Nairne, Lambeth; George Wm. Pettinger, Sutton-upon-Trent, Nottinghamshire; Wm. Andrews Rogers, Stanmore, Middlesex.

SOCIETY OF APOTHECARIES.

Gentlemen admitted members on Thursday, March 13, 1851.—John Wright Baker, Derby; Martin B. Lamb, Forfar County; Johnson Martin, Lancashire; Thomas Plunkett, Edinburgh; David Pestell Thomas, Ravenstone, Leicestershire.

Gentlemen admitted members on Thursday, March 20, 1851:—Andrew Bolton, Durham; Samuel Gamble, Newmarket; Henry Wigglesworth, Newbury.

OBITUARY.

February 10, at Lucea, Jamaica, Edward Binns, Esq., M.D., author of "The Anatomy of Sleep," &c.

February 16, at Glasgow, Robert Stewart, M.D.

March 8, at Green Royde, near Halifax, James Inglis, M.D., aged 37.

March 17, at Weston-super-Mare, J. A. Jacob, M.D.

March 18, at Portsmouth, Dr. James Allan, Deputy-Medical Inspector of Hospitals and Fleets, surgeon to Haslar Hospital, aged 58.

BOOKS RECEIVED FOR REVIEW.

Practical Observations on the Treatment of Stricture of the Urethra and Fistula in Perineo, illustrated with cases and drawings of these affections. By John Lizars, late Professor of Surgery in the Royal College of Surgeons, and Senior Operating Surgeon to the Royal Infirmary of Edinburgh. Edinburgh: W. H. Ligars, and S. Highley, London. 1851. pp. 91.

Essays and Notes on the Physiology and Diseases of Women, and on Practical Midwifery. By John Roberton, formerly Senior-surgeon in Ordinary to the Manchester and Salford Lying-in Hospital. London: J. Churchill. Manchester: Sims and Dinham. 1851. pp. 530.

On the Causes, Symptoms, and Treatment of Spermatorrhœa. By M. Lallemand. Translated and Edited by H. J. McDougall, Fellow of the Royal Medical and Chirurgical Society, &c. Second edition. London: J. Churchill. 1851.

Dr. Hooper's Physicians' Vade-Mecum. New edition, considerably enlarged and improved, with an Outline of General Pathology and Therapeutics. By W. Augustus Guy, M.B., Cantab., Fellow of the Royal College of Physicians, Professor of Forensic Medicine, King's College, London, Physician to King's College Hospital. 1851. pp. 576.

Cases in Midwifery, by the late John Green Crosse, M.D., F.R.S., arranged with an introduction and remarks. By Edward Copeman, M.D., F.R.C.S., Consulting Accoucheur to the Norwich Lying-in Charity, and Physician to the Norwich Magdalen. London: J. Churchill. Norwich: Stevenson and Matchett. 1851. pp. 228.

TO CORRESPONDENTS.

Communications have been received from Dr. Burne, Dr. Tilt, Dr. Radford, Mr. Harvey, Mr. Humphry.

We have received a letter from the reporter of the *Lancet*, requesting our insertion of the annexed note, which was omitted in our report of the debate on Dr. West's paper, extracted from that journal. We have much pleasure in complying with his request.

* We can assure Dr. West that no one would regret more than we should any error in a report in this journal. But surely Dr. West might have seen or explained that the "mistake" to which he alluded consisted simply in the substitution of the word *think* for *hear*—hardly, however, a mistake, taking the context into consideration. However, the expression of such a regret could be in things but honourable to Dr. West. Dr. Lee sufficiently vindicated the correctness of the report, so far as the use of expressions which Dr. West declared were not employed, and we challenge Dr. West to show a single sentence, a single expression, to which any "ungenerous intensity" was "added." We are not responsible for the opinions of a speaker, as Dr. West must know. With respect to "additions" to Dr. Lee's speech, the consist merely of an occasional word or few words, to elucidate more clearly *facts* which Dr. Lee mentioned somewhat hurriedly in his rather energetic address. The additions Dr. Lee made did not interfere with the truthfulness of our report, but added to its value; no "alterations," as Dr. West stated, were made. In the present report we are indebted to Dr. Murphy for references to the cases mentioned by him in his speech.

Reporter of THE LANCET.

It is requested that all letters and communications connected with the *Editorial department* be sent to J. H. Walsh, Esq., Foregate Street, Worcester. Parcels and books for review may be addressed to the care of Mr. Churchill, Princes Street, Soho.

OF THE

CAUSES, DIAGNOSIS, AND TREATMENT

OF

OBSTRUCTIONS OF THE INTESTINES.

By JOHN BURNE, M.D.,

Fellow of the Royal College of Physicians, late Physician to the Westminster Hospital, Lecturer on the Practice of Medicine, &c., &c., &c.

Read at the Quarterly Meeting of the Bath and Bristol Branch, March 26.

The frequency of obstructions of the intestinal canal, the variety of causes, the difficulty of diagnosis, the diversity of opinion as to treatment, and the imperfect consideration given to the subject hitherto, have without doubt determined the Royal College of Surgeons to select for competition "The Causes, Diagnosis, and Treatment of Obstructions of the Intestines within the Abdomen."

The danger that always attends and the fatal issue that too often results from intestinal obstruction have induced me to bring this subject before the Association, satisfied that the members recognise its great practical importance, as well as the great principle that the alleviation and cure of disease is the proper aim of all our studies, researches, and labours; satisfied, also, that the collective experience of this assembly will go far to determine the most rational and most promising treatment.

The CAUSES of obstruction may be divided into—

1st. *Intrinsic*, or those causes which affect the intestine from *within*.

2nd. *Extrinsic*, or those causes which affect the intestine from *without*.

3rd. Those causes which do not range themselves under either of the foregoing divisions.

The *intrinsic* causes embrace—

a. Accumulations of ingesta, taken as food or otherwise.

b. Pathological, or, more correctly speaking, path-anatomical conditions of the intestines, namely, intra-intestinal tumours, stricture from scirrhus or other organic cause, and organised bands stretching across the channel of the bowel.

c. Enteroliths, or intestinal concretions.

The *accumulation* of ingesta, in the form of residuary alimentary matter or fæces, may be seated in the *small intestine*, in the *cæcum*, the *colon*, or the *rectum*; in the cæcum more commonly as an impacted mass, in the colon as a mere accumulation, in the rectum as a tough or friable hard ball: the last more generally in females. In addition to these causes are ingesta of an insoluble indigestible character, as pieces of bone, of sinew, of apple, fruit stones, seeds, magnesia, sulphur, and the like; also hard substances accidentally or intentionally swallowed, of which medical records furnish a catalogue of extraordinary instances.

Of the *pathological* causes. *stricture* from scirrhus is the most frequent, and is located more generally at the termination of the sigmoid colon in the rectum, often indeed in the rectum itself, but here, though it narrows, it rarely obstructs the channel of the bowel completely.

In the *cæcum*, too, disease is not uncommon, the morbid condition being *contraction* of its cavity from thickening and induration of the submucous and subserous areolar tissue, the product of previous inflammation; but this contraction, again, seldom leads to complete obstruction.

The most remarkable cause of obstruction from morbid growth is that of *organised bands* stretching across the cavity of the gut, like a net-work, entangling the fæces, and producing sooner or later a total obstruction. These bands are met with in the rectum likewise, and are supposed to result from a muco-enteritis with effusion of fibrin and consequent adhesions, which, acted on by the peristaltic power of the bowel and the fæculent matter, become elongated, and persist thereafter in the shape of organised bands. Obstruction in the rectum from this cause may be only partial, in the cæcum complete, of which a remarkable case is related in my first "Memoir on the Cæcum and Appendix," in the 20th Vol. of the "Medico-Chirurgical Transactions."

Enteroliths are formed either in the intestinal canal itself, and are true *intestinal concretions*, or they are formed in contiguous viscera, and find their way into the intestinal canal; as, gall-stones and pancreatic calculi. Those originating in the intestinal canal may form upon a nucleus of effused fibrin or blood; or around some foreign body by the aggregation of the salts of lime and other matters; or may be formed of indigestible fragments of food, as woody fibre, the husks of fruit, and the like. So in countries where oatmeal is a common article of diet—in Scotland for instance, they are made up of the husks and beards of oats.

According to the authority of the Monros, many concretions have been found in the same individual. A single concretion may lodge and produce a complete and fatal obstruction; or may become impacted in a diverticulum, or in the appendix vermiformis cæci, where, by continued irritation, it may produce a perforative ulceration, followed by peritonitis and obstruction, in this case sympathetic.

The *extrinsic* causes embrace—

Strangulated hernia.

Adhesion of a convolution of intestine, after the operation for strangulated hernia.

Twist of the sigmoid flexure of the colon.

Diverticula.

Pseudo-membranous bands attached to the mesentery and peritoneum.

A pouch or hole in the mesentery.

Tumours extra-enteric.

The *adhesion* of the opposite free surfaces of a convolution of intestine, previously strangulated and relieved by operation, has been witnessed by myself in one instance. It is rare, because of the precaution taken by surgeons after the stricture has been divided to draw out the gut, and to separate any adhesions before returning it into the abdomen. In the instance mentioned, the operation had been performed by an

excellent surgeon, the late Mr. White, and it is probable the agglutination may have again taken place after the return of the gut. It is worthy of remark, moreover, how slight an agglutination, separable by the least force, may be sufficient to obstruct the action of the bowel and prevent recovery.

Twist of the sigmoid colon, with or without laceration, is favoured by a relaxed state of the meso-colon, and may be caused by a sudden blow or movement; or, as O'Beirne suggests, by the sudden propulsion into it of excrementitious matter from above. The twist may be half a rotation, or, it may be a turn and a half, sufficient in either case to produce an invincible obstruction.

Twist of the small intestine, the axis being the mesentery, occurs also as a cause.

The *diverticulum* is an abornal appendix to the small intestine, often several inches in length and wide as the bowel itself, communicating openly with the gut, but closed at its distal extremity. When congenital, it often hangs unattached in the abdomen, but occasionally a band proceeds from its blind extremity and adheres to some point of the mesentery or peritoneum, and under this band convolutions of intestine may become strangulated and cause obstruction.

Pseudo-membranous formations in the shape of organised bands, the product of previous inflammation, may also incarcerate the intestine. To these the female sex, in the opinion of Rokitansky, is more prone than the male, the pseudo-membranes being frequently attached to the internal sexual organs.

The *third division* of causes includes—

Intus-susception.
Enteritis.
Colica a plumbo, and
Spasm of the intestine.

A *spasmodic constriction*, though rare, must be recognised as a cause of obstruction. In a case which occurred to Dr. Todd, and proved fatal in about thirty hours, there was found a contraction in the lower portion of the ileon, from which the transition to the dilated portion above was abrupt, and there was no mark of external compression of any kind.*

Of 169 cases of obstruction, collected with great industry by Mr. Benjamin Phillips—

63 were instances of invagination.
16 were tumours pressing from without.
19 were the results of stricture from disease of the parietes.
11 were the result of intra-intestinal tumours, hardened fæces, or concretions; and
60 were caused either by constriction, by bands, by adhesion, by the passage of the intestine through some abnormal opening, or by a twisting of the intestine upon itself.

Of the 169 cases, 133 terminated fatally, viz. 7 out of 9, or about 78·7 per cent.

Seeing that the causes of obstruction are so many and various, the *diagnosis* becomes a question for our earnest consideration, as upon it the principle of treatment much depends. In the exploration of the abdomen, by touch and by percussion, too great pains cannot be bestowed; the attention, at the same time, being alive to the fact that disease is prone to establish itself at those parts of the intestinal canal where the dimensions vary and the organization changes.

Holding in mind all the causes of obstruction, we may best guard ourselves against overlooking any; and by comparing the symptoms present in any particular case with those which are known to be proper to some and common to several, we shall be able to cast out from the list one after the other till we arrive at the single true cause, or reduce the number to a narrow limit of remaining causes, which have much in common, and to which the same treatment is applicable. By pursuing this plan of analysis the risk and fatal error of overlooking a strangulated hernia may assuredly be avoided.

In our inquiry into the special symptoms of each cause, or group of causes, we should be exact in our examination of the situations of hernia, not forgetting that strangulation may exist at the inner ring of the inguinal canal, and offer but slight evidence of tumour, especially in a stout person, Or, tumour being present in a hernial site, doubt may exist as to whether there is or is not strangulation, and an exploratory operation be required. A case of this nature occurred to myself, in which, in consultation with Mr. James, of Exeter, it was deemed advisable to explore by incision an elastic swelling at the navel.

Intus-susception, internal strangulation, and twist of the sigmoid colon, rank in the same category and have signs in common; as sudden attack and great suffering, perhaps after some strain or exertion, the patient having up to the moment of seizure been in his usual health. Signs referred to the left ilio-inguinal region may point to the sigmoid colon, while deep-seated circumscribed tenderness, with resistance to the touch and dulness on percussion, may point to strangulation or invagination, to the latter especially if blood is voided from the intestine, a sign in this case almost pathognomonic. Yet doubt will exist.

Impaction of fæces in the cæcum may be recognised by a distinct circumscribed tumour in the right ilio-inguinal region, in conjunction with a costive habit; *accumulation in the colon* by a solid feel in the course of the gut, with dulness on percussion; *impaction in the rectum* by urgent tenesmus, verified by digital exploration.

Scirrhous disease at the termination of the colon in the rectum, may form and exist without any other symptoms than those of dyspepsia, attended often with a diptheritic or apthous state of the mouth—a suspicious sign; the action of the bowels, formerly regular, having become difficult and uncertain, the dejections at the same time being scanty, soft, and very offensive; followed, sooner or later, by complete obstruction. Pains of a *neuralgic character* in the abdomen and about the trunk of the body are the frequent attendants of organic disease of the intestine, tending to occlusion of the canal.

* Observations on Intestinal Obstructions, &c., by Benjamin Phillips, F.R.S., Med. Chir. Trans., Vol. xxxiii., p. 6.

The symptoms described may excite suspicion, and suggest the necessity of examining the gut itself, in doing which tact is required, for if the course of the rectum be followed the finger will be lost in the hollow of the sacrum. To reach the colic extremity of the rectum the index finger should be introduced up to the knuckle, and directed across the pelvis from the coccyx to the projection of the sacrum. Not holding in mind these particulars, two persons failed to detect a scirrhus in the case of a gentleman who had been under my care, and in whom the symptoms led me to suspect disease, which, on examination, I was just able to detect with the tip of the finger at the colic extremity of the rectum. On this being announced a consultation was desired, and another physician was called in. He failed to reach the disease; upon which a surgeon was requested to meet us. It happened that the surgeon, not being able to keep his appointment, visited the patient alone, and, having made an examination, assured him that there was no disease. Next day we all met, when both these gentlemen were able to satisfy themselves of the existence of a scirrhous stricture.

The existence of *spasm* as a *cause* is indicated by intense exacerbating pain, restlessness, the absence of febrile movement and of the other symptoms of inflammation, and by the successive development of the signs of obstruction.*

The signs common to all obstructions are constipation, pain, vomiting, and depression of the powers of life; and in direct proportion as these are sudden and violent so is the danger. So tight sometimes is the strangulation from a diverticulum that gangrene and death will ensue in less than forty hours.† The violence of the symptoms may in some degree assist our diagnosis. In the obstructions from fæcal accumulation the countenance does not betray extreme suffering, nor is the general aspect that of imminent danger; accordingly, these cases will hold on day after day, yielding at length on the fourth or sixth, or as late as the tenth day.

A sign of some interest, and in part diagnostic, is the powerful peristaltic action often observed, so powerful as to be obvious to the touch and sight, like a snake coiling and moving in the abdomen. This effort of nature to overcome the obstacle is a sign common to most obstructions where the cause is mechanical; with the exception, however, of strangulation, in which, as in enteritis, there is a perfect *stillness* in the abdomen. This differential sign, if verified by others, would determine between obstruction from strangulation and from other mechanical causes.

Tenesmus and resistance to the passage of enemata point to the rectum or sigmoid colon as the seat.

Blood voided per alvum indicates invagination.

Tumour, deep-seated resistance to the touch, with dulness on percussion and pain and tenderness, indicate the point of obstruction; also the point is indicated when injections reach a certain spot and there stop, and the intestines propel their contents downward to the same spot and no further. It is said that the vomiting and pain are more severe when the obstruction occurs in the small than in the large intestines, and there may be some truth in the remark, but the exceptions to the rule are many. It has also been said that if the urinary secretions be copious the obstacle must be far removed from the stomach, and *vice versâ;* but the exceptions to this rule are also many.*

With every aid that our present knowledge can supply, the diagnosis will often be perplexed in consequence of the great diversity in the situation of the colon, and of other abnormities in the cavity of the abdomen.

The *treatment* of obstruction of the intestines will depend much on the opinion formed of its cause. Should a strangulated hernia be discovered, the established remedies leave no doubt as to the course to be pursued. Should the symptoms favour the belief that the obstruction is caused by an accumulation of fæces, the question at once arises,—What, and to what extent, *purgative* medicines should be administered? a question to be determined partly by the acute character of the symptoms, and partly by the manner in which purgatives are borne by the stomach.

In any case it may be proper, at the outset, to give purgatives in strong doses, as colocynth, calomel and opium, followed by senna and salts, the dose to be repeated in six hours. But these proving ineffectual, are we to persist in the further and frequent use of them?

The presence of a fæcal obstruction seems so naturally to call for the aid of purgatives, that one is tempted almost irresistibly to persevere in their administration, even though the stomach reject them; and such has been the too general practice. But observation and experience teach us to pause in this course, so frequently do we find that the strongest purgatives, resolutely

* *Ileus.—Spasmodic contraction of the Ileon; Death in about sixty hours.*

— ——, aged 5 years, was admitted into the clinical ward, Lydia, No. 7, Guy's Hospital, on Sunday, the 25th of November, 1849, at 11 o'clock, A.M., under the care of Dr Cholmeley. On admission, the boy complained of severe exacerbating pain in the abdomen, and cried much. The abdomen on exploration presented nothing abnormal. The little patient was restless, moving about the bed from side to side, generally on his hands and knees, sometimes lying on his back. When on the back he drew his limbs up; when on his knees he would move his head from side to side in agony. The tongue was yellowish and thickly furred, the face very pale, the features contracted, and marked expression of great suffering; pulse 156, rather sharp; constipation.

It was stated that on the previous evening, Saturday, the boy was seized, while spinning his top, with a violent pain in the belly, which had continued until his admission. He had taken rhubarb and was now ordered castor oil and a fomentation.

In the evening of Sunday, vomiting supervened, the belly was becoming tense, and his sufferings aggravated. Hirud. xii. abdomini; Calomel gr. ss; Opii, gr. ½; every three hours. At ten P.M., venesection to five ounces, followed by temporary relief, but the pain having soon resumed its violence. Hirud. xii. were repeated. These leech bites bled all night, and although on Monday the pain abated, no dejection occurred, and the little fellow being very much exhausted died on Tuesday morning early, about sixty hours from the attack. A few minutes after he appeared to be dead, a great quantity of fæces passed.

On dissection eighteen hours after death, the only abnormal condition discovered was contraction of the small intestine in three places; one several inches in length, the two others annular and three inches apart, inclosing in the intervening space fæculent matter, heterogeneous, many coloured, and undigested, like the grumous stool of a child.

This must be regarded as a rare example of obstruction from spasm of the small intestine, produced by the irritation of its contents; and death may have resulted partly from the intense suffering, partly from exhaustion following the excessive loss of blood.

† *Medical Times*, August 24th, 1850. H. W., age 19, in 38 hours.

* Phillips' paper, p. 17.

administered, are not only given in vain, but have a prejudicial effect, which compels us to desist; and yet by and bye the bowels act and the patient recovers. To what extent then are we called upon to prescribe purgatives? My own experience decides in favour of limiting their use, and the experience of the profession is fast tending in that direction.

It must be remembered, that often the intestine above the obstruction is itself making most powerful efforts to overcome the obstacle, as is evidenced by the striving action of the convolutions attended with acute suffering. Can good, then, arise from urging the intestine to greater efforts? We may truly answer—No. On the contrary, serious harm; for the irritation of purgatives may aggravate the tendency to inflammation, a tendency always present; and certain it is, that they aggravate the irritability of the stomach, encourage and increase the vomiting, and combine with the disease to exhaust the powers of the patient. This they do by exciting not merely more frequent vomiting, but by actually inducing a secretion from the stomach and upper portion of the intestinal canal to an extent which drains the blood of its more fluid constituent, exactly as does the Asiatic cholera. The continued use of purgatives, then, is objectionable on this score, besides that it is ineffectual.

On what remedies then are we to rely? Calomel may be admissible once in twelve hours, in full dose, if the stomach do not reject it; but the remedy that gains favour by experience, and promises the best results, is *opium*, crude in the first instance, afterwards in the form of the salts of *morphia*.

The criterion of the extent to which opium should be given is the degree and frequency of the pain, and on this we may fairly rely. Opium in the dose, first of a quarter then of half a grain, and later the acetate of morphia in the dose of a quarter of a grain, may be repeated every four hours so as effectually to relieve the pain; and, if it should narcotize the patient in any slight degree, so much the better.

A very instructive example of the propriety of this treatment occurred at Tiverton, in January, 1850, my friends Mr. Gervis and Dr. Paterson, in conjunction with myself, being in attendance. In this case purgatives were given with perseverance till their ill effect in keeping up the vomiting and aggravating the throes of pain was so obvious, and the powers of life were sinking so rapidly, that we were of one mind as to the necessity of suspending them and of relying on opium. This course having been adopted, the vomiting diminished, the morphia soothed the pain, the patient slept during the night, and the obstruction yielded on the following day.

In another case to which I was called in consultation, some years ago, every resource had been tried, fæculent vomiting was present, the powers of life were at a low ebb, and all treatment was abandoned, morphia excepted, which, in doses of a quarter of a grain, was exhibited as the throes of pain returned. On the tenth day the obstruction yielded and the patient recovered. Very lately also, a case of obstruction has been treated at Guy's Hospital successfully with opium, to the exclusion of other means.*

Although experience may decide us to abandon the frequent repetition of purgatives, it sanctions the occasional exhibition of a saline aperient,—as the *sodæ potassio-tartras*, in the state of effervescence, which salt, in the dose of one drachm, often proves grateful, and tends to liquefy the fæces; but even this should not be repeated oftener than once in twelve hours, as, independent of other reasons, salts produce distressing thirst.

In obstruction from fæces impacted in the cæcum, there being seldom so much irritability of the stomach, purgatives are more admissible, and, conjoined with calomel and opium, constitute the main treatment. Here, however, saline aperients are particularly valuable; and it does happen, that the stronger purgatives of senna, salts, and jalap, are efficacious. Yet, as the impacted mass requires time to be liquefied, purgatives should not be pressed too assiduously. When fæces are impacted in the rectum, the mass requires to be broken up, and extracted by mechanical means. When the symptoms lead to the inference that the obstruction is either from internal strangulation, twist of the bowel, or intus-susception, we recognize here invincible obstacles which forbid the use of purgatives in any form or dose. All the resources which medicine can supply avail nothing. Under these desperate circumstances, with no other prospect than prolonged torture, and inevitable death, desperate remedies are justified, may we not say demanded? The obstruction admits of relief if the parts involved could be got at, and surgery has made the bold attempt. My friend Mr. Hilton has opened the abdomen twice, though unsuccessfully, and has had occasion to regret the omission of the operation several times, once in the last summer, where a *post-mortem* examination proved the diagnosis to have been correct.

However hazardous to life wounds of the peritoneum may be, the dread which formerly deterred surgeons from making incisions into the abdomen no longer exists; they are of constant occurrence in operations for hernia, and recovery after them is common. Dr. F. Bird has made small incisions into the abdomen in eighteen cases as a means of diagnosis or relief, and in no case did a bad result ensue from such incisions. Nor is recovery unfrequent after the incisions of great extent in the modern operation of ovariotomy. On this ground, then, need we hesitate? That which makes men unwilling to risk an operation, is the doubt which involves every case as to the exact seat and nature of the obstruction. But doubt will ever remain. Weighing all the circumstances, and judging as best we may of the seat of the obstruction, and an operation having been determined on, is it advisable to open the abdomen at the particular spot? In cases where the nature of the obstruction is clearly indicated, the incision may be made as near as practicable to that spot; but where the point of obstruction is not well defined, if the abdomen

* *Medical Times*, August 24, 1850.

is opened on one side, and the cause of the obstruction proves to be on the other, the operation will have been performed in vain; and the probability of such a result is great. Only within a few weeks two friends of mine differed in opinion, the one thinking the obstruction was near the cæcum, the other in the sigmoid colon. The same difference of opinion existed between Recamier and Dupuytren, two eminent men.* How then decide? In the midst of such difficulties would not the large incision in the median line, as practised in the Cæsarian section and in ovariotomy, be preferable? Would it not afford the best chance of discovering and removing the cause of obstruction, wherever seated?

This proceeding my own opinion would countenance; it has been practised on various occasions by eminent surgeons—by Messrs. Hilton and Erichsen recently, and is recommended by Mr. Phillips, but its propriety must be decided by experience.†

Of the treatment of obstructions from scirrhus of the rectum much need not be said. It is in vain to expect relief from medicine. Nor can relief be hoped for from attempts directed to the stricture itself, which force might lacerate, but could not dilate, and surgeons wisely desist. It may, perhaps, be possible to pass a gum elastic catheter through the stricture, even when high up, though I have seen the late Sir Astley Cooper make the attempt and fail; but, supposing this accomplished, it would be hazardous to inject fluid with a view to liquefy the fæces and favour their escape, for force must be employed which would endanger the rupture of the colon, distended already to the utmost. One resource remains, scarcely preferable to death perhaps, but which it is our duty to suggest—the opening of the colon, after the plan proposed by Callisen and practised by Amusat and others. This may succeed, and an artificial anus being established in the left loin, life may be prolonged.

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* Phillips, *ibid.*

† *Extract from Mr. Phillips' paper.*

Hevin, Menschidg, Boyer, Dupuytren discourage an operation.

Bonnet agitates the question but leaves it to be resolved by experience.

Manoury recommends gastrotomy before the inflammation is considerable, the incision to be made near the spot indicated.

Otto says, when the powers of life are in all their integrity no reasonable surgeon would operate; but after all remedies have been employed fruitlessly, the powers are so exhausted that the patient cannot bear up against the operation; or the bowel may have become gangrenous.

A case detailed by Velse in which Neck was consulted, pronounced the case intus-susception, recommended an operation, which was performed at the spot indicated. An invagination was found, the gut was gently withdrawn, and the patient survived twenty years.

Fuschius described a case of gastrotomy for invagination—successful.

Phillips' Ibid.

Erichsen's case was twist of the sigmoid colon, the operation in the median line, the twist detected and relieved, flatus and fæces passed, the obstruction done away, but the patient sunk and died. The operation performed at nine A.M,. lasted one hour, patient much exhausted. At five P.M. passed a fluid motion with much flatus, relief, spoke cheerfully. No return of vomiting after the operation. At eight P.M. he passed another fluid, fæculent, and copious motion, but almost immediately afterwards sunk back on the pillow and expired, being eleven hours after the operation.

By examination post-mortem.—The obstruction was found to have existed at the end of the transverse colon in the left lumbar region, the meso-colon of the sigmoid flexure being loose and admitted of partial twist. The bowels empty, channel free, showing that the cause of obstruction had been removed by the operation.

Query.—Did not the patient die from exhaustion? He took beef-tea, but no mention is made of other support.—*Braithwaite's Retrospect*, vol. xxi, 1850, p. 240, from *Lancet*, Jan. 26, 1850, p. 108.

The feasibility of this operation is placed beyond doubt by no fewer than three successful cases, lately published in the 33rd volume of the Medico-Chirurgical Transactions; the operations having been performed respectively by Mr. Field, Mr. Clarkson, and Mr. Pennell. The region, the left lumbar, selected for this operation, is most favourable, there being a space on the outer margin of the quadratus lumborum muscle, where the wall of the abdomen is thin, and admits of the colon being opened without wounding the peritoneum. By Mr. Field and Mr. Clarkson, the operation by transverse incision was preferred; by Mr. Pennel, that by the vertical incision. By Mr. Field, difficulty was exprienced in distinguishing the gut, fascia having been mistaken for it, a difficulty to be obviated by recollecting that the tissues to be divided, as stated by Velpeau are—

The very thick skin.

The cellulo-adipose tissue.

The origin of the transversalis muscle or its aponeurosis, and a *second* layer of cellulo-adipose tissue; of which a mass lying between the colon and the transversalis must be dissected through, and much of the fat removed before the bowel can be reached.

The relief consequent upon this operation is complete. But, as time advances, a decided disposition in the outer orifice to contract manifests itself, and leads, eventually, to renewed difficulty and danger. Would tents of sponge densely compressed, as used by Dr. Simpson to dilate the uterus, have power, by expansion, to keep the orifice patent?

The inflammation developed in cases of obstruction may call for the *abstraction of blood*, either from a vein or by leeches; but, inasmuch as the inflammation is the consequence, not the cause, of the obstruction, blood should be drawn cautiously, with a view to its control, for it cannot be extinguished, the cause remaining. Moreover, when the cause of obstruction is not insuperable the signs of tenderness and pain (which would seem to demand the loss of blood) are due to irritation and spasm rather than to inflammation, and are best relieved by *opium;* and hence the value of this remedy. The alleviation of pain, indeed, is a main point in the treatment of obstruction from any cause, for pain may destroy life; and in proportion as pain is urgent so should opium be given. In a case related to me by Sir Astley Cooper, of obstruction caused by the lodgement of a concretion in the ileon, the excruciating pain destroyed life in eight hours.

If blood is drawn too freely at the outset it would leave the patient ill prepared to bear up against prolonged suffering with want of nourishment, and might in this way turn the balance against him. In the case of intus-susception, not relieved by operation, the only chance of life is the separation of the invaginated portion of the gut, gangrene having first occurred; a process which requires time: so that if the powers of life have been reduced by excessive blood-letting, as well as by the disease, the patient will sink before nature can accomplish her task. Blood, therefore, should be drawn with circumspection.

Fomentations and warm baths are valuable adjuvants; they soothe pain, relax spasm, and, by diminishing suffering, save power.

Of all the remedies at our command, *enemas* in conjunction with opium, are perhaps the most essential, and, where the obstruction is not invincible, contribute more than any others to bring about a happy termination. Enemas, composed of bland fluids, should be injected twice in the day, to the fullest extent the bowel will receive, by the aid of O'Beirne's colon tube, a most valuable instrument in these cases.

Among the other remedies employed as a last resource are *tobacco, fluid mercury*, the *cold douche*, and *galvanism;* the two last said to be successful occasionally. But mercury is of no use as far as I have seen, and is otherwise open to great objection. Tobacco is a valuable, because often a successful, remedy; but on account of its poisonous properties it is administered only in the form of enema, the infusion for which, on the score of safety, should not be stronger than fifteen grains to a few ounces of boiling water.

Strychnia may deserve notice, and has been given in one case, in the dose of 1-16th of a grain dissolved in distilled vinegar, with remarkable success.

I have now brought to a close a subject of deep interest, treated with prolixity I fear, but not exhausted. Seldom is the medical practitioner placed in a more distressing situation than when attending a case of obstruction he finds his resources exhausted, but the obstacle not overcome. Surrounded by anxious relatives, tormented with suggestions by obtrusive friends, he has to watch, through many long hours, sufferings which he cannot relieve, and at the last to witness a death he cannot avert. Fortunate shall I esteem myself if the consideration given to this subject, and the practical opinions elicited from this assembly, should fortify our resources, and qualify us to treat with better success these formidable obstructions of the intestinal canal.

Bath, March 26, 1851.

CASES OF

AFFECTIONS OF THE NERVES

DISTRIBUTED TO THE

EYE AND ITS APPENDAGES.

By AUGUSTIN PRICHARD, Esq.

Read at the Quarterly Meeting of the Bath and Bristol Branch, March, 1851.

Affections of the Cranial Nerves, especially those distributed to the Eye and its Appendages.

The following cases of paralysis and spasmodic affections of the nerves of the orbit are selected from many which have fallen under my notice, not so much for the purpose of showing the results of treatment when it was adopted, as to illustrate the functions of the particular nerves. I take the nerves in their numerical order, as they are known to all, and with one or two exceptions have omitted a detail of the cases which are most commonly noticed.

Loss of function in the optic nerve, (or 2nd pair,) is unfortunately sufficiently common, producing amaurosis in its various degrees; I have therefore included in the present report none of the ordinary instances of this disease. The following case was one of complete blindness from amaurosis occurring many years ago, having been under my father's care in the Infirmary here, and I extract this report from my notes made at the time.*

Case 1.—A young man, a painter by trade, and 18 years of age, was admitted in a state of total blindness. He was seized with a fit a few days before, and lost his sight from that time. He was accustomed to work a great deal in oil and lead paints, and at the time of his seizure was suffering from the effects of mercury, administered for the cure of syphilis. He remained in the wards of the infirmary for nearly nine months, and was then dismissed with his sight completely restored. During the whole of his stay he was treated upon one plan, and with the greatest activity and perseverance. The sight began to improve after he had been about a month under treatment. The following abstract of the treatment will give an idea of the extent to which it was considered necessary to push the antiphlogistic plan, and the result obviously justified it:—He had, at intervals, no less than twenty dozen leeches applied to the head; he was bled from the arm five times, and on one occasion till syncope occurred; he was bled once from the temporal artery; he had blisters to his scalp; a long issue was made about a week after his admission, and after a time a seton was made in the back of his neck; he was, moreover, during the greater part of the time, taking active purgative doses, and for a short time he took the decoction of sarsaparilla with the iodide of potassium. His mouth was also affected with mercury soon after he was admitted.

In drawing attention to this as one of the very few cases of complete amaurosis that are cured, I must express my belief and fear that the patient, if he was treated now, would have so much less chance of recovery, as the treatment would be, in all probability, less active and decided.

Case 2.—Sarah Merchant, aged 21, admitted June 20th, 1849.† Has had an affection of the right eye for two years, which gives rise to considerable inconvenience. She sees nothing with the outer half of the right eye,—that is to say, when the left eye is closed, she sees only that half of an object directly before her which is towards her right hand.

This was a well marked instance of partial amaurosis,

* I have found, since I transcribed this case from my notes, that it was alluded to by my father in a paper "On Cerebral Diseases and their Treatment," read before the Medical Section of the British Association.

† This and the following cases were admitted at the "Bristol Dispensary for the cure of complaints in the eyes."

cases of which are met with in all forms, where patients see only the upper or lower halves of objects, as well as only the right or left sides. In this patient, as in most of these, treatment was of no avail.

Case 3.—Ann Rogers, aged 21, admitted November 29th, 1846. She states that she has had headache for a considerable time, and that suddenly about three weeks before her admission the upper lid of the right eye drooped completely. She has complete ptosis, or droop- of the upper lid, and inability to raise it at all, external strabismus, fixed and dilated pupil, indistinctness of vision with this eye, and double vision when both are open. This is, therefore, a clear case of paralysis of both branches of the third nerve or the motor oculi, with every symptom present that we should expect to see, knowing the distribution of the nerve, and without any additional symptom to render the case indistinct. She was treated with purgatives, and blisters to the temples for a time, and afterwards with the tartar emetic ointment over the brow, with turpentine internally. She continued this plan for a time, and by the middle of January was perfectly restored.

Case 4.—Joseph Gay, a miller, admitted June 26th, 1850. Has complained of loss of sight for ten days. He has tic in the face, or a painful condition of the surface, while sensation is perfect; he has partial paralysis of the muscles of one side of the face, slight external strabismus, with a fixed and dilated pupil, and no sight whatever in his right eye. He was treated at first with purgatives, and when he was seen after a fortnight's interval he was no better, but he had an additional symptom, namely, his tongue was protruded towards the left side. He was blistered about the brow and temples, and had mercurial purgatives. He was seen again a fortnight afterwards, and his sight was much improved; the pupil acted, and his other symptoms were relieved. The same treatment was pursued, and he recovered.

This is a complex case, and we must conclude, that from some congestion in the head he had complete paralysis of the second or optic nerve of the right side, and partial paralysis of the seventh (portia dura) and third (motor oculi) of the same side, with a similar condition of the ninth or hypoglossal of the left. He had, moreover, some irritation about the fifth, giving rise to the tic. The result of this case was most satisfactory.

Case 5.—A man was admitted into the infirmary some time ago with paralysis in the legs and bladder, with partial paralysis of the arms. The left pupil was somewhat more dilated than the right, although the sight was good; the levator palpebræ superioris, superior and internal recti, very much impeded in their power. He had complete power of eversion of the eye.

This is an instance of paralysis of many of the motor nerves where the symptoms are more marked, the further the organ is removed from the brain, as is so commonly the case. The nerve of the orbit that was affected was of course the third. Nothing in the way of successful treatment was effected.

Case 6.—A patient came over from Newport about two years ago with the following history:—Two days ago he discovered when he got up in the morning, having been very drunk the night before, that his sight was very much affected. He can see clearly with each eye, but with both together he can scarcely see at all. When he looks towards the left he sees double. The right eye is the one affected, and the pupil on this side is very much more contracted than on the other. There is a continued slight rotation of the ball of the eye in the socket, and the globe is rolled upwards and outwards. When he directs his eyes forwards, there is no distinct strabismus. His sight chiefly puzzles him in walking, for he is unable to judge of the evenness of the surface on which he is stepping. After a few days of active purging he became much better, and returned home.

This case is one of great interest, and the only one of the kind I have ever met with. The actual condition was one of over-excitement and action of a part of the third nerve, the great peculiarity being that it was only a portion of the *lower* branch which was thus affected, namely, the long branch distributed to the inferior oblique muscle of the eye, and the short root (as it is called,) of the lenticular ganglion, the former being proved by the rotation and position of the eye, and the latter by the contracted condition of the pupil. No other functions of the eye or its muscles seemed in any way altered. The actual *rotation* of the globe of the eye, without doubt, gave rise to his staggering gait, and his inability to walk, except as a drunken man walks. It is also particularly worthy of notice, that this patient's eye was exactly in the same condition as that of a healthy person when asleep, viz., the eye was turned upwards and outwards by the inferior oblique muscle, and the pupil was contracted.

Case 7.—Elizabeth Cole, aged 33, was admitted on the 11th of April, 1849. She can move both her eyes freely in every direction, with the exception that she is unable to evert the right eye. She sees double when she looks towards the right, but not otherwise. The pupil is active, the sight not quite so good as in the other. She was purged, and blistered upon the brow and temple for three weeks, at the end of which time she was much improved, in fact the improvement had been gradual from within a very short time after the beginning of the treatment. She could then move the eye well in every direction, but the sight, although better, was not quite so good as it used to be.

This is a simple instance of paralysis of the sixth or abducens nerve of the right side, with no other affection whatever of the motor nerves of the eye.

Case 8.—Emily Howell, aged 6, an apparently healthy and well-grown child, was admitted on the 18th of April, 1847. She had had slight internal strabismus of the right eye for a week, and upon an investigation it appeared that the only defect was an inability to evert the right eye. The sight was good, the pupil active and in a natural state, and all the movements of the

eyes and lids were perfect, except that of the external rectus of the right side.

Some purgative medicine was ordered, and when she was seen after an interval of only three days, the muscles of the right side of the face were all paralysed; the child was also giddy, but the sight was good. A blister was applied behind the ear, and some mercurial purgatives were given. She continued much in this state for three weeks, when she was seen again, and the only change noticed by her father was that she was stupid, and that her temper had become very bad, and that she occasionally tottered when she walked. A blister was applied to the scalp. A fortnight after, the paralytic symptoms were much the same, but she was falling away, and she was at times very violent, in fact almost maniacal. Some tartar emetic ointment was directed to be rubbed upon the head, by which means a suppurating surface was established, and considerable discharge escaped from it.

She became gradually worse, but lingered on until the 12th of September, about five months after the first symptom. About six weeks before her death her speech became obscure, and the left arm and leg became paralysed, whilst the right arm was thrown spasmodically about. She lost the sensation of the right side of the face, and flies crawled across her open eye without the slightest indication of her feeling it, and without the least reflex action. She could swallow to the last, but two days before she could not move her tongue at all, and she could not suck for a short time before her death. Her faculties were unaffected until about the last week of her life, when the memory became defective, and her father stated that she lost the power of saying her prayers as she used to do, forgetting line by line daily.

Here the disease first of all attacked the sixth nerve of the right side, and spreading backwards speedily involved the seventh; it was then apparently arrested for a time, and afterwards the fifth of the same side was paralysed, and ultimately the ninth. The eighth seemed to have escaped, and the disease never advanced sufficiently forwards to destroy the action of the fourth and third nerves. The diagnosis was tolerably easy—viz., some growth pressing upon the roots of the nerves in question, and such it proved to be.

Post-mortem examination.—The membranes of the brain were healthy. Upon taking out the brain from its situation the pons varolii was found to be softened and broken down, and the usual transverse fibres not at all distinctly seen. The greater part of the right side of the pons varolii was occupied by a hard rounded tubercular tumour of the size of a chesnut. The surrounding cerebral tissue was very much softened, and so was in fact, also, the whole of the interior of the right hemisphere of the brain. The edge of the cerebellum was softened, and at the points where the fifth, sixth, seventh, and eighth nerves arise, the substance of the brain was reduced to a mere pulp. There were no signs of vascularity around the softened parts or around the tumour.

Case 9.—Sarah Hedges, aged 34, came first upon the 21st of March, 1849. She had been thrown out of a cart two months before and struck the left side of her head, producing concussion and other dangerous symptoms of cerebral injury. Her condition had become chronic when I first saw her, and the following were her symptoms:—She had complete inability to close the left eye, with epiphora or watery eye, depending upon the paralysis of the orbicularis palpebrarum, and perfect immobility of the left side of the face. She had internal strabismus of this eye, with power of moving the organ in every direction, except outwards; she had numbness and want of sensation over the entire left side of the face, with a want of power of tasting with a corresponding half of her tongue; she had great difficulty in masticating her food, and found it necessary to remove it from between her cheek and her teeth with the finger. She did not taste until the food got back into her pharynx, and she had great difficulty in swallowing. The power of sensation on the side of the face was gradually improving; she could feel if I touched the eyelashes with a pen, but it produced no reflex action of winking.

In this interesting case there had doubtless been injury at the base of the brain, either effusion of blood producing a clot, which was gradually being absorbed, or a fracture across the apex of the petrous portion of the temporal bone, most likely lacerating the tentorium, and thus producing paralysis of the fifth, sixth, seventh, and eighth nerves of the left side, whilst the ninth and third were entirely unaffected. The effects of the injury were thus as completely local as it is possible for a severe injury of the base of the skull to be.

No treatment was adopted, as she was gradually improving, and only two months had elapsed since the accident.

Case 10.—Richard Long, aged 45 years, applied for advice, as he was suffering from a constant discharge of tears from the left eye. He states that fifteen years ago he underwent an operation for the removal of a tumour upon the side of the face, in the Bristol Infirmary. The operation was performed by the late Mr. Richard Smith. He has ever since been unable to close the eye of this side. His forehead upon this side is quite motionless when he speaks or alters the expression of his face, and the brow has fallen down over the eye, so as to present a remarkable contrast to the other side. He has a vertical scar upon the upper part of the left cheek, over the zygomatic process of the malar bone, running down to a point opposite to and in front of the lower edge of the ear.

Here, without doubt, the upper branches of the portia dura of the seventh nerve, or the facial, were divided in the section made to remove the tumour, showing the necessity of attending to the direction of an incision in reference to the anatomical position of the parts, for if this cut had been made parallel to the course of the nerve in question, no such unpleasant result could have occurred. The watery condition of the eye is the necessary result of the constant exposure of the conjunctiva to the air, but it was long before it

was developed in this case. The condition was of course incurable, but he was somewhat relieved by applications given to him to remove the inflammation of the exposed membrane.

Case 11.—Susan Lutton, aged 39, applied on the 3rd of November, 1847. She has suffered from her present complaint for five months, becoming gradually worse and worse from the commencement. Whenever she speaks, in fact continually, there is a sudden and powerful spasmodic contraction of all the muscles of the left side of the face; her eye is closed and the corner of the mouth is drawn upwards. She assigns no cause to her present condition, but it is extremely distressing to her. She was blistered behind the left ear, and took some purgative doses, but a week afterwards was no better. The tartar emetic ointment was then rubbed in behind the ear, and under this treatment combined with cathartic medicine, she completely recovered.

Case 12.—Wm. Rogers was under my care three years ago, having the left side of the face drawn up and contracted, and wrinkled. He says it feels as if the skin was not large enough. The lids were much corrugated, and the orbicularis palpebrarum was evidently continually acting. He has no strabismus when the eye is opened, its movements are perfect, but the sight is a little dim. He is deaf in this ear. He was blistered behind the ear, and was well purged. His hearing returned soon after the application of the blister. After pursuing this plan of treatment for a time with some slight improvement, he was given turpentine to take internally, in drachm doses twice a day. Under the effect of this remedy he speedily improved, and about six weeks after his first admission the twitching had entirely ceased and his hearing was perfect; he felt a little giddy but was otherwise quite well.

These two last cases are examples of spasmodic affection of the portia dura of the seventh nerve, accompanied in the latter instance with paralysis of the portio mollis, equally temporary. These cases are not very common. The treatment was followed by a very favourable result, from their having been seen early in the progress of the disorder.

The last case is one of general paralysis of the cranial nerves, and is transcribed from my notes taken whilst attending the Surgical Clinique at the Charité at Berlin.

Case 13.—A middle-aged man was admitted under Professor Jüngken, in the following condition:—He had a large nodulated swelling behind each ear, which appeared like an enlargement of some of the superficial cervical glands. He had ptosis or drooping of the right upper eyelid, which he was unable to raise at all, although he was able to close the eye more firmly. The globe of the eye was also immoveable and the pupil dilated and fixed. The tongue, when thrust out of the mouth, had its point directed to the right side. The sensation was lost over the right half of the face and tongue. A short time after his admission he became worse, and was unable to see, hear, or smell with the organs of sense on the right side, nor could he feel in the right nostril; the left eye had also become immoveable with a slight degree of ptosis. An issue was ordered to be made in the scalp, to be dressed with twelve peas, and purgative injections were given. He died about a week afterwards.

Post-mortem.—There was fungus hæmatodes of the glands of the neck, extending downwards to the shoulder and upwards into the pterygoid fossa, through the right foramen ovale and rotundum of the sphenoid bone into the cavernous sinus, destroying the third and other nerves, back to the sixth in this space, and partially affecting all the other nerves of the same side. On the left side the same condition existed but in a much less degree, the third being the only nerve here materially injured by the disease. The symptoms were thus all most fully accounted for by the *post-mortem* investigation.

According to the experience which I have had of cases of this nature, the order of frequency with which paralysis affects the nerves I have been alluding to, is the following. The third is most often affected, then the seventh, after these the sixth and ninth. The fifth and eighth are very seldom paralysed, and are in fact, from their deep-seated position, out of the way of cold and other accidental causes.

The anatomical relations of the third, sixth, and seventh appear to me to explain the frequency of paralysis. The two former, as is well known, enter the orbit from the cavernous sinus through the same aperture (the sphenoidal fissure) as that through which the ophthalmic veins carried back into the same sinus, the blood from the eye and its surrounding tissues. Any cause, therefore, which can produce fulness of the head, or any impediment to the return of venous blood from the brain, will produce congestion in the orbit, and is likely also to produce pressure on the third and sixth nerves. This idea is strengthened by the result of treatment, for if leeches and blisters are applied to the brow and temple in these cases, they will generally recover, when seen tolerably early after the onset of the disease. I believe that neuralgic headache, or pain in the course of the supra-orbital nerve is frequently induced in an exactly similar way.

With regard to the seventh nerve, it has to travel through a narrow and tortuous bony canal, ending at the stylo-mastoid opening, in company with a little artery which enters at the point where the nerve leaves the cranium. Here again, any increased vascularity or any cause (as cold), producing rheumatic or other inflammation of the fibrous sheath of the nerve, gives rise to swelling, and in consequence, firm pressure upon the trunk of the nerve, and paralysis. Here again, treatment by leeching and blistering freely behind the ear will generally cure the disease.

The only other remark with which I will detain the Society, will be made for the purpose of drawing your attention to the use of turpentine internally in chronic paralytic affections. We can understand and admit its

utility in rheumatic diseases, and many of these cases of local paralysis are probably due to an inflammation, (either gouty, rheumatic, or syphilitic,) of the fibrous sheath of the nerves. We *see* the great advantage of this remedy in promoting absorption of solid effused matter in cases of iritis, and why should it not have the same power upon organs and similar tissues that are out of sight? I am convinced that it has frequently cured cases under my care when other modes proved to be inefficient, and of this I have brought forward one or two examples this evening, but, as I before stated, these cases were not intended to illustrate any special mode of treatment, or any peculiar success in treatment, but I have brought them before the Society for the same reason as that for which I collected them, viz., to illustrate some of these interesting points in the physiology of the nerves.

ON THE

RIGHT MANAGEMENT OF WOMEN,

AT FIRST MENSTRUATION,

AND DURING THE PERSISTENCE OF THAT FUNCTION.

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It has been shown, in a preceding paper, by what means the female organism may be best disposed to favour the first establishment of that important function which marks the advent of womanhood, and it might appear that when once this function has begun, the same careful vigilance of a mother, and of a medical adviser, is no longer required, nature being safely to be trusted with the rest. If this be true to a great extent with respect to those women whose constitutions are hardened by privations and the constant habit of exercise in the open air, it cannot apply to the management of those who are brought up in the midst of comforts or affluence, and in whom the emotional susceptibilities are often developed in direct proportion to the weakened energies of the body. It must also be remembered, that there are great differences in the mode of its first appearance, for if we attend to what happens to those in whom this function has been most healthily performed, we find that, at first, the flow of little amount, acquires by degrees a quantity, quality, and a length of duration, which becomes the critical measure of health in each individual case. It is, therefore, not unreasonable to suppose that this would always occur if nature had fair play, but while the performance of the function is impending, many exciting causes may intervene to determine an appearance before its appointed time, and that in an unusual manner. Sometimes I have known it to occur from a fall, or after an extraordinarily long walk. Thus a girl, 12 years of age, fell into a saw pit, and was surprised, on rising, to find herself bathed in blood; she washed in cold water, checked the flow, and was laid up with violent pains in the head and limbs for thirteen weeks, and did not recover her health until menstruation returned regularly, a year after its accidental appearance. Sometimes a fright, or a violent emotion, brings it on suddenly, and, as far as my experience goes, in all such cases the function is inaugurated by an amount of discharge which deserves the name of initiatory flooding. In 30 per cent., I have found this function begin by a very considerable flow; in 8 per cent. it amounted to a flooding, and lasted from eight to ten days. These facts are interesting because they are not in accordance with the general belief, and because they are suggestive of useful advice necessary for a mother, who ought to be warned of the possibility of this accident, in order that by her own frightened demeanour, and that of inexperienced attendants, the girl may not be alarmed at the occurrence. Duly forewarned, a mother will not only maintain her own composure and impart it to those around her, but she will be able to assure her daughter that nothing but what is usual has happened, and she should be informed that while waiting for professional advice, she is to keep her daughter in the horizontal position, with scanty covering, in a cool, well-ventilated apartment. Such means, with the addition, in some cases, of acidulated drinks, will effectually check any excessive discharge; but should the flooding assume an alarming extent, nauseating doses of antimony should be given, and it may be even necessary to have recourse to the local application of ice.

Case.—A young lady, aged 16, of middle stature, slender make, with brown hair and grey eyes, had been brought up in town, and the accomplishments of her education had been much more attended to than the measures which might invigorate a delicate constitution. At times she had suffered very much from headache, with giddiness and vertigo, and after having taken a much longer walk than usual she became unwell. The flow was abundant from the first, and it was allowed to continue until repeated fainting fits so alarmed the family, that on the fourth day the medical attendant was sent for. He judiciously adopted the measures previously recommended, and gave two grains of acetate of lead every two hours; that having no effect, he administered ten grains of the powdered ergot of rye every hour. Three doses had produced no favourable result, when I was sent for, the patient was cold and fainting, the pulse tremulous, and the heart's action feeble. In such a state there was no time to be wasted, so after reviving her with hartshorn, I made her swallow a table spoonful of brandy, and applied to the lower part of the abdomen a bladder half full of powdered ice, ordering large mustard poultices to be kept constantly applied to some part of the limbs; the flooding gradually stopped The patient menstruated regularly during the following months, but she was long before recovering her usual strength, and is even now subject to profuse menstruation, which, if not attended to, will eventually undermine her constitution.

In a similar case, should ice fail, it would be necessary to have recourse to surgical measures to stop the flow, but such measures should not be resorted to until the patient's fully-acquired conviction of impending danger

is sufficient to absorb the shame and vexation they would otherwise determine.

I have already stated that, from the intervention of certain exciting causes, the first appearance of this function might accidentally appear before it is due; and that, therefore, many months may elapse between the first appearance and the regular establishment of the function. Now, if this were to be carefully instilled into the mother's mind there would be less mischief done by the injudicious administration of forcing medicines to promote the return of what, in fact, ought not to have appeared so soon. The extent to which this pernicious practice is carried would hardly be credited; and as it is founded on a mistaken appreciation of what is true, the active co-operation of the profession will ever be required to eradicate so mischievous a prejudice. Neither are mothers sufficiently aware that they have no right to try experiments on their daughters, in case the accustomed tribute should not be paid with due regularity. This may depend on a cold or on some more serious disease, which would only be increased by the means usually employed to promote a return, only to be safely effected by the adoption of such treatment as may check the disease itself; and this is one of the most complicated problems of medical art.

Case.—I was lately consulted by a lady justly alarmed about her daughter's health. She was a delicate pale-faced girl, with light hair and blue eyes, and very tall and slender. She had menstruated at fourteen, without any previous disturbance; and the function had proceeded regularly for two years, but was sometimes scanty, at others profuse, and always attended by much pain. After amenorrhœa had continued several months the mother, without consulting any professional man, repeatedly gave purgatives, which increased the general debility, but did not bring on any return. She then followed up this system by administering powdered saffron in pennyroyal tea, which she had frequently given with effect to some of the poor women in the vicinity of her country house. This brought on spitting of blood to so alarming an extent that the mother then called in a medical man, who adopted measures which checked this occurrence; and very properly told her he would not answer for the patient's life if she continued to manage her daughter in so inconsiderate a manner. The girl's health improved, but had always remained delicate, and at times she had been much troubled with cough. The courses had not returned, and for that reason I was consulted. The girl is eighteen, consumptive, and little hope can be entertained of her recovery. There is no consumption in the family; and I believe this disease would not have been developed (certainly not at so early a period of life) if it had not been for the perverse love of giving medicine, which the soon-to-be-childless mother now so bitterly repents.

When there is an interruption in the return, provided there be no fever, the parent may safely permit her daughter to take additional exercise, particularly horse exercise, and should enjoin a relaxation in study. If there be signs of plethora, or of too much blood, the mother may safely give cooling drinks, and less nutritious diet, but should this state persist, it might be necessary to prevent mischief by the timely withdrawal of a small quantity of blood.

In the great majority of cases, however, the interruption of menstruation evidently depends on constitutional weakness, and then the parent may be permitted, of her own accord, to give a more generous diet—meat twice a day, with an additional glass of bitter ale or good port wine; but on no account should she commence physicing without previous medical advice. But emmenagogues and purgatives are not only given without medical advice to promote a return, but also to augment the quantity which a mother, or those who perform the duties of a mother, deem insufficient. Now, again, this would not occur if mothers were given to understand that the smallest quantity regularly discharged is perfectly sufficient to fulfil all the views of nature; and that a medical man alone can judge whether it be requisite to adopt measures calculated to promote its increase.

If the daily application to the medicine chest were confined to the male sex I should not think it worth while to allude to the subject, but as it is one of the chief occupations of women to soothe the sufferer in the hour of sickness, they fancy they *ought* to understand the secrets of a disease they can always alleviate by their tender sympathy, and they consider they have a *right* to give physic, in the hope of affording relief. Although in other respects the expectancies of girls are less than those of their brothers, they are more immediately under their mother's control, and coming in for the largest amount of maternal medicine, they often suffer from this interference, which tends to disturb the *monthly* re-appearance of menstruation—a condition which has already been pointed out as important for the healthy performance of this function.

This brings us to remark on another very important reason for watching over young women with a care proportionate to the delicacy of their constitutions, which is the fact that during the time that follows the first appearance we know not what type the function will assume; and although, in some extremely rare instances, its recurrence every second or third week may coincide with good health, still, as a rule, the monthly type is the criterion of a woman's health. This is the type assumed in the vast majority of women in every country, according to my investigations. Most of the cases which deviate from this law can be traced to an organic or to a nervous derangement of the ovaries or of the womb, so much so that when these diseases are cured the function resumes its most habitual type. On referring to my notes, I find that in twenty-three per cent. it did not follow the monthly type, in seventeen per cent. the type was three weeks, in five per cent. it was every six weeks, in one per cent. it occurred every fortnight. In one half of the three-weekly cases the type was explained by ovario-uterine disease of an organic nature or by chlorosis; and in more thon one half of the six-weekly cases the patient's health was habitually bad, owing, in two instances, to

uterine disease, which was also the case with the one that assumed the fortnightly type. That the fortnightly or three-weekly appearance depends sometimes merely on a disturbance of that nervous force which must preside over menstruation, seems to me evident, from the fact that in many cases in which the irregularity could not be explained by organic ovario-uterine disease I have been able to restore the function to its normal type by the exhibition of the sulphate of quinine.* If it be admitted that the monthly is the normal type, it stands to reason that we ought to seek its occurrence, more particularly as its adoption entails a less considerable drain on the sanguineous system, a less considerable perturbation of the nervous function, and affords to women a much longer term of immunity from suffering. It would be imprudent to attempt to bring on the return by direct and energetic means, but it is perfectly reasonable to watch carefully, towards the end of the second or third week, so as to prevent the patient being unduly excited by purgatives, or by any of the causes to which we have alluded. Even supposing these views to be incorrect, the plan recommended is perfectly harmless, and therefore deserves to be put into operation, as it offers the possibility of great utility; and it would be well to continue this unremitting attention, until the function, repeatedly accomplished with regularity, has been confirmed by habit.

In a paper upon the use of purgatives at the different periods of menstruation, lately read before the London Medical Society, I have dwelt on this subject, from the conviction that in the majority of women purgative medicines cannot be given with impunity. Brisk purgatives taken a few days before those symptoms which generally precede each menstrual epoch, often anticipate it by several days, vexing nature in one of her most constant laws, for I find menstruation to have been perfectly regular in 86 per cent. of the women I have interrogated. These views may appear exaggerated, but I am convinced that I have seen the bad results in others, and in my own practice; and in a few cases I can ascribe permanently disordered menstruation to the function having been treated by the patient in the same way as a child plays with a watch, setting the hands backwards and forwards.

These observations apply also to the frequent use of mercury; for I am acquainted with ladies, moving in fashionable circles, who seek to improve their complexion by a frequent use of calomel. They often succeed in producing a delicate, pallid, and unhealthy appearance, but it is generally at the expense of the menstrual flow, which is either diminished or suppressed by those means. In confirmation of this statement I appeal to the experience of Dr. Butler Lane.†

For women to repine against a monthly infirmity, which must have been wisely ordained, is as useless as it is dangerous not to take it into consideration; it should therefore be met by a monthly regimen; not that I wish to recommend the total seclusion enjoined by Moses, and still practised in eastern nations, nor even the adoption of a well-understood conventional expression, by means of which the Swiss ladies denote their inability to accept an invitation "*Mes cousins sont venus de Lausanne,*" or by saying with the Italian fair sex,—"*Il Marchese è arrivato, non passo andare.*" Without adopting phraseology, ill-suited to the delicacy of English ladies, is it not possible to find some excuse, if the maintenance of health is at stake, when so many can be found for trivial purposes?

Following a former division, I will now add a few words relative to the management of the corporeal, the emotional, and the mental functions in women at this important time.

I. With respect to the body we shall again, for the sake of clearness, first treat of what should be done, and then of what should be avoided. Amongst the more immediate measures to be employed to bring on the catamenia, or increase them when deficient, may be mentioned a brisk walk, particularly if the patient remain afterwards in a room raised to a higher temperature than usual. Warm drinks taken at night will also assist nature. A hip-bath either of hot water or with the addition of a few ounces of mustard will be of great assistance, and likewise mustard poultices to the lower part of the abdomen and to the thighs. The utility and mode of adapting these mild measures should be understood by all those who have girls intrusted to their care. Should the patient suffer considerably, or be affected with those strange symptoms which are well understood by the term temper, a warm purgative may be often administered with advantage the day before the flow is due, and the patient should be kept in bed the greater part of the day following, and be given a mild opiate even if there be no great local pain. If the sufferings are very considerable, and do not abate with the appearance of the flow, the medical attendant should be consulted, for though the belief prevails, that because the function is a natural one, all its attendant sufferings must be endured, this is so little true, that the proper administration of opium frequently alleviates the pains and insures the better performance of the function. From five to ten drops of Squire's solution of bimeconate of morphia, given every three of four hours until the abatement of pain, is a very good preparation

While thus deprecating the popular prejudice which prevents so many women being relieved from sufferings they were never intended to endure, it will be well to notice another equally deep-rooted and perhaps more dangerous prejudice, which makes them believe, that however great may be the discharge, if it occur periodically, it is in perfect accordance with the views of Nature. Frequently have I drawn a parent's attention to the debility and ill health, following an habitually too copious flow, and as frequently have I obtained the same answer—"She is always so;" so difficult is it to enforce the conviction that the fact of a girl *being always so* is the very reason for adopting such measures as would prevent her *being ever so.*

* On the Treatment of *Remittent* Menstruation by Sulphate of Quinine, with cases. By E. J. Tilt, M D., &c, *Lancet*, 1851.

† On Functional Diseases of the Liver, associated with Uterine Derangement. By Butler Lane, M D. London: Renshaw. 1848.

Profuse menstruation may be borne habitually by women of a florid complexion, and who have attained to their full growth; but when it is permitted in girls of a delicate frame, there are no means of strengthening such constitutions, the body never attains its proper proportions, increase of age brings with it no increase of strength, unless, as in some rare instances, child-bearing regulates the function. Even if no organic disease is set up in such constitutions, they become subjected to all sorts of nervous disorders, and the only period of health which women enjoy, is during the few days previous to each recurring epoch.

It is inherent in human nature to prefer the swallowing of medicine, however nauseous, to the irksome exigencies of a well combined plan of action, and the medical man is often asked for something to amend this symptom, but I am unacquainted with any specific capable of checking this prolific source of evil, which can only be safely diminished by the systematic adoption of the various rules I have laid down to promote the healthy action of the nervous functions, and to restrain that morbid irritability of the nervous system which stands in the double relation of effect and cause to profuse menstruation.

Before concluding what I have said relative to the means of increasing a deficient flow, I must briefly allude to the benefit often derived from the use of leeches. By the judicious application of a small number of leeches the medical man will be sometimes able to originate the fluxion of the sanguineous fluid, in accordance with the views of nature. I say the medical man, for he alone can decide whether the application of leeches is necessary, and if so, how many and where they should be applied.

As a result of what has been previously said, damp linen should be most carefully avoided; damp feet should be guarded against by the habit of always changing the shoes on returning from walking. Cold drinks should not be indulged in; nor acid drinks, for their well-known effect is to check a sanguineous flow. Balls and entertainments should be carefully avoided, for as at the menstrual period there is a greater susceptibility to atmospheric influences, the chance of catching cold is increased. Abstinence from such entertainments would also prevent the temptation of taking ices and acidulated drinks, or of dancing too much. Such are the things which should be avoided at certain times by women in good health, but if this time coincides with illness, an additional remark suggests itself. Were women made to understand that the menstrual process is a salutary function, which often alleviates many of their complaints, and sometimes obscures their true nature, they would not choose so inconvenient a time for consulting us, when by stopping at home to nurse themselves they may frequently avoid the necessity of having to seek our advice at all. They should also learn to avoid at those times, all medicine and all hitherto prescribed treatment, unless under the special sanction of the medical attendant; and every girl should be taught the urgency of communicating the fact to her medical adviser whenever she may happen to be peculiarly circumstanced during illness, for the concealment or ignorance of this important fact has often led to injudicious treatment, and sometimes permanently impaired the patient's health, or at all events prevented speedy restoration by the non-adoption of the most appropriate plan of treatment.

II. With regard to the mental and emotional faculties of woman to which I have already adverted, I shall again observe, that a solid education, or the cultivation of the reasoning powers, more than mere accomplishments, tends to keep in check the eccentric tendencies or morbid emotions. Some days before, and at the time occupied by this function, the head is often very much affected by pain, vertigo, drowsiness, or dulness, in which case it should be less severely taxed than usually; and those occupied in the education of girls should bear in mind not only this, but, likewise, that the same regimen cannot suit all, and that each particular pupil may require a different amount and quality of mental exertion. If excess of mental exercise should be avoided at such times, how much more all undue development of the emotions. This function often necessitates a much stronger appeal to the reasoning powers, or even to the religious feelings than is at first believed. An additional disagreeable is not felt by girls born in poverty and inured to hardships, but young ladies delicately brought up, in the midst of every luxury, when first subjected to this chain, are often painfully affected by so strange a necessity. "Am I to be subject all my life to this disgust?" is an expression which not unfrequently escapes a girl's lips; and if each revolving month brings back the same amount of intense pain, need we wonder if it should sometimes weigh heavily on the spirits, on the temper, and give rise to nervousness and hysteria, to increased repinings or to murmurings against Providence.

There are many reasons which a medical man may suggest to a mother, as best calculated to remove these erroneous impressions. Such as, that man was created independent because destined to govern the family, society, and nature; while woman was made dependent, tied to hearth and home by a long chain of never-ending infirmities, as if to point out the destined sphere where her activity could find more happiness, although a paler glory. Instead, therefore, of despising herself on account of fetters, evidently necessary, or they would never have been imposed, they should be worn with a proud humility, from the knowledge that in some mysterious way they seem to unite her more closely to her dearest earthly ties; from the remembrance also that if women have greater pains to endure, they are endowed with a greater capacity of joy, and that they derive infinitely more pleasure than men from the many forms of the one passion which alone harmonizes the terrible discordances of this world. In addition to these, Holy Writ suggests another, and truly the physiologist can adduce no better reason:—"In sorrow shalt thou bring forth children," was said to woman with reference to uterine parturition, and it seems to me to hold good also in that periodical function which is intimately connected with the parturition of the germ by the ovary, and is

therefore, accompanied by pains of a similar nature, only much less intense. This is so true, that I do not consider the menstrual function to be healthily performed unless it be accompanied by at least some spinal and ovarian pains. One of the most striking features of chlorosis is the total absence of such pains, and unless they re-appear to some extent, I never consider a chlorotic patient to be permanently cured.

To complete our sketch of that advice which should be imparted to mothers through the medium of the profession, so that they may duly perform their sacred duties, I shall conclude by a few remarks on menstruation during pregnancy and during lactation.

Pregnancy generally checks the periodical flow, but the exceptions to this rule are more numerous than is generally supposed. Thus I find that the flow continued in 8 per cent. In 2 per cent. it continued up to the second month, in 5 per cent. up to the period of quickening, and in one case it continued regularly up to the period of parturition—a circumstance which I have met with in 6 out of the 600 histories of the menstrual function which I have carefully taken down, and I mention the fact because, although its possibility is now admitted by many excellent observers at home and abroad, it was denied by no less an authority than Denman. Certainly a young woman should be warned of the possibility of this occurrence, to prevent alarm and attempts to suppress it, even if it were only to make her aware of the necessity of seeking the advice of the man of science, who can alone distinguish between the flooding, which it is necessary to check, and a natural discharge, which is to be respected; but as the ignorance of this circumstance might be a cause of miscarriage, every young married woman should be informed, that although perfectly regular she may still be pregnant, in order that nervous symptoms which may ensue, as well as vomiting and biliary derangement, may be mildly treated, and not by such energetic measures as might bring on abortion.

Lactation generally checks the flow up to the tenth or eleventh month, but more frequently than is generally believed, the secretion of milk coincides with the periodical flow as early as the second or third month of lactation, and this in perfectly healthy women. As it is impossible to tell which young mother will be the exceptional case, it would be judicious to prepare all for the possibility of the event, so as to preclude the chance of their resorting to measures which might check the flow, to the detriment of their own or their child's health. The medical man must also be prepared with a ready answer to the important question which will be asked,—The courses have reappeared, am I to continue nursing? Now, if the flow occur at an early period of lactation in a woman enjoying average good health, and if the child be tolerably well, I think it judicious to advise the continuance of suckling, but if it does not happen before the ninth or tenth month of lactation, it is better to wean, even if the milk still agrees with the child. I I am aware that this does not accord with the statements of many of the best writers of the last century, or with popular prejudice; but the permission I give a young mother to continue suckling her child, or to retain the services of a wet nurse, without breaking up her own arrangements, or depriving the servant of her livelihood, is countenanced to my knowledge by the experience of Dr. Trousseau, of Paris, and derives support from the following facts:—

Having carefully interrogated 78 women in whom menstruation had returned at different periods of lactation, I learned that the quantity and quality of the milk remained the same at that time in ... 34

[The thriving of the children being my estimate of the quality of the milk]

That it was diminished at the time only in 8

That it was completely arrested in 1

That it was impoverished at the time only in ... 4

[By impoverishment the women meant that it looked like whey, and sickened the children.]

That it impoverished the milk then and thenceforth in 1

That it was increased at the time in 17

That there was a rush of milk afterwards in ... 13

To test in a still more accurate manner the absence of any pernicious influence of the menstrual function on the milk, I lately requested my friend Dr. Hassall to examine microscopically the milk of a lady taken on the second day of menstruation, which had come on for the first time at the ninth month of lactation, and he reported that the milk was perfectly normal in quality.

We shall here conclude our remarks on the management of women before and after the establishment of menstruation; but the subject would be incomplete without some reflections on their management at the ceasing and after the cessation of that function; an important subject, which will form the matter of a concluding paper.

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In this country, so remarkable for the external manifestations of piety and purity—for the spotless appearance of the "outside of the platter," there has always been a difficulty in deciding whether we should, as a nation, virtually ignore the existence of prostitution, and that, in an economic point of view, its most disastrous consequence—venereal disease, or whether as in other countries, looking upon fornication as a natural and irrepressible result of human frailty and imperfect social organization combined, some attempt should not be made to render what is inevitable, as far as may be harmless to the

community. Heretofore, under the pressure of a spurious modesty, which would rather let the foul streams of lust and disease spread over the surface of society without check, than have publicly to point out their existence; the promiscuous intercourse of the sexes, while little if at all less than in countries in which female purity is held comparatively cheap, is in this productive, in a sanitary point of view, of an amount of social contamination, out of all proportion to the prevalence of the vice.

The immediate cause of this lamentable fact we believe mainly to be found in the absurd regulation of our charitable institutions, which, under the mistaken idea that by affording relief to the victim of prostitution they would be encouraging the vice, refuse to extend their benefits to the subjects of syphilis. The consequence is, that they are driven to seek such inefficient treatment as can be obtained at the hands of some ignorant chemist, or what is worse, return to their wretched trade still further to propagate a disease which a squeamish puritanism has refused to alleviate. The sad results attending this folly are, however, so admirably shown by Mr. Acton,* whose pamphlet has suggested the present remarks, that we offer no apology for giving them at length.

"Consider," he says, "the case of a prostitute who, having contracted syphilis, is unable to pay for advice or to lay by at her own rooms until she has recovered. Let us suppose she has been refused attendance or medicine at the institutions alluded to; is it to be believed that she will starve rather than risk contaminating a drunken mechanic who has a few shillings in his pocket. What is the result? Her own complaint becomes aggravated, she applies to the parish, which is *bound* to relieve her, take her into the house, or send her to the hospital. It is society that suffers, as instead of at first receiving a little medicine, she must now probably be maintained for three months at the public expense. But the 'harlot's progress' does not end here; she has infected a married man; he communicates syphilis to his wife, and the mother to the child. The father is afraid to confide to his wife the nature of his complaint, the woman is ignorant of the consequences until the disease has made considerable progress, and thus we have an entire family converted into 'non effective' individuals. Death overtakes a large proportion of the children thus infected, the health of the parents is permanently damaged, and he who turned the afflicted prostitute from the hospital door, may perhaps for the first time learn that he has sent abroad 'the pestilence that walketh by night,' to afflict the innocent mother and the child yet unborn."

This is no overstrained picture, but one, the truthfulness of which every medical man must recognize, and it behoves us as a portion of the duty we owe to society, to raise our voices against the monstrous folly that continues to deprive venereal patients of the benefits of our ordinary medical charities. That it is most unreasonable so to do, a moment's reflection will show, for if it be right to reject one class of maladies because they owe their origin to impurity and sin, it cannot be right to admit others equally the heir-loom of iniquity. If the consequences of the indulgence of the most imperious passion of our nature be thus hardly dealt with, the more beastly vice of drunkenness should not escape; and the diseased liver, the dyspepsia, and the swelled legs of the gin drinker, should on the same principle be denied relief.

But it is altogether as inconsistent with the spirit of toleration which marks the age, thus to visit the backslidings of a fallen nature, as it is repulsive to the dictates of Christianity, and, what will perhaps have greater weight with some minds, opposed to the best interests of society, moral and pecuniary. The abatement of the causes of syphilis must one day take its place beside the many other questions involved in the sanitary movement, and it is to medical men we must look for the means of favouring this event, the chief of which means will be the combatting the prejudices which have hitherto prevailed. Not only must the number of special hospitals for syphilis be increased, but what we contend for in the present article, our general hospitals must no longer be closed to the venereal patient. In this way alone, by admitting of an early remedy, will this fearful evil be moderated; and we most earnestly invite those of our readers who have any influence with the governors of hospitals, to urge the abolition of laws at once uncharitable and mischievous.

If at a loss for argument in this praiseworthy

* Prostitution in relation to Public Health, by William Acton, Esq.

endeavour, let them trace, as we have attempted to do, the miseries attendant upon an individual case dismissed with pious scorn from the hospital door; if they would urge the injustice and uncharitableness of the act, let them quote these words from a recent report of the Lock Hospital:—

"It is true that many of the objects of its merciful protection are sinners, suffering directly from the effects of their own profligate conduct. But is the mitigation of no evil or disease to be attempted except such as have been inherited, or have come upon the sufferer, while pursuing the path of propriety and virtue? Within the limits of how so small a circle could the benevolence of the Christian be then confined? To how few cases in our general hospitals could assistance be conscientiously extended; how many must be suffered to pine away in abject destitution. Were this a principle of conduct enjoined by Divine authority, and commended by Divine example, surely the sun would not now rise upon the unjust, nor would the rain descend upon the unthankful and the evil,—no scheme of redemption would ever have been formed for our fallen race,—nor would the Saviour himself, our great example, have healed in His day, all manner of sickness and all manner of disease among the people, without any reference to the characters of the sufferers or the causes of their maladies."

Amongst the many notable schemes which the reform mania of the present day has propounded, is that of compelling physicians and other prescribing medical practitioners to indite the prescriptions in English. Petitions are in fact in the course of signature for this very purpose, if we may believe the newspapers. What the motive may be for this meddling with the usages of the profession we cannot conceive, unless it be the impression that a degree of safety is attainable in dispensing from a prescription in vernacular, which is not so from the Latin. Whatever it be it will be a matter of little moment, as we do not believe that the legislature would interfere in a proceeding which has always worked well; but it is of importance as an evidence of the tendency on the part of the public to meddle with the medical profession, without the least reference to their welfare or convenience.

Reviews.

Essays and Notes on the Physiology and Diseases of Women, and on Practical Midwifery. By John Roberton, formerly Senior-Surgeon to the Manchester Lying-in Hospital. London: John Churchill. 1851. 8vo. pp. 530.

The chief object of the above essays appears to be the inquiry into the effects of climate on the occurrence of puberty in the female. Mr. Roberton has long been engaged in ascertaining, by the aid of missionaries and medical officers on foreign stations, the relative ages at which the catamenia appear and cease, and he has arrived at the conclusion that the supposition which has prevailed for so many years, that these events are retarded by cold, and accelerated by warm climates, is wholly without foundation.

Mr. Roberton has investigated these points in the north of Europe and America, among the Esquimaux, and in Greece and in Madeira in the south, as well as in the West Indies, in the Indian Archipelago, in Arabia, and finally, in Hindustan. The results are given in the tabular form with the following conclusions, which embody our author's opinions on the subject, and which must, unless controverted, be received as the standard authority on this interesting subject:—

"*Conclusions from the Tables.*—The inferences I would draw from this tabular view of the ages for the commencement and the cessation of the catamenia, and for the birth of a first child, are as follows:—

"1. The opinions of Haller, and all the physiologists since his time, that female puberty in the warm regions of Asia occurs from the eighth to the tenth year, is not only erroneous but wide of the truth.

"2. The age for the earliest commencement of menstruation, either in India or England, may be taken at *nine* years. The suspicious cases at *eight*, in the Calcutta column, might, however, be paralleled in this country—an instance of the kind having come under my own notice.

"3. That hence, although the *average* age of puberty in India is earlier than it is in this country, we may doubt if puberty does actually appear at an earlier period of life in the one country than in the other.

"4. For, bearing in mind that a proportion of the cases of menstruation under the age of *eleven* in Calcutta, amounting to 10·04, is to be received with suspicion, perhaps quite as large a proportion menstruate under the age of *eleven* in England as in India. Thus, if we take the tables for Bengal and the Deckan together, the per centage under eleven is 4; for the latter by itself, *i. e.*, Bangalore, Toomkoor, and

Bombay, it is 1·39 only; while, in England, the per centage is 3·15.

"5. The remarkable difference between the establishment of puberty in Europe and India, consists in the far greater proportion of Hindus who arrive at puberty at the ages of twelve, thirteen, and fourteen.

"To put this fact in a clear light I have to remark that, in England and the other European countries where the period of puberty has been ascertained and tabled, it has not been found that so large a proportion of instances cluster at any particular year of age. On the contrary, the occurrence of the sign of puberty is distributed more equally over a number of years—the twelfth, thirteenth, fourteenth, fifteenth, sixteenth, seventeeth; thus preserving, if one may say so, the graceful variety of nature.

"6. Although it is manifest from the tables that Hindu women reach the age of puberty nearly two years earlier, on the average, than happens in Europe, it does not follow that climate is the cause. Demerara and the West Indian Islands have a higher mean annual temperature than Calcutta and the Deckan; and yet we know that the negress in these colonies is not earlier than the peasant women of England."

The length of the intervals of conception is another point which has received considerable elucidation from Mr. Roberton, who was one of the first to support by accurate data the popular opinion, that suckling is antagonistic to conception. This opinion has now obtained general belief, but we are surprised that it should so long have been disputed, as it is within the scope of every practitioner of midwifery. In this section will be found many interesting observations, for which we must refer our readers to the book itself.

Under the heads of "Hysteria," "The Use of the Forceps," "On the best method of Turning," are many practically useful remarks, for a notice of which we have no room; indeed were we to indulge ourselves with extracting all the original and interesting remarks to be found in Mr. Roberton's volume, we might extend our notice to a most unwieldly length. We honestly recommend his production to our readers as one calculated to interest them in the highest degree.

Cases in Midwifery. By the late JOHN GREEN CROSSE, M.D., F.R.S., arranged (with an introduction and remarks,) by EDWARD COPEMAN, M.D., F.R.C.S., Consulting-Accoucheur to the Norwich Lying-in Charity, and Physician to the Norwich Magdalen. London: John Churchill. Norwich: Stevenson and Matchett. 1851. 8vo. pp. 228.

THE well known habit of our lamented associate of keeping notes of all his remarkable cases, has led to the publication of the "Cases in Midwifery," which will be especially valuable as statistical data, on account of the accuracy with which they were drawn up by Mr. Crosse, and are now published by Dr. Copeman. A table of 1377 labours, occurring in private practice, is given, in which are shown the following :—

1st, the average age at which labour has occurred; 2nd, the number of children, male and female; 3rd, the number of twin cases; 4th, the average duration of labour; 5th, the number of cases in each pregnancy; 6th, number of children, male and female, still born; 7th, number of cases in which instruments were used, specifying how many times they were used in first, second, third, fourth labour; 8th, the presentation; 9th, the number of deaths and the diseases which occasioned them.

These tables should be carefully compared with the results of hospital practice; for in no one department of our art is the difference between public and private practice more marked than in midwifery. In the use of instruments Mr. Crosse has been remarkably bold, having employed them in one case out of every 16 2-5th, which is far above the average of hospital statistics; but we are of opinion that this is frequently the case in private practice, when chiefly confined to the middle and upper classes of society; though, perhaps, all have not the openness to avow it. As a work of reference, this should be in the library of every practitioner in midwifery.

Proceedings of Societies.

MEDICAL REFORM.

MEMORIAL TO SIR GEORGE GREY FROM THE PROVINCIAL SURGEONS.

To the Right Honourable Sir George Grey, Bart., Her Majesty's Principal Secretary of State for the Home Department.

SIR,—On behalf of the Deputation of Provincial Surgeons to whom you accorded an interview on the 2nd of May last, the undersigned respectfully memorialize you on the subject of certain resolutions adopted by the Council of the Royal College of Surgeons of England, on the 19th and 24th of last month; resolutions to which the Council request your sanction, in reference to further alterations deemed necessary in the Charters and Bye-laws of the College.

The Memorialists recognize with the greatest pleasure the liberal and conciliatory spirit of this proceeding of

the Council, and now entertain the fullest confidence that the difficulties which have hitherto obstructed all attempts at medical legislation may readily be overcome.

Your attention is earnestly solicited once more to the propositions affecting the College of Surgeons, which the deputation had the honour of submitting to you on occasion of their interview.

The Memorialists respectfully urge upon you that an unqualified adoption of the propositions in question would equitably and satisfactorily procure an adjustment of the differences that of late have subsisted between the Council and the Members of the College.

In fact, with the exception of two points, the recent resolutions, in conjunction with those previously adopted on the 23d of April, 1850, concede what has been solicited. A membership of *fifteen* instead of *twenty* years, as a preliminary qualification for admission to the Fellowship on the part of those who were members prior to the grant of the Charter of 1843, and an abolition of the fee of ten guineas, (the requirement of which would indicate an invidious distinction between the already-nominated Fellows and those to be admitted hereafter,) would, the Memorialists are assured, unite the entire body of the College in approval of the heads of a Charter, that would facilitate and render practicable a general measure of medical legislation, which, in satisfying and elevating the profession, would correspond with the exigencies and the requirements of the community at large.

We have the honour to be, Sir,
Your obedient Servants,
W. W. BEEVER, Chairman, Manchester.

Honorary Secretaries.

PEPLOE CARTWRIGHT, Oswestry,
GEORGE SOUTHAM, Manchester.
S. A. PHILBRICK, Colchester.

PROCEEDINGS OF THE WORCESTER COUNCIL ON THE SUBJECT OF THE RESOLUTION OF THE COLLEGE OF SURGEONS.

At a meeting of the Council of the Provincial Medical and Surgical Association, held on the 5th inst., it was

Resolved,—

"That the Council hereby express their gratification that the Council of the Royal College of Surgeons have adopted a series of highly conciliatory resolutions, which go far to satisfy the requirements set forth in the memorial of this Association, which was presented to Sir George Grey, in May, 1850, and they trust that by mutual concession of both parties there is a prospect of a speedy and satisfactory termination of the long-agitated question of Medical Reform."

BATH AND BRISTOL BRANCH.

THE Quarterly Meeting of the BATH AND BRISTOL DISTRICT BRANCH OF THE PROVINCIAL MEDICAL AND SURGICAL ASSOCIATION, was held at the Royal Western Hotel, Bristol, on March 26th, at 8 P.M., when there were present:—

Dr. Hodges, (President, in the chair,) Drs. Burne, Davies, and Tunstall, Messrs. J. Barrett, Bartrum, Cox, George, R. Godfrey, Kilvert, King, Norman, Ormond, and Stone, of Bath; Crang, of Timsbury, Flower, of Chilcompton; Drs. Fox, William Fox, Symonds, and Trotman; Messrs. Burroughs, Colthurst, James Godfrey, Lancaster, Morgan, Nield, and Prichard, of Bristol.

The Report of the last Quarterly Meeting at Bath was read and confirmed, when

Mr. NORMAN mentioned that he had seen that very day the patient Nooth, referred to in the report as having been subject to an operation for the removal of a supposed ovarian tumour. She was in good health, and the tumour had gradually disappeared.

Mr. FLOWER inquired of Mr. Norman to what he referred the cure?

Mr. NORMAN could only suppose that the stimulus of the knife had set up the beneficial efforts of the *vis medicatrix naturæ*, as no medical treatment had been adopted.

Mr. BARTRUM then read for Dr. Burne his paper on Intestinal Obstructions, (printed at page 197.)

Mr. J. BARRETT acknowledged the value of many of the suggestions in Dr. Burne's paper, and felt a little diffident in expressing his dissent from some of the opinions it contained. The use of the lancet was scarcely sufficiently acknowledged; nor the use of small doses of purgatives frequently repeated, as in cholera, where he had seen very small doses frequently taken in a dry state very beneficial. With regard to exploring operations he could not look lightly upon them; the opening of a hernia was a totally different affair from the opening of the large abdominal sac. It may be that there is no greater difficulty than to stand by and do nothing, yet it is better to do this than mischief. An old man had a firm swelling in the site of the femoral hernia, with the marked symptoms of that disease. An operation was proposed but positively rejected. Small doses of castor oil were swallowed, and enemata administered until the patient appeared certain to die; nevertheless, after a week had elapsed, and contrary to all expectation, as if to spite his medical attendants, he recovered.

Dr. DAVIES could not but coincide with Dr. Burne in the full and free use of opium, large enemata, and abundant fomentations, with one dose of castor oil. He did consider that large purgatives were injurious, especially saline aperients, which drained the blood of its fluids, leaving the solid contents above the part obstructed.

Mr. KING quite agreed in the absence of large purgatives; he believed the patients may often be found to die of the treatment, and not of the obstruction. He had observed the friction of the abdomen with olive oil to be attended with much benefit in promoting the action of the bowels.

Dr. TUNSTALL observed, that until diagnosis was more perfect, we were not justified in having recourse to large bleedings. As an illustration he would mention a case of lead colic. Last summer he was called to a woman who was suffering from absence of action of the bowels; she had been rubbing her bed with oxymuriate of mercury and turpentine. Large water enemata

and laudanum relieved her very shortly. He had not long ago seen a case of diarrhœa fibrinosa, (described by Grantham,) where mucus, with strings of fibrin, were passed, and yet the bowels were not relieved; the use of conium and rhubarb was effectual in doing so. This case of diarrhœa had been caused by strong and frequent purgatives.

Mr. Flower narrated a case bearing on Dr. Burne's treatment. The patient took full doses of opium, with sulphate of magnesia, whilst large water injections were thrown up through a long tube. After ten days she was conscious of violent efforts being made by the bowels, and then at last an enormous quantity of fæcal matter was voided.

Mr. A. Prichard did not agree with Mr. Barrett in the opinion, that the whole responsibility of an exploratory operation, dangerous as he described it, rested with the surgeon who performed it, as the diagnosis in such a case properly belonged to the medical, and not the surgical staff.

Mr. Barrett, some years since, had a case of strangulated hernia, wherein he had injected, with considerable force, a large quantity of water by the long tube, and with a successful issue.

Mr. Stone wished to ask if there would be any fear of rupturing the intestines by forcing very large quantities of fluid through the long tube.

Mr. Nield observed, that the experience of the last few years had shown, that with proper precaution the opening of the abdomen was not so fatal as had been supposed. If, therefore, after long waiting, the use of opium, &c., the bowels were not relieved, he considered we were then justified, after using our best judgment, especially with the assistance of chloroform, in making an exploratory examination into the state of our patient, who would not, after all, be in a worse position than he was before. He narrated a case in which a hernia had existed for forty-eight hours. She was put under the full effect of chloroform, whereby the large bulk of the intestine returned into the abdomen, and on opening the remaining tumour, the remainder of the intestine was found attached to the neck of the sac. In this case the patient was in a better position, from a large portion of the intestine having been returned, indeed it would have been wholly so but for the adhesion.

Mr. Colthurst remarked, that the various opinions given appeared to be upon an imaginary case that may or may not have happened. He had had the misfortune to watch for several days, (some sixteen years ago,) the case of a young girl in which were all the symptoms of a hernia, but which, as with the most minute examination he could discover nothing of the kind, he diagnosed as a case of intus-susception; a *post-mortem* examination, however, proved it to be a hernia of the ileum through a loop formed by one of the appendices epiploicæ, its usually free extremity being attached to the adjacent surface of the ascending colon, at the very spot to which during life his poor patient specially directed his attention as the seat of her suffering. The whole of the circumstances of this case had left a strong conviction on his mind, that were he placed in a similar position he would certainly feel called upon to make an exploratory operation.

Mr. J. Barrett again urged the impropriety of exploring, and inquired at what period the advocates for an operation would proceed? Would Mr. Norman operate if there were no local symptoms?

Mr. Race Godfrey some years since had himself laboured under symptoms of intus-susception. Whilst under a mild dose of medicine, he felt suddenly an intense pain in the left side of the abdomen—a pain of a dull aching character, with great restlessness; it lasted for ten hours, with symptoms of intense depression, until he fainted, when he as suddenly aroused perfectly well, except from the exhaustion. In this, his own case, he quite felt that he should have been most thankful to have submitted to an operation, which he was convinced would have relieved him, the spot for an incision being so precisely indicated, indeed it could have been covered by his thumb.

Mr. Norman replied to Mr. Barrett's personal appeal by observing, that a person of experience would quickly recognize symptoms of strangulated hernia, even though no tumour existed; and as to the period for operating, he certainly should not wait until the patient was in a condition to render such a proceeding hopeless. If the pain were near the canal, and even no tumour apparent, no one would doubt the propriety of operating. He mentioned two cases in which, with all the symptoms present, no hernial tumour was found, but in which dissection showed that the gut had passed through a loop in the mesentery. At the same time he considered that no one would operate unless there were some settled pain in some particular spot, as in the instance narrated by Mr. Colthurst. He well remembered that whilst he was a pupil under Cline, a man came into the hospital with marked symptoms of hernia; he was examined most carefully, and near the femoral ring there was a slight shrinking noticed, although there was not the slightest swelling; Mr. Cline, however, proceeded to the operation, and found a very small portion of the intestine strangulated, this was liberated, and the patient recovered.

Dr. Symonds considered that the proposal to operate was too generally looked upon as a *dernier resort*, and he described a case that occurred to himself of a strangulated intestine, slipped through a noose, formed by a diverticulum ilei; he narrated a case of ileus occurring in a medical man, relieved by the use of the syringe whilst in a warm bath, and this too, after opium and various other means had been ineffectually used. This plan was first proposed by Dr. Wilson. Tobacco enemata, after Abercrombie's method, 15 grs. to 1 pint of water infused for ten minutes, sometimes, in his experience, had answered. He quite concurred in the propriety of operation when other means failed.

Mr. James Godfrey wished to draw the attention of members to the great advantage of chloroform in diminishing muscular action, so much so that he quite anticipated the mortality from hernia being much reduced by the use of chloroform. He should put the patient under the full influence of this remedy, and then use the usual manipulation with subsequent enemeta. He hoped more from it than from opium. He would confess that our experience showed the difficulty of diagnosing correctly the relative position of the viscera. He had found the transverse colon displaced in cases of chronic obstruction of the lower bowel, the colon itself

being distended, and the meso-colon strained, so as materially to interfere with the diagnosis; he could but think that in such cases the surgeon would be justified in passing a trocar into the bowel to relieve the tension.

Mr. BARTRUM spoke of constipation from want of action in the bowels, the lower portion being empty, whilst the upper part was full of fæcal matter. In these cases opium was the sheet anchor.

Dr. BURNE replied by adverting to the satisfaction he received from the experience of members upholding the use of opium, to the difficulty of contending with the wishes of anxious friends to use violent purgatives and to do something; also to the diagnostic symptoms distinguishing the various kinds of obstruction, to the use of chloroform, and to the propriety of resorting to an operation before mischievous inflammation had set in, to the serious difficulty always besetting such cases, and the consequent necessity for consultation with our medical brethren.

Mr. A. PRICHARD then read his report of a few cases of affections of the cranial nerves. (Printed at page 202.)

Dr. TUNSTALL also read a few observations on the arsenic bill, already printed at page 181.

After which, the Secretary, Mr. COLTHURST, placed on the table the petition in favour of the said bill, agreed to at the annual meeting at Hull, which was signed by the members present. It has since been forwarded to William Miles, Esq., M.P. for East Somerset, who has promised to present it and support its prayer.

Foreign Department.

FRANCE.

Treatment of Pruritus Ani and Vulvæ.

The practitioner has often to regret the failure of his attempts to relieve these distressing affections. Pruritus ani may be of comparatively little importance, except as an indication of visceral or hæmorrhoidal disease, but pruritus vulvæ is of far greater consequence, as independently of other considerations it almost inevitably leads to habits of masturbation, amounting in some cases to furor uterinus. We have recently been consulted by three or four patients, one of whom avowed that the friction commenced for the relief of the itching, was continued for the gratification of the sexual sensation which it excited, and that in spite of a feeling of the almost moral degradation, the act was repeated so frequently that the health was seriously undermined. The importance of remedial measures in such a case cannot be over-estimated.

Dr. Tornie (*Union Médicale*) has contributed a paper on this subject, in which he states his great confidence in an ointment consisting of calomel and axunge, one part of the former to five or six of the latter; the parts after being well washed to remove any eczematous crusts, are to be anointed freely with this ointment twice a day, and afterwards sprinkled with a powder containing the same proportions of starch and camphor.

Dr. Tournie relates several cases in which he has thus succeeded after repeated failures with borax, sulphureous and other washes, most of which consisted of eczema or prurigo of the labia, and lichenoid eruption of the anus.

In the pruritus vulvæ of pregnant women, nothing appeared to be successful, but it subsides spontaneously after delivery.

[In pruritus ani we have derived great benefit from equal parts of Unguent. Gallarum and Unguent. Hydrarg. Fortius.]

GERMANY.

Camphor as a Local Application in Noma.

Dr. Deutsch (*Journal für Kinder Krankheiten*, and *London Journal of Medicine*, April,) speaks highly of camphor as a local application in cancrum oris. He says:—"I do not hesitate to mention a remedy, the remarkable operation of which has been noticed by myself and others—I allude to camphor. The mode of application is as follows:—The camphor is rubbed, and moistened with a few drops of spirit of wine, so as to form a thickish mass, of the consistence of ointment; this is laid on the whole surface of the part diseased, and one-third of an inch beyond. If there be much secretion, it must be removed after an hour. The first effect of this is an arrest of the gangrene, which remains stationary for twenty-four hours, or more. A positive result now appears, the edges of the sore exhibit a line of demarcation, and granulations appear."

Ozone and Catarrh.

Our readers will remember the discovery announced by Schonbein, of a particular substance called *ozone*, which he observed to have some special relation to the prevalence of epidemic catarrh. This substance, it will also be remembered, may be produced artificially by the combustion of phosphorus, &c., and is strongly electro-negative. Its exact chemical composition and properties are still unknown, but its presence in the atmosphere has been ascertained by M. Heidenreich, (*Neue Medicinische-Chirurgische Zeitung,*) to be so constantly associated with morbid respiratory phenomena, and the intensity of the latter has been noticed by him to be so exactly proportionate to the abundance of the former, that he states his conviction that the extent to which pulmonary lesions will prevail may be predicated from the measurement of the intensity of the ozonic element. This may be accomplished by means of a contrivance which he calls his ozonometer, and which is thus prepared:—

Five grains of iodide of potassium are dissolved in two ounces of distilled water, to which half an ounce of fine starch, and subsequently two ounces more water are added. The mixture is heated for a few minutes, and five times the bulk of water is added, and again boiled. In this large bands of unsized paper are to be dipped and dried. These are cut up into strips, and preserved in stoppered bottles.

The action of the ozone on this paper must be secured from all other reactions on the iodide of starch, for this purpose a glass tube, open at both ends, is provided, into which a strip of paper is placed, and fixed at one end by a wooden plug. The glass tube is suspended by an iron wire, and to prevent the action of light, is enclosed in another tube of metal or card board.

In using this instrument, the slip of paper previously moistened is fixed to the iron wire, which perforates the plug, and is suspended within the glass tube. The reaction may be observed on the edges of the paper in from three to five hours.

Before he commences his experiments, the author tests his paper by treating it with very diluted sulphuric acid. There is no immediate change, but in about a quarter of an hour the paper assumes a faint brown colour, which gradually deepens, and eventually becomes intense. The author does not agree with M. Betz that the action of ozone on the paper is interfered with by moisture, on the contrary, the reaction has been most marked in rainy weather. He also observed that the action of ozone is neutralized by ammonia—an interesting circumstance when taken in connection with the fact that ammonia is often found very serviceable in the treatment of epidemic catarrh.

After these details respecting the physical and chemical properties of ozone, M. Heidenreich gives a table of diseases observed during two months with the corresponding indications of the condition of the ozone. He noticed among other facts that an augmentation of the ozone always coincided with marked exacerbation of pulmonary complaints, while a diminution of these coincided with decrease of ozone. When the quantity was low, he also found that there was a prevalence of affections of serous membranes, erysipelas, uticaria, &c. Rheumatic affections appeared to accompany an excessive reaction of ozone.

General Retrospect.

ANATOMY AND PHYSIOLOGY.

Has the Cerebellum any special connection with Sexual Propensity?

This is still an undecided question. Gall and Spurzheim, with a host of minor phrenologists, regard it as one of the best settled facts in phrenological science, that the cerebellum constitutes the nervous centre, which presides over the sexual instinct or function of generation; while Fleurens, Magendie, and other physiologists regard this division of the encephalon as the organ for co-ordination of muscular movements. The investigations of Muller and Carpenter show that comparative anatomy favours the opinion of Fleurens and Bonilland, but the distrust which arises from vivisectional experiments, makes it desirable to avail ourselves of every other mode of investigation.

Gall and his followers contend that injuries to the cerebellum not unfrequently cause wasting of the testicles. But M. Laissaigne found that the cerebellum of the gelding was larger, both absolutely and relatively to the cerebrum, than in the stallion or mare, so that further observation seems required to decide the question; this has been to a certain extent furnished by Dr. Davis, Professor of Physiology in the Medical College, Chicago.

This gentleman procured the brains of several bulls and oxen, all as nearly as possible of the same age and size; the cerebellum of each was carefully measured in the following directions:—1st, transversely; 2nd, antero-posteriorly; 3rd, vertically; 4th, from the apex of the inferior vermiform process to the apex of the superior process of the same name; and, 5th, transversely across the widest part of the superior vermiform process. The results on the average in the weight of the organs are as follows:—

Weight of cerebellum in bulls	13½ drachms.
„ cerebrum „	115½ „
Proportion	1—8 3-5ths.
Weight of cerebellum in oxen	13½ drachms.
„ cerebrum „	114 „
Proportion	1—8 2-5ths.

These observations confirm the examinations of Laissaigne as to the relative weights of the cerebellum in the entire and the castrated animal. The measurements of Dr. Davies also controvert the opinion held by Dr. Carpenter, that the central part and vermiform processes is the organ of the sexual impulse, as this part is absolutely broader and longer in the ox than in the bull. Hence, says Dr. Davis,—"Unless we deny the validity of the physiological law that exercise increases growth, and *vice versâ*, it must be conceded that the facts referring to the cerebella of oxen and bulls, effectually disprove any special connection between the cerebellum, (either as a whole or any of its parts,) and the sexual appetite."—*Transactions of the American Medical Association.*

PRACTICAL MEDICINE AND PATHOLOGY.

On Serous Effusion in the Cavity of the Arachnoid.—By Dr. Austin Flint.

This affection has been little noticed of late, attention being chiefly directed to effusion in the ventricles. As autopsies are generally made it is easily overlooked. The precautions to be observed are these: not to divide the dura mater with the head depressed, and to remove the brain from the cranium before incising it, and without rupture of the investing arachnoid. The fluid in the cavity of this membrane will be found at the base of the skull, and within the spinal canal. When morbid its quantity may vary from half an ounce to six ounces.

This fluid during life will settle towards the spine, and first cause pressure on the medulla, producing early derangement of respiration and deglutition. Cases are quoted where these symptoms coexisted with effusion of blood in the neighbourhood of the medulla, and in some of which death evidently began by failure of respiration, the heart continuing to act after breathing had ceased. Dr. Flint relates twelve observations of his own.

The following propositions are offered by the author as worthy of consideration:—

1. Effusion in the arachnoid cavity at the base of the brain is liable to occur, as an incident in the course of various affections, being immediately produced by cerebral congestion.

2. It is not an unfrequent cause of sudden death.

3. It produces death by apnœa, from pressure on the medulla oblongata.

4. The symptoms are, somnolency or coma, without paralysis, not preceded by symptoms of meningitis; disordered respiration; impaired deglutition; intellect not disordered, if the patient can be roused.

5. The presence of fluid in the arachnoid, compressing the medulla, is generally fatal.—*Buffalo Med. Journ.*, April and May, 1850.—*Transactions of the American Association*, Vol. 3.

SURGERY.

Mammary Abscess; treatment by Collodion.—By Dr. John Evans.

Mammary inflammation, during lactation, is exceedingly prone to end in abscess. This is owing to the great vascularity of the organ, and its loose and flaccid texture, which allows the determination of blood to it speedily to result in effusion of lymph, which, in the absence of the pressure made by denser structures, is not absorbed, but results in the secretion of pus. Thus when the breast becomes indurated under the treatment heretofore practised by the profession, of poulticing, applying liniments, tobacco leaves, &c., without constitutional treatment, it almost uniformly forms an abscess.

Disheartened by the general want of success in preventing suppuration by the ordinary means of treatment, and satisfied that the most prominent indication of cure was to overcome the freedom with which the blood is forced into the mamma, and, by compression, cause the absorption of the lymph, as is done by the roller applied on the extremities, in various forms of inflammation, Dr. Evans determined to use a complete coating of the collodion to obtain the benefit of its contraction; the result of which will be more fully illustrated by relating the following cases in which it has been used:—

Case 1.—Dec. 18th, 1849; called to see Mrs. J., suffering from mammary inflammation during lactation. Found she had bathed with liniments, applied poultices, and kept the milk well drawn from the breasts, but without apparent benefit. I could detect decided fluctuation at the point of greatest suffering. I ordered a coat of the liquid adhesive plaster, which gave very prompt relief, and the inflammation speedily subsided. A few days after I opened the abscess, which pointed, but it discharged a very small quantity and rapidly recovered.

Case 2.—Mrs. S. was confined June 5, 1850, with her third child. On the 7th, she was attacked with a chill, followed by high fever and active inflammation of both mammæ. She had suffered, after each of her previous confinements, with extensive abscess of the left breast. The secretion of milk was very profuse, and notwithstanding strenuous efforts to keep the milk drawn off by the assistance of a little girl, who drew it very freely, the left mamma became extensively indurated, and was acutely sensitive and painful at the point of the former abscesses.

I applied the collodion so as to cover the indurations completely, with the effect of promptly relieving the suffering of the patient; and by repeating the coating morning and night for a few days, the indurations were removed. The only additional treatment used was seidlitz powders, given to produce a laxative effect.

Case 3.—Mrs. McC., eight days after confinement, was attacked with mammary inflammation, attended with chill and high febrile excitement, on the 8th of June, 1850.

Gave Mass Hyd. grs. xij. with Pulv. Doveri grs. viij. in the evening.

June 9th. This morning the breast is very painful and extremely tender to the touch, great thirst, dry mouth, frequent but compressible pulse, and a troublesome cough. The bowels had not been moved. Ordered Sol. Mag. oz. ss. and an application of the collodion to the breast, and free abstraction of milk.

June 10th. Much better; says the application of collodion to the inflamed breast gave immediate relief to the pain, and the soreness has rapidly diminished. Ordered the application to be repeated.

The recovery was rapid without suppuration.

Case 4.—Mrs. P., three weeks after confinement, was attacked with inflammation of the mamma on the 24th of June, 1840. She had been previously under treatment for uterine phlebitis, from which she was recovering.

The breast was swollen, indurated, and very painful. The collodion was applied so as to cover the induration and swelling, with almost instant relief to the pain. By repeating the application the swelling subsided gradually, without suppuration.

Case 5.—July 15th, 1850. Mrs. M. had an attack of inflammation of the right mamma, about ten days after confinement. I was called the next day and found it swollen, indurated, and painful, nothwithstanding the milk had been kept freely drawn, and the breast well fomented. A coating of collodion, as in the preceding cases, promptly gave relief to the pain, and gradually removed the swelling.

In no case where I have used the collodion, except the first one reported, has the slightest suppuration taken place.

In every instance the relief from suffering has been prompt, and no inconvenience has resulted from its use in any case, except the slight smarting that attends its application.—*North Western Med. and Sur. Journal.*

Case of Erysipelatous Laryngitis, in which Tracheotomy was performed.—By J. Smiley, Esq., A.B.

[There are few cases more rapidly fatal than those of which the following is an instance. Tracheotomy is in general the only proceeding which offers a chance of life; but it happens unfortunately that the operation

has been spoken of in so disparaging terms, that the surgeon is not led to contemplate its performance, until the time has passed in which it can be done successfully]

On the 18th of May, 1850, I was called upon to visit Mrs. S—, aged 63, who was supposed to be on the point of suffocation. I was supplied with the following history of her case by Dr. Leech, who was previously in attendance on her. On the 11th of May she had feverish symptoms, and on the 14th complained of soreness of her throat. Her daughter had just recovered from diphtheritis affecting her mouth and throat; and this appeared to be a similar affection. On the 16th, Dr. Leech was called in; she had then great difficulty in swallowing, and her breathing was slightly affected; the larynx was tender to the touch, and the inside of the mouth and throat was covered with a white membranous coating. Leeches, calomel, and Dover's powder, and a cathartic, were prescribed.

18th.—All the symptoms were aggravated; she complains of soreness in one nostril, and stiffness of the eye-lids, and her breathing became so laboured towards evening that a consultation was requested, to consider the propriety of opening the trachea; but leeches and calomel, prescribed in the mean time, were followed by such relief that it was considered prudent to defer the operation till the following morning.

19th.—Early this morning her breathing became so difficult that immediate suffocation was dreaded; the erysipelas had extended from the nostril to the face, engaging the nose and right eye-lid; her distress was so great that she eagerly embraced the hope of relief that was held out to her by the operation; her sufferings were greatly aggravated by the swollen state of the epiglottis, which was incapable of performing its functions, so that fluids made their way into the glottis, bringing on violent struggling for breath. The distress she suffered from this was so great that, notwithstanding a burning thirst, she had abstained altogether from fluids for the last twenty-four hours.

At ten o'clock, A.M., assisted by Dr. Leech, Dr. Davy, and Dr. Barker, the operation was performed, and a silver canula was inserted into the trachea, when immediate relief from all the urgent symptoms was obtained.

20th.—Breathes freely through the canula; slept a good deal during the night. The erysipelas has spread, and extends all over the right ear, where the cuticle is raised in blisters. Fluids taken by the mouth still get into the larynx, and are discharged by the canula; they do not, however, now cause the same paroxysms of suffocation. She was ordered bark and wine.

21st.—Erysipelas extending; pulse 120.

23rd.—Improved; had a good night. Erysipelas has not spread since yesterday; the whole face is now engaged; no raving; pulse 108; strength increased. The rima glottidis seeming to be open, the canula was withdrawn. Liquids can now be swallowed without difficulty.

24th.—Breathes freely, both through the rima and wound, which has been left open; had a restless night; pulse 120; is drowsy, and slightly delirious,

25th.—Had a good night; pulse 92; great drowsiness.

29th.—Has continued steadily to improve since last report. The lips of the wound were drawn together with adhesive plaster this day.

December, 1850.—It is now more than six months since the operation was performed, and Mrs. S—— has enjoyed excellent health from the time of her recovery, and has felt no inconvenience whatever resulting from it. The wound healed readily, and she convalesced rapidly after the last report given above.—*Dublin Quarterly Journal.*

MIDWIFERY.

Congenital Malformation of the Œsophagus.—By Dr. AYRES.

This interesting, if not unique, specimen was presented to the London Pathological Society. It was taken from a child who was born November 9th, 1850, after a natural labour. Some gurgling sounds were observed immediately after birth. The next day it was observed that the child was unable to swallow; when applied to the breast, or when food was attempted to be given, a loud gurgling sound was produced, accompanied by struggling, blueness of the lips, impending suffocation, which continued until the whole of the milk or food returned by the mouth. A bougie could be passed only a short distance below the pharynx, when it met with an obstruction to its further progress. The case was considered as one of congenital occlusion of the œsophagus, and it was suspected that the œsophagus communicated in some way with the trachea. The child died at the end of twelve days in a state of extreme emaciation, beef-tea enemata having been administered several times a day. The autopsy showed that all the parts of the body and viscera were natural, except the œsophagus and trachea. The pharyngeal part of the œsophagus, extending to about an inch below the pharynx, was considerably dilated, and terminated rather suddenly in a cul-de-sac; a narrow imperforate band of fibres extended downwards to the stomachal portion, which latter terminated above in a semilunar opening into the trachea, about half an inch above its bifurcation. In this case all the fluids taken into the stomach could pass no further than the cul-de-sac; while any secretions of the stomach could only find their exit to the mouth by passing through the trachea and larynx.—Reported in *Medical Gazette*, Feb. 14.

THE APOTHECARIES' COMPANY v. THOMAS FAWTHROP OF HALIFAX.

COUNTY COURT OF YORKSHIRE AT HALIFAX.

ON Wednesday, the 2nd of April last, this important case was heard before James Stansfield, Esq., the judge of the County Court of Yorkshire, at Halifax. Mr. Holroyde appeared on behalf of the plaintiffs, the Master, Wardens, and Society of the Art and Mystery of Apothecaries of the City of London; and Mr. Wavell appeared for the defendant, Thomas Fawthrop,

who for some time has practised in this town as a surgeon and apothecary, under the style and firm of "J. Fawthrop and Co." The court was crowded during the whole of the day, and a considerable number of the medical profession were in attendance during the protracted inquiry.

The following gentlemen were sworn upon the jury:—Mr. J. Booth, bookseller, (foreman), J. Whitworth, Esq., Mr. D. Porter, Mr. T. Nicholl, and Mr. J. Gibson.

On the case being called Mr. WAVELL said he appeared for the defendant, and objected to his friend Mr. Holroyde opening his case until he produced the seal of the corporate body for whom he said he appeared.

His HONOUR said that he had never before heard counsel called upon to produce their authority; and after short argument said, that in order to avoid any further discussion, he would give special leave to Mr. Holroyde to proceed.

Mr. HOLROYDE in stating the case, said that he was surprised that an attempt should be made to stop him, nor could he imagine what reasons could have induced his friend to take such a course. No doubt he had some special reason in preventing the case being stated, and the jury coming to a verdict upon it. He hoped, however, that before the sun set the jury would pronounce their verdict, at all events they should have an opportunity of judging whether his honourable clients had a good case or not. The action was brought by a Society called the Master, Wardens, and Society of the Art and Mystery of Apothecaries of the City of London, against the defendant, Thomas Fawthrop, who had assumed and did now practise as an apothecary duly licensed by that honourable company, but without being duly qualified to practise as an apothecary. He must explain how it came to pass that the Apothecaries' Company had to complain of Mr. Thomas Fawthrop. Previous to the year 1815 any individual who in his opinion had sufficient knowledge, and in the opinion of the world was duly qualified, could go and attend parties who were ill and required medical assistance; and if parties got their living thereby they were in a position to obtain by law their charges for such attendance. But it was found in 1815, that a great number of ignorant persons were practising as apothecaries,—men who were not fit to be intrusted with the lives of Her Majesty's subjects,—and an Act of Parliament was passed, enabling the Society which he had the honour that day to represent to grant certificates to persons who, after passing a proper examination, should be found to be duly qualified to practise as apothecaries, and no person after the 1st of August, 1815, could lawfully practise without such certificate. If a person did so practise he rendered himself liable to a penalty of £20, which was the penalty sought to be inflicted upon the defendant in the present case. The Apothecaries' Company regarded it as a very bold act on the part of the defendant to set himself up as a member of the Apothecaries' Company in a borough of such high position as Halifax, and they had considered it their duty to proceed against him for the penalty stated. In addition, he ought to inform the jury that the certificate of which he had spoken could not be obtained as a mere matter of course. The party seeking it must show himself competent in the eyes of men well qualified to judge of his competency before he can practise as an apothecary. The learned gentlemen then read and commented upon the various clauses in the 55th Geo. III, bearing upon his case, and concluded by stating that prior to the establishment of county courts considerable difficulty was experienced in inflicting a penalty of £20 upon persons practising as apothecaries but without a certificate. They would have been obliged to take such a case as the one now about to be brought before the jury to York, which of course would entail great expense. Fortunately the Society could now protect Her Majesty's subjects in every part of the kingdom at little expense; and he was told that it was their intention to do so, and that the present was one of a series of actions which had been commenced in different parts of England against apothecaries not duly qualified. If Mr. Fawthrop could produce a certificate, he, for one, should be most proud to see it; but he should call witnesses to prove that he had practised as an apothecary and rendered himself liable to the penalty imposed by the Act of Parliament. The following witnesses were then called:—

Hannah Morley.—I am the widow of John Morley, who resided at New Pellon. He died about nine months since. Previous to his death he sent for "Dr. Fawthrop," and my son went for him; he came the day before his death, and had come more than six times before then. He felt his pulse, and gave him physic. He also looked at his tongue. We have had "Dr. Fawthrop" in our house before, and a very nice man I call him. (Laughter.) He sent in a bill. A son of mine and a daughter went for the physic. My husband was very poorly, and the "Dr." said it was an inflammation of the bowels.

Cross-examined.—This paper (the bill) came to my house. My husband was 53 years of age. We sent into the Square for medical assistance, and it was my husband's orders to have "Dr. Fawthrop" fetched. I have no reason to be dissatisfied with the attention my husband received. I cannot say whether there was any printed label upon the bottles. The "Dr." did not administer the medicine himself.

Re-examined.—My husband took the medicine sent him.

By the Judge.—The "Dr." told my daughter to call at a certain time for the medicine, and he would make it up for her. He said she was to call at half-past five o'clock.

Henry Morley.—I am a son of the late John Morley, of Pellon. He died on the 9th of last July. I fetched Mr. Fawthrop at the request of my father. This was sixteen days before his death. I fetched some medicine for my father from "Dr. Fawthrop's" in the Square. His shop was like all other doctors' shops—it had plenty of bottles in it, and I saw him make up the medicine which he gave me for my father. I saw him mix my father's medicine up more than once. I took the same medicine home and gave it to my father myself.

Cross-examined.—I went into the Square. There was a sign. The bottles had a label on like the one now shown me. The name over the door was "J. Fawthrop & Co."

Hannah Cooper.—I am the wife of Wm. Cooper, of

Pellon. I have a child called William, and had one called Benjamin, who is now dead. Last summer William was poorly a few days in the scarlet fever. Mr. T. Fawthrop told me it was scarlet fever. He came to my house to see him for nearly three weeks. I fetched some medicine for him. Mr. Fawthrop told me to go down to his place in the Square for the medicine. I went to his shop, which has a great many bottles in it. Mr. Fawthrop mixed the medicine, which I took home and gave to William. He has sent me a bill, but which I have not yet paid.

Cross-examined.—Mr. Fawthrop has attended three of my children. He attended James, who was very ill, but he recovered and Mr. Fawthrop got him very well through. We only called on Mr. Fawthrop the day before Benjamin died, and we blame ourselves for not sending for him earlier. Somebody has been telling us that we have no occasion to pay him for these services, but I shall pay him as soon as I am able to do so, for he did his best, and I shall not grumble to pay him.

Martha Mansley.—I am the wife of Squire Mansley, of Pellon. Stephen and James Mansley, two of my children, are both dead. Previous to their death, "Dr. Fawthrop" attended them; he saw Stephen twice and James twice. He said they had the scarlet fever. I fetched some physic for them from "Dr. Fawthrop's," in the Square. He made it up, or I saw him do something with it. I took the medicine and gave James some of it. He sent me in a bill. I paid him 8s. 6d., and he gave me a receipt for it.

Cross-examined.—It was a bottle he gave me, and there was a label on it like the one now shown me. My husband went for Mr. Fawthrop, and it was the desire of both of us that he should be sent for. We were quite satisfied with his treatment. "J. Fawthrop and Co." was upon the receipt, and it is also the name over the door.

Mr. E. J. Rudd.—I know Mr. Thos Fawthrop; he lives at No. 1 or 2, Square, and is the tenant of a house for which I am steward. He was first entered on the 7th of Jan., 1850, as a tenant of Sir Charles Ibbetson's. His name was substituted for that of Mr. Joseph Fawthrop at the time to which I allude.

Mr. Job Bentley, Deputy Registrar of Deaths, &c.—The two papers I hold in my hand are medical certificates of the cause of death.

Cross-examined.—I did not see the certificates written. I receive certificates of the cause of death in every case. They are frequently signed by assistants, on behalf of the principle.

Mr. T. Harrison, surgeon.—I know Mr. Thos. Fawthrop, and have seen him write more than once. The signatures upon the two certificates of death shown me are the writing of Mr. Thos. Fawthrop. The writing upon the bills sent to Mansley and Cooper is that of Mr. Thos. Fawthrop.

Cross-examined.—I have been subpœnaed to attend this day. I have said that Mr. Fawthrop was a quack doctor, but I never said I would shut him up his shop, or that I would put him a spoke in his wheel. It is not one of my expressions. I have employed him to visit my own patients, and have committed patients to his medical attention for days together. I did not know that Mr. Fawthrop was apprenticed to his father before I came to Halifax. [Mr. Wavell was proceeding to put in a number of certificates, &c., but they were objected to by the Judge.] For months together Mr. Fawthrop attended to my patients. I have not been busy in getting up this action, and have nothing to do with it. I have a senior apprentice who compounds medicine for me. During the long illness of the late Mr. Jubb, Mr. Smith attended to most of his patients. Mr. Stocks attended to some.

Re-examined.—I have not seen the passing certificate among the certificates shown me by Mr. Wavell.

Mr. Wavell submitted that no case had been made out, inasmuch as, the statute being a penal one and the proceedings being in the form of an indictment, his friend had not fixed the day of the offence. The indictment charged the defendant with practising as an apothecary on the 1st day of July, 1850. He submitted that the rules of the law ought to be strictly observed in this case, and that no offence had been proved against the defendant on the 1st day of July.

His Honour over-ruled the objection; as the witness Morley stated that his father died on the 9th of July, and that the defendant was fetched to him 16 days prior to that time. The point, however, should go to the jury.

Mr. Wavell then submitted that there was no case to go to the jury, inasmuch as the plaintiff's own evidence proved that the bill sent in was to *Mrs.* Morley, for medicine and attendance; whereas it ought to have been made out to the executors of the late Mr. Morley. (This point was also over-ruled.) He then submitted, with greater confidence, that everything charged against Mr. Fawthrop was perfectly consistent with the Act of Parliament. It was shown by the evidence called for the prosecution that it was a common practice for assistants to compound medicines and to visit patients; and the 17th sec. of the act exempted the persons then acting as assistants or who had served an apprenticeship of 5 years to an apothecary. (This objection was also over-ruled, as the exemption applied only to persons *then* practising when the act came into force.) Mr. Wavell then proceeded to address the jury, dwelling mainly upon the points which he had previously raised. The act under which the penalty was sought to be recovered had now become an almost obsolete statute. It was passed in 1815,—in that year of trouble and distress, consequent upon the ending of the northern war,—and was not intended to apply to the visiting of patients but to the mixing and compounding of medicines. The receiving and compounding of a physician's prescription by any druggist in Halifax was, therefore, an offence against this act, unless he was a member of this college. The absurdity of such a proceeding was this,—a man may lawfully visit and advise his patients, may practise as a midwife and attend all cases of parturition, but, the moment he began to mix a rhubarb pill, or a little senna with something else, in came the statute and imposed a penalty of £20. Would such a state of things be tolerated in a free country like this? The statute had not been extended to Scotland or Ireland, but only to England; and the public had invariably refused to execute its powers. He argued, at some length, that the present case was not contemplated by the statute. Mr. Fawthrop was the son of a medical

gentleman of 40 years' standing in this town; he had served an apprenticeship of five years with his father, and afterwards served some time as a dresser in the Halifax Infirmary, where he received a most flattering testimonial; he had also a multitude of similar testimonials from other infirmaries and hospitals, and from some of the most eminent practitioners in Europe. At the time of his father's death Mr. Fawthrop was in London, and by the wish of his brother,—Mr. J. Fawthrop, a surgeon of extensive practice at Queenshead,—he came down to Halifax, and arrangements were made for his commencing practice as an assistant to his brother. As such he had continued to practise, and everything proved to have been done had not been done by Thos. Fawthrop, but by J. Fawthrop and Co. It was, therefore, strictly incumbent upon his friend to have shown that the defendant was not an assistant. After some further observations, the following witnesses were examined:—

Ellen Sutcliffe.—I am domestic servant with Mr. Chappel, but was formerly in service at the house of the defendant. I have frequently seen Mr. Joseph Fawthrop at the place. I have seen him in the surgery making up medicine, order about things, and converse with patients. He attended regularly on Wednesdays and Saturdays. Patients came regularly to see him. When I went there was a very old sign over the door, which Mr. Joseph ordered to be taken down and sent to Queenshead; and a new one came in its place. "J. Fawthrop & Co." was written upon the new sign. The same was also put upon the lamp over the door.

Cross-examined.—Mr. Thomas gave me my wages, but I believe Mr. Joseph paid him. I went on the 2nd Jan., '49, and left in the beginning of May the same year.

Jonathan Oldfield.—I am in the employ of Mr. Watson, ironmonger. I was poorly in '49, and called in the Square for advice. I saw Mr. Joseph Fawthrop, who prescribed for me, in the consulting room.

John Foster, glazier.—I fitted up the house in the Square with gas in 1848, by the orders of Mr. Joseph Fawthrop.

Thomas Fawthrop.—I reside at No. 2, in the Square, which is the same house in which my father lived, and where I served a five years' apprenticeship. I served four years as dresser at the Halifax Infirmary. (a number of certificates signed by some of the most eminent members of the profession were put in, but were designated by Mr. Holroyde "mere painted pictures," and of no value in the present case, inasmuch as *the* certificate was not found amongst them.) I kept an open surgery in London at the time of my father's death. Two years after my father's death I came to reside at Halifax. This was in December '48. Mr. Joseph Fawthrop, my brother, and who has practised as a surgeon at Queenshead for a considerable period, fitted up the surgery. I have resided in the Square since that period. Along with my brother I have visited patients. During this period I have been frequently applied to by other surgeons to attend to their cases. "J. Fawthrop and Co." is over the door. I was an assistant to my brother up to the 10th of August last. The letter I produce was written by my brother. (A passage was read from this letter, dated October 21, '48, authorising the use of the name "J. Fawthrop & Co.") The arrangement has not yet been a lucrative and profitable one. The expenses and living exceed the income. It is by my brother's authority that the sign is there.

Cross-examined.—The letter I produce is a letter to "my dear sister and brother. The "sister" is my wife. I am sure she is my wife, and I am sure we are married. This letter is part of the authority under which I act. (Mr. Holroyde read the letter partly through, and his Honour the remainder. Another letter, dated September, 1848, was also read.) I went for examination to the Apothecaries' Hall, and was rejected. I applied again, and again failed. I did not go a third time. The second time I went up was in 1842. I live in the Square, and am tenant of the house. Mr. Joseph Fawthrop does not live there. It is nine or twelve months since Mr. J. Fawthrop was there. I acted under him until the 10th of August last. My brother has not slept in the Square since I came to Halifax. The printed paper produced (an address to the public) was printed about January, 1849. I got it printed. The sign now is "J. Fawthrop and Co." There is on the door, in addition, "Pearce, Surgeon." Mr. Pearce has been with me since August. I act under him.

By the JUDGE.—The terms agreed upon between me and my brother were, that I was to act under him. No agreement as to the profits was made. My brother did not require the profits. No arrangement was made as to my having a salary, or otherwise. I had no communication with my brother at the time of my attending the cases before mentioned by the witnesses.

Mr. HOLROYDE, in his reply, commented upon the objections or quibbles raised by the defendant, and said his friend had failed to show that the Act of Parliament had been complied with, inasmuch as he had produced no certificate of Mr. Fawthrop having passed the College, showing that he was duly qualified to act as an apothecary. Supposing he had been an assistant to his brother, (which he denied,) even that would not have been sufficient, because of his brother residing at Queenshead. The law contemplated that where an assistant was employed, the public should at all times have the benefit of the skill and advice of the principal, who should not reside at a distance, but upon the spot. He should now call Mr. J. Fawthrop, and then leave the case with the jury.

Mr. Joseph Fawthrop.—I am a surgeon residing at Queenshead. My brother Thomas was never an assistant of mine, nor a partner either.

His HONOUR said the question for the jury to decide was, whether the defendant had practised as an apothecary without having obtained a certificate. He then proceeded to read over and comment upon the evidence, and with regard to the last point raised by Mr. Holroyde, said that it was his opinion that where an assistant was employed, the principal ought to reside upon the premises, so that his advice could be at all times available by the public. He should wish the jury, in deciding upon their verdict, to say—1st, whether the defendant had acted generally as an apothecary without certificate; and, secondly, whether he did so act on the 1st of July.

The jury retired for a short time to consider upon their verdict, and upon their return into court the foreman said they found a verdict for the plaintiffs.

By the JUDGE.—Do you find that the defendant was practising as an apothecary on the 1st of July.

The Foreman.—We find that the defendant was practising on the 1st of July, and that he was not acting as the assistant of his brother.

Mr. FOSTER (in the absence of Mr. Wavell) requested that the penalty of £20 might be paid after the rate of £1 per month. An order was, however, made for £2 per month.—*Halifax Guardian.*

Correspondence.

STRANGULATED HERNIA, COMPLICATED WITH RETAINED TESTIS.

To the Editor of the Provincial Medical and Surgical Journal.

SIR,—The remarkable nature of the subjoined case of strangulated hernia within the inguinal canal, terminating fatally, and the dilemma in which an operator in a similar case might in future be placed, are circumstances creating, I believe, a sufficient interest to make the following facts worthy of record in your journal. Should you also be of the same opinion, I shall feel obliged by your giving the paper a place in an early number. I remain, Sir,

Very truly yours,
E. A. TURLEY, M.D.

Ivy House, Worcester, Feb. 3, 1851.

On the 1st of February, 1851, I was called at six A.M. to attend Mr. H——, of Worcester, a hale but rather spare man, aged 78. He was in bed, breathing hurriedly, with a pale anxious countenance and faltering voice, occasionally interrupted by hiccough. I observed by his side a vessel containing about a pint of thin fluid, resembling muddy coffee, which he said he frequently rejected since Wednesday (three days); and that since that day he had had no relief by the bowels. I inquired if he had a rupture. He said nothing had come down, but that he had had pain in the right groin ever since sneezing violently at noon on Wednesday. I found a small hardish tumour in the inguinal region, which gave him pain on pressure. Examining the scrotum, I discovered no testis on the right side; a fact, he told me, of which he had been always conscious. I then suspected he had congenital hernia, and erroneously supposed this strictured at the upper ring of the inguinal canal. I moderately attempted to rectify this supposed condition by gently forcing up the tumour. This produced great pain, and I desisted, and informed my patient that I believed an operation would afford him the only chance of recovery; and proposed a consultation. He stoutly refused to submit, and determined to meet his fate. Having informed his family of their father's condition, I gave him an opiate, and left him. In three hours time I found him worse; and he died fourteen hours after I first saw him. Mr. Meears assisted in the necroscopy sixteen hours afterwards. We made a dissection of the inguinal region, and found the inferior opening of the inguinal canal partially closed by a blighted or hypertrophied testis of the size and form of a plum stone, accompanied by an epididymis of disproportionate largeness. It lay just within the external ring, on a bed of cellular tissue enveloping the spermatic veins and the vas deferens, though this soon became indistinct in its ascent towards the os pubis. A pouch apparently of the size and form of a horse chesnut was attached to the upper part of the dimunitive testis, containing a portion of the ileum strongly strictured by some fibres of the transversalis muscle, which seemed to have formed a tight band, surrounding the intestine within the inguinal canal,* the upper opening being sufficiently patent to have allowed the re-ascent of the protruded intestine. The strangulated portion of the gut appeared gangrenous.

Remarks.—The facts revealed on dissection would have rendered an operation nugatory; nor did the state of the patient on my first seeing him invite such a step. Earlier in the case an operation might have been successful, though much embarrassment would probably have occurred by so anomalous a condition of the parts. I am not acquainted with any exactly similar case on record, though the late Mr. Key's memoir is quoted from in Mr. South's excellent surgical work, volume 2, page 62, and a reference is also made in an adjoining paragraph on the same page, by Mr. South, to a congenital rupture in the inguinal canal, the preparation of which is in the pathological museum of St. Bartholomew's Theatre of Anatomy.

Whilst my pen is in hand I will relate another case of a testis retained in the inguinal canal, in a commercial traveller. Mr. L. applied to me in May, 1837, and exhibited a large inflamed tumour in the right inguinal region. It was exceedingly tender and painful, and excited frequent retching. It had existed, he said, two days; and here I also found the right hemisphere of the scrotum empty; this he had never noticed. He said he had been suffering from gonorrhœa about a fortnight, but that the discharge had ceased the day before the tumour had made its appearance. Leeches, the warm bath, and aperients, with a night opiate and entire rest, constituted the treatment, which lasted the usual time necessary for the cure of hernia humoralis. Some cases are recorded by Sir A. Cooper and others of retained testes performing their functions equally well in their pristine position; and the patient first named had been the father of a large family.

E. A. T.

* See Sir A. Cooper's work on the testis, plate 5.

Medical Intelligence.

THE FELLOWSHIP.

The following are correct copies of the questions submitted to the candidates who presented themselves for examination for this distinction, on Monday, the 7th instant:—

ANATOMY AND PHYSIOLOGY.

1. Describe the structure of the wrist-joint. State what tendons, vessels, and nerves cross the joint on the palmar aspect; describe their position and relative situations.

2. Describe the duodenum, specifying its situation, course, and relations; its component structures and the sources of its blood-vessels and nerves.

3. Describe the course and relative situation of the subclavian and axillary arteries on the right side; mention the branches given off by them; state by what parts the subclavian, external to the scalenus, is covered.

4. Enumerate the blood-vessels and nerves proceeding to the lower extremity, and describe their relative situations and connections at their exit from the pelvis.

5. Describe the vessels and nerves of the orbit, the sources whence they are derived, the apertures through which they enter the orbit, and their distribution.

6. Describe the position and relative situation of the viscera contained in the female pelvis, the peritoneal reflections and ligaments by which they are supported.

PATHOLOGY AND SURGERY.

1. Give the diagnosis of tumours of the female breast dependent on chronic inflammation, chronic mammary tumour, and scirrhus.

2. Explain the leading rules of practice in the treatment of traumatic gangrene, and gangrena senilis.

3. What are the consequences to be apprehended when retention of urine dependent on stricture in the urethra, is not relieved? Describe the treatment suited to its various stages, whether by the use of instruments or other means.

4. Describe the circumstances under which the application of the trephine may be required after an injury to the skull by violence.

5. What are the dangers which attend incised wounds of the throat? Describe the treatment of these wounds.

6. When the posterior tibial artery, where covered by the muscles of the calf, has been recently wounded, what treatment must you adopt? And if there were secondary hæmorrhage and the parts in a diseased state, what practice would you follow?

ROYAL COLLEGE OF SURGEONS.

Gentlemen admitted members on the 4th inst.:—Harris Carr Brackyn, Dublin; Henry Walter Bucknill, Rugby, Warwickshire; Thomas Hobbes Cresswell, Folkestone, Kent; William Davey Haye, Callington, Cornwall; George Jonathan Mitchinson, Carrington, Lincolnshire; Julius Grainger Russell, Dudley, Worcestershire; George William Sanderson, Canada; Henry Seatle, Ulverston, Lancashire; Isaac Shortland Shillingford, Greenwich; Stephen John Frederick Stafford, Northfleet, Kent; Messrs. Edward Sullivan, Dublin; John Wise Tracy, Acacia Road, St. John's Wood; Edmund Sydney Wason, Colmonell, Ayrshire.

SOCIETY OF APOTHECARIES.

Gentlemen admitted members on Thursday, March 27th, 1851:—Geo. Dawson Armstrong, Cumberland; Henry Duncalfe, Walsall; John Ewens, Axminster, Devon; William Pilkington, Leyland, Lancashire; Robert Vaile Skinner, Headcorn, Kent; Henry Benj. Wood, New Romney, Kent.

Gentlemen admitted members on the 3rd inst.:—Thomas Abbey Bottomley, Huddersfield; Aynott John James Chitty, Mere, Wilts; Thomas Fuller, Brighton; William Henry Gatty. Market Harboro'; Osborne Johnson, Beckington, Lincolnshire; Samuel Wall Jones, Ludlow, Salop; Henry Maund, Bromsgrove; Edward Mercer, Uxbridge; Frederick John Money, Offham, Kent; William Morris, Petworth, Sussex; George William Nicholls, Darwen, Lancashire; John Daniel Ranson, St. Ives, Hunts; Frederick Moore Smith, Great Hadham, Herts; Francis Cornelius Webb, East Stonehouse, Devon.

BOOKS RECEIVED FOR REVIEW.

A Practical Treatise on the Diseases of the Urinary and Generative Organs (in both sexes). By Wm. Acton, late Surgeon to the Islington Dispensary, &c. Second Edition. London: J. Churchill, 1851. pp. 693.

Urinary Deposits; their Diagnosis, Pathology, and Therapeutical Indications. By Golding Bird, A.M., M.D., F.R.S., F.L.S., &c. &c. Third Edition. London: J. Churchill, 1831. pp. 328.

Pharmacopœia Collegii Regalis Medicorum, Londinensis: J. Churchill, 1851. pp. 196.

Translation of the Pharmacopœia Londinensis. By a Physician. London: H. Renshaw, 1851. pp. 226.

Phthisis and the Stethoscope. By Richard Payne Cotton, M.D., Assistant Physician to the Hospital for Consumption and Diseases of the Chest. London: J. Churchill, 1851. pp. 97.

Dr. Warren's Address before the American Medical Association at Cincinnati. Boston, 1850. pp. 65.

An Essay explanatory of the Tempest Prognosticator. By George Merryweather, M.D. London: John Churchill. 1851. Pamphlet; pp. 63.

The Journal of Psychological Medicine. April, 1851.

Monthly Journal of Medical Science. April, 1851.

London Journal of Medicine. April, 1851.

The Medical Examiner. Philadelphia, Feb., 1851.

The American Journal of Dental Medicine. Jan., 1851.

Religion and Science. By a Physician. Pamphlet.

A Letter to the Right Honourable Lord Campbell, on the clause respecting Chloroform in the proposed Prevention of Offences Bill. By John Snow, M.D., Licentiate of the Royal College of Physicians, &c. London: J. Churchill. 1851. Pamphlet. pp. 16.

The London Journal of Medicine, March.

The Medical Examiner, November and December, 1850—January, 1851.

Monthly Journal of Medical Science, March.

The American Journal of Dental Science, July and October, 1850.

A Letter to the Right Honourable Sir George Grey, Bart., M.P., on Medical Registration and the present condition of the Medical Corporations. By Emeritus. London: William Tyler, Bolt Court. 1851. Pamphlet.

TO CORRESPONDENTS.

Communications have been received from Dr. Nelson, Mr. Deane, Mr. Harvey, Dr. Edwards, A Member of the Provincial Medical and Surgical Association, Dr. Little, Mr. Sleeman, Mr. Millar, and Dr. Norris.

It is requested that all letters and communications connected with the *Editorial department* be sent to J. H. Walsh, Esq., Foregate Street, Worcester. Parcels and books for review may be addressed to the care of Mr. Churchill, Princes Street, Soho. But all communications respecting the routine business of the Association should be forwarded to James P. Sheppard, Esq., the Secretary of the Association.

It is also particularly requested that all post-office orders should be sent either to the Treasurer or Secretary, who alone have the power of giving receipts.

CLINICAL LECTURES

ON THE

PRACTICE OF PHYSIC,

DELIVERED IN THE

THEATRE OF QUEEN'S COLLEGE, BIRMINGHAM, 1849-50.

By DAVID NELSON, M.D.,

Physician to the Queen's Hospital, and Professor of Clinical Medicine, &c.

[Reported by MR. WILLIAM ROGER BANKS, Student of the College and Clinical Clerk.]

LECTURE IV.

Morbid Conditions of the Brain, &c., (Continued and concluded.)

The next morbid condition to be reviewed, is that of paralysis: as spasm and convulsion consist of a perverted action of the nervous powers, so paralysis is a loss of them—total or partial, as the case may be. According to the synthetical principles already announced, I shall not treat separately of those numerous nosological subdivisions of this malady, known under the names of universal paralysis, paraplegia, hemiplegia, &c., &c., but shall only speak of paralysis in its one pathological sense—of a suppression of nervous force, extending, it may be, over the whole body, or limited to one muscle, or amounting merely to diminution of power, or else its total annihilation. The various causes of this particular condition come under a separate catagory. It may arise from agencies operating directly on the cerebro-spinal centres themselves, such as a violent shock, or any solid or fluid pressure thereon, or the presence of hyperæmia, and its different consequences. If these involve both sides of those centres, then the paralysis will be complete; but if they only occupy one side, then the opposite side only of the body will be affected, or if they only occupy the upper or the lower part of the chain, then the upper or the lower part of the body will be respectively prostrated. It may likewise happen that the nerves of sensation only will be affected, or on the other hand only the nerves of motion, and I once witnessed a case in the Royal Infirmary, Edinburgh, about twenty years ago, under Mr. Liston, where one limb had lost its motion and the other its sensation. The patient was a painter or glazier, who had fallen from a height across the street rails.

One very important point of inquiry in this malady is, whether the lesion has primarily commenced in the nervous centres, or at their periphery, for upon this depends the line of treatment that ought to be pursued. When it takes place suddenly, without any apparent external cause, or when it is of considerable extent from the beginning, we may safely infer that the origin is central. On the other hand, if it gradually ascend from any extreme point of the body, and more especially, if we observe that some deadening influence has been applied to the part, such as intense heat or cold, or any irritant that has or has not excited inflammation; or, if the paralysis be markedly limited, in that case, we may fairly view it as peripheral. This peripheral affection of the nerves may be simply local, and therefore removable by the appropriate remedies. But it may also be universal, commencing in the extreme points of all the extremities at once, and gradually creeping inward until the whole frame is involved, and the mental faculties ultimately obliterated. This is general paralysis. Yet we are not always to conclude that because the symptoms of this disease have first made themselves manifest at the pheriphery, that the morbid action must necessarily have begun there. On the contrary, there may be many preceding appearances, which shall rather incline us to conclude that it has sprung from the centres. Before diseases of the heart were understood as they are now, several affections of the ultimate parts of the circulating system, such as dropsy, and congestions of the liver, kidney, lungs, &c., were wont to be viewed as primary lesions of those parts, instead of being referred to a morbid condition of the master organ. Now that attention is especially directed towards that organ, which, with the exception of its innervation, is altogether a purely mechanical device, matters are cleared up with a surprising simplicity. But the cerebro-spinal centres are much less easily understood, and hence the difficulty that besets the one question as compared with the other. No doubt we may observe a paralysis, commencing extensively at the periphery of the nervous system, independently of any discoverable external cause, while the brain and more central parts are apparently in full vigour. Thus, in that form of gangrene, (whether occurring in old age or not,) which is commonly traced to the ossification of the arteries, (though in the case of Thomas it seemed rather due to an universal oily degeneration,) we shall have at the commencement, a simple loss of sensation and motion at the points of the extremities, bearing the strict character of a peripheral paralysis. The affection may most commonly be confined to the lower limbs, but we can have no difficulty, for argument sake, to suppose that it should in one given case, arise simultaneously at every extreme point of the body. The result would be a gradual inward march of the disease, with local death following in its wake, so that the centres would be the very last to suffer any inconvenience. Indeed, life would be extinct from secondary causes before the specific action had time to reach them. But, although in such an extreme case, it might be averred that this was peripheral paralysis, arising from an internal cause, yet it is to be remembered that the internal cause is not a nervous one, and is therefore to be viewed in a pathological sense as an external cause—external, that is to say, to the nervous system, as one whole and united tissue, as much as a tumour, or the exudation of an inflammation, &c, would be, while pressing on any one of its chords. From these considerations, therefore, I am firmly of opinion, that, except we can trace the direct local influence of foreign matters, or an absence of the natural nutrition, we are not justified in viewing an universal peripheral paralysis as anything else than a symptom of certain lesions that have befallen the nervous centres themselves. In short, if we cannot

demonstrate any change of anatomical structure in the peripheral nerves, or in the conditions under which they should act, we are not entitled to consider the disease as other than a functional one; and, if functional, then we must look to the source of the function for an explanation. This is of prime importance as a matter of practice; although, perhaps, the safest course to pursue is to treat every case under the impression that the centres *may be* affected, and so seize the likelihood of doing good, without any probability of doing harm. This may seem an empirical precept; but it is the duty of the physician to look to the safety of his patient rather than to any pragmatical exercise of his own theories in matters of such difficult solution. Above all, if we feel certain that a disorder is referable to, at most, two causes, though not with certainty to either the one or the other, we must at once act so as to meet both suppositions, and not suffer the patient to die while we are weakly deliberating, or rather trifling between the horns of a dilemma.

Partial paralysis may occur from sundry local causes; in one or more fingers, or in a hand, or limb, or in the tongue and muscles of the cheek, &c., &c. Not an unfrequent cause of these forms of the affection is exposure to cold, such as draughts of winter air blowing for so long a period on any part of the body as to benumb it. Another cause is the immersion of a limb or limbs for a long time in cold water. They also frequently result from rheumatic inflammation, either affecting the fibrous sheaths of the nerves themselves, or pouring out its exudations on the surrounding tissues, as in the cases of Hannah Wortley, Sabill, &c., &c. When one entire half of the body is involved, (hemiplegia,) we are to refer it in general to a primary cerebral affection, in which case we shall commonly find the head referred to as a seat of uneasiness, or else some obscuration of the mental faculties, as in the cases of Caroline Phipps, Mary Sanders, John Barnett, and Sarah Steele, all of whom recovered. If the lower half of the body only be affected, (paraplegia,) of course we must trace it to some lesion in the lower part of the spinal chord, whether it be an idiopathic affection, or a reflection of irritation from some such important organ as the uterus, kidney, bladder, or testicle. When the entire frame is utterly helpless, we are then to attribute the evil, in sudden cases, most certainly, and even in gradual cases, very probably, to an affection of the brain.

In viewing this affection as one of a purely idiopathic nervous origin, I leave out of consideration those mechanical causes which have already been considered under other heads, such as blows, and effusions of blood or serum, simply pressing on the brain, &c., and arresting their functions while otherwise healthy. In such cases paralysis, whether partial or general, is rather to be viewed as a secondary consequence, and I now speak of it more as a disease *per se*, proceeding from some morbid action originating in the nervous tissues themselves, and ultimately leading to their degeneration. Of such kind is hyperæmia, whether arterial or venous, and also those vitiations of the nutritive processes which are known as scrofula and cancer. In this manner, after death, the nervous centres may be found hardened, or softened, or enlarged, or atrophied, by such processes, or also so replaced in certain parts by other structures, that no portion of the natural fabric is found to exist. In such cases it might be considered that the paralysis should always be gradual, and never sudden; but it is to be recollected, that much devastation may go forward in such organs without any very apparent effect, until the last degree of injury is inflicted. The nervous chords, &c., may be, in some manner, compared to electric wires, which will continue to act, while yet the slenderest filament of metal can permit the passage of the subtle influence, but that being at length broken, all communication must suddenly cease. So is it with the brain and nerves. One unbroken tube may be the means of preserving some sort of intercommunication between the powers of the will and the executive nerves, so that, as we have already shown by the citation of cases under other heads, disorganization within the brain may go on to a very serious extent, without any alarming symptoms being produced, until some remaining structure is attacked, which at once produces the fatal lesion. So the paralytic affection, by which I strictly mean the loosening or weakening of function, from causes confined to the organ of the function itself, may be limited to the cerebral hemispheres, leading to partial or total fatuity, yet with perfect bodily motion; or it may be confined to the spinal system, with a loss of bodily motion, and a tolerable or even a full possession of the mental faculties; or it may seize more immediately on that intermediate chain which I have called the digestive track, and which, from the nature of its functions in the lungs, heart, and stomach, must speedily lead to the abolition of everything else. Or paralysis may be limited to a part, or extended over the whole of the ganglionic system, in which case the danger will be slight, or extreme, according to the extent or portion of that system affected; for sometimes there is a general sluggishness of these organic filaments, while at others there may be a special paralysis of the ganglia of the bowels, or of the kidneys, or of the heart itself, which last must be soon fatal. Such is the result of several sedative poisons, such as hydrocyanic acid, digitalis, and the like. In that utterly fatal form of the disease called, by speciality, general paralysis, we have a consentaneous gradual reduction of all these several faculties, as, firstly, a general languor of the body, and torpidity of the bowels, &c.; also a dragging or tottering of the limbs, and an obscuration of intellect and feeling, slowly, yet certainly, advancing to complete loss of muscular power; utter fatuity, and general wasting of the tissues, until at length the medulla oblongata is stopped in its functions, and all that remained of human life, namely, respiration and circulation, are at an end.

Of these several forms, those which arise decidedly from local or temporary causes, or which are limited to the tongue, or a few fingers, or one limb, are the least dangerous; yet all of them are to be viewed in a very serious light, as it is very seldom that any one of them

will take place without ulterior consequences of a more alarming description. They ought, also, to be treated at once in a vigorous and decided manner, as after nine or twelve month's standing, they are to be looked upon as nearly incurable. There will be the more reason for this decided treatment if there be any want of clearness of intellect, or any dilatation of one pupil compared with the other, as indicating a failure in the central organ. We have seen this exemplified in sending cases here, which will be specially commented upon at another period of the course. Next to the slighter affections above mentioned, those of the inferior extremities will be generally found to be less serious, and more tractable, than those of the upper; and it is no uncommon matter in hemiplegia to restore, in a great measure, the powers of the leg, while those of the arm remain in abeyance. This was well illustrated in the cases of Caroline Phipps, George Rogers, and several others.

The treatment, as may be inferred from the foregoing observations, will be modified according to the form and degree of the disease. When it proceeds as a secondary result from direct shock, or pressure on the brain, we must pursue the measures already directed under apoplexy and other heads; but where it arises from a diseased action specially appertaining to the neural tissues, we have to consider the nature of that action and its situation. If confined to a portion of the periphery only, and clearly traceable to local agencies, as compression, or hyperœmia, or loss of nutriment, our attention may be simply directed to the part, while we see that the general health is in good condition. Compression is to be met by discutient treatment, such as iodide of potassium, preceded by mercury, along with resolvent liniments, and bathing in hot water. This latter expedient you have seen resorted to in many cases of local swellings about the joints, producing paralysis. It softens the tissues, and not only permits the joints to be freely bent, and so relieved from permanent stiffness, but also promotes absorption. The blacksmith, Phillips, who had his right arm bent and useless in this way, from being suffered to carry it in a sling while labouring under fibrinous rheumatism, had the powers of it quite restored in a great measure, by this simple remedy. It is here to be observed, that before any such remedies can act well, some local abstraction of blood may be necessary in order to unload the vascular passages, and allow of free absorption. It may be also remarked that iodide of potassium will always act more speedily if the adventitious tissue be first a little softened by such an amount of mercury as may barely affect the gums. The hot water bath, as just observed, is also a powerful auxiliary under such circumstances, as while it softens the tissues, it enables the limb to be freely bent upon its joints, thus avoiding the evil of a permanent stiffness. If there be an inflammation of the nerve itself, it will, most likely, be of a rheumatic character, and limited to the fibrous lining, in which event, mercury and colchicum will be advisable, with such adjuncts as you will see under the head of rheumatism. If there be want of nutriment to the part by reason of any obstruction to the flow of blood, stimulant frictions must be employed, or a succession of blisters to the tenderest places, along with such tonics as augment the force of the general circulation, as iron, zinc, or arsenic. Zinc was employed in Phipps' case, and arsenic in Sanders', both with equal effect; but no one remedy will act in any specific manner in all cases.

When paraplegia occurs, we must carefully endeavour to decide whether it is from a primary affection of the chord itself, or from a reflected irritation, proceeding from some of the viscera lately alluded to. With this view, we must particularly ascertain the condition of the kidneys, ureters, bladder, and urethra; also of the uterus, ovaries, or testicles, and treat these if necessary; but if these be sound, we can only endeavour to stimulate the limbs, while we apply the counter-irritation of a seton, or of potassa fusa, or the actual cautery over the part of the spine most probably diseased. All this, however, will too frequently be of no avail, and while you bring your patient to the most perfect condition as to general health, so that he looks hale, strong, and ruddy, his lower limbs will still refuse their office, and remain for a series of years perfectly useless. Thus in the case of Green, a bargeman, who first had syphilis, next caught cold from working in the wet, while under mercury, and lastly, strained his back by endeavouring to lift a very great weight, we restored him to all the appearance of rude health, both as to bulk of limbs and complexion, and yet, in spite of purging, tonics, frictions, issues, and every other divisable expedient, he cannot rise without the greatest effort and uneasiness, and only crawls about upon crutches.

Hemiphlegia affords us pretty decided evidence of a cerebral affection, and, therefore, in that case, we direct our treatment still more decidedly to the head. While we regulate the general health, and administer metallic tonics, we maintain an issue for some time behind the neck. Under this treatment, if not too confirmed, we may either succeed in restoring the entire powers, or else improving the lower limb, while the upper one is unchanged. We may even maintain a seton for some time over the brachial plexus, without any visible change. This latter device was practised on Caroline Phipps, but with no beneficial result. In other cases the seton behind the neck has proved the chief apparent cause of improvement, both in the lower limbs and body generally, as in John Barrett, Mary Steele, &c.

When universal paralysis suddenly supervenes in a plethoric habit, general blood-letting may prove of signal service, followed up by smart purgation; but if the habit be spare, more good is likely to be effected by a seton long continued, as well as peripheral stimulants, and attention to the general health. When this dreadful disease is of slow progress, it is surprising how many symptoms upon symptoms will be passed over as trifling by the victim and his friends. A shuffling, tottering, or dragging gait, torpid bowels, a thick speech, a confused indifferent mind, will, like the gradual advances of insanity, be all treated as things of little moment; until the disorder reaches such a length as to startle the observer, and the physician is called in when too late, as in the case of Edward Yates, which I shall soon

describe. Nay, among certain people the above incipient warnings, so far from exciting sympathy, will merely elicit a strong suspicion that the victim of real disease is the victim of his own vices. Drunkenness and other exhausting evil habits are, no doubt, very frequent causes of this malady; but it may also be induced by over-anxiety, and excessive mental exertion under distress and the infirmities of age, as exemplified in the memorable example of Sir Walter Scott, and many others. A most melancholy catalogue, well calculated to humble the pride of human intellect.

While this disease is yet in its early stage, and the age and general condition of body leave hope of recovery, our reliance must again be upon setons behind the neck, and warm tonic aperients, such as a combination of zinc or iron, with aloes or capsicum. The constitution, under such circumstances, cannot bear heroic treatment, and thus the only means left is to institute a drain as near the seat of disease as possible, and maintain the general strength by medicines such as the above.

Should any of these paralytic states arise from the presence of tubular or cancerous deposits, as might be inferred from the general aspect and history of the patient, other additional steps might be necessary. In the former case I should feel inclined to depend chiefly upon a course of cod-liver oil and phosphate of iron; and in the latter, while, not adventuring to give any opinion whatever, I should certainly adopt the use of the iodide of arsenic. Except under mere torpor or exhaustion of the spinal system, I do not think it can be said that strychnia has proved of much use in these cases of paralysis. For illustration of complete cases or individual symptoms, such as have above been alluded to, you can peruse the cases of Green, Bayley, Sanders, Phipps, Thomas, Fisher, Faulkner, Adams, Sabile, &c., as recorded in the ward-books; but more especially I would now submit to your attention three very marked instances of head disease which have recently occurred. These are peculiarly interesting, from the circumstances under which two of them have recovered and one died; the former two being young, and early under treatment, while the latter was old, and not placed under us till the malady had been upon him two months.

The case that first presented itself was that of John Barratt, a young man, aged 34. The history given was, that on the morning previous to admission he had got out of bed, but forthwith fell down, and was put back again. A second time he made an effort to rise, but once more fell, and, on being again placed in bed, he soon lapsed into a state of stupor and utter immobility. When he was brought to the hospital he was quite comatose, and incapable of any motion, each limb falling down like a log as soon as it was raised and left to itself. Under these circumstances he was leeched behind the ears, had his head shaved and cold water applied, and was placed under mercury coupled with purgation. A seton was likewise inserted at the nape of the neck. After a certain time he recovered from the coma, but still laboured under a heavy degree of stupor. At first he could not speak at all, though by-and-by he began faintly to say "yes" to everything. Then it was found that complete hemiplegia existed on the right side, though the left was unaffected; and when he was desired to show his tongue, he would, after much trouble, raise his left hand and draw it forth. This state of things continued for a considerable time, and there was a settled fear in our minds that the matter would end fatally within a longer or shorter period. However, by perseverance in the above measures (the mercury never yet affecting him physiologically, though he took two grains of calomel every sixth hour), he at length began, in a very gradual manner, to regain the use of the right side, while his understanding also improved. When he was so far well as to get up and move about, the above treatment was stopped, and he was put under a course of the phosphate of iron. Now he is remarkably stout, and eats and sleeps well, but the powers of his right arm are imperfect, and he drags his right leg in walking; while his mental faculties are dull to a degree best expressed by the Scottish word "doited."

The second case is that of Edward Yates, a respectable head gardener, somewhat advanced in years, and who had evidently been a person of considerable judgment and intelligence. Two months before I saw him he had been called up in the night time, in cold weather, to stop the progress of fire in a hay-stack. Under this duty, he was greatly excited both in mind and body, and stated that he had felt as if roasted alive. After he had done, and got home, he shivered to a great degree, and was much disturbed by dreams during the remainder of the night. Next morning, on rising, he found that his limbs had lost their natural vigour; but he and his family thought that such a symptom would go off in time. It did not, however, but continued to increase, along with mental dulness, until his employer obtained a hospital note for him. On presenting himself as an out-patient, his manner of entering the room at once indicated the nature of the disease. He advanced straightforward, with a staggering and faltering gait, bending forward at the neck and knees, and the whole body rather inclined to the left side. He did not take off his hat, nor take his seat in the usual place, but drew the chair towards the fire, and sat down as if to smoke. On being addressed, he gave intelligent answers, but forthwith wandered from the subjects, and seemed to forget them. On being told to show his tongue, he thrust it out, and kept it in the same position until he was told once or twice to draw it in again. In like manner, when he was told to exhibit his walking and the motions of his extremities, he would persevere in going on with the exercise until he was actually stopped by physical means. Being liable to stumble and fall, he was led by friends to and from the hospital; and while, in the meantime, he had a seton placed in his neck, and was subjected to purgation, he was advised to become an in-patient. As an in-patient he suffered many alternations during a space of two months and upwards. At first he seemed gradually to improve, but had first one relapse and then another, in consequence of falling twice with his head against the iron bedstead. After this he would some-

times be going about the ward, though with a dragging gait, eating his meals at table, and chatting with other patients; whilst at other times he would lie drowsily in bed, take notice of nothing, and even pass his evacuations unconsciously. At length he rather suddenly fell into a state of coma, with first the left and then both pupils dilated, in which condition he tranquilly died, without stertorous breathing, or any other notable symptom. After death a great amount of softening was discovered in the posterior part of the right hemisphere, of the consistence of a very thick cream, and of a pinkish colour. Had he been placed under treatment at an earlier period perhaps the result might have been more favourable.

The third case is that of Sarah Steele, whose history much resembles that of Barratt. She fell down, and first lost the use of her tongue, and then that of her whole right side. She had been for some time under treatment in the town, and when she entered the hospital she had a very black tongue, was excessively stupid and hysterical, and had no use of the right side, while her bowels were very costive. She was placed under mercurial purgation, and took draughts of ammonia thrice a day, while a seton was inserted in the neck, and the head was shaved. By perseverance in this course, and the employment of frictions, she can now lift her right arm to the top of her head, walk across the ward with a little support, eats, drinks, and sleeps well, and can carry on conversation with some degree of intelligence.

There are also, as you are aware, certain affections of individual nerves, in which acute pains are felt shooting along their courses, and recurring either at certain intervals, without any obvious cause, or during the exertion of neighbouring muscles. In the former case disturbance appears purely functional, and is most effectually met by mild aperients, and such powerful tonics as quinine, arsenic, or carbonate of iron. Chloroform, also, is now an invaluable remedy, in the form of liniment; whereas other liniments, even of aconite, belladonna, &c., were wont to be ineffectual. In all such affections, ticdoloreux included, a generous diet, and diversion in the open air, will be advisable, as I have seen numerous cases where the agony was always increased after long fasting, or when bleeding, blistering, and the antiphlogistic regime were resorted to. It is otherwise in the second variety, wherein there seems an inflammatory action going on within the nerve or its sheathings, which is much abated by blisterings, followed by belladonna plasters, and accompanied with the use of mercury and colchicum; when subdued, a return may be warded off by continuing for a time the application of a rubefacient plaster. Other pains simulating these attacks have already been treated of under hysteria, and need not be adverted to further in this place.

Such are the principal affections of the brain, and of the ordinary nerves of sensation and motion. Those of the ganglionic system, which govern the functions of organic life, are as yet so obscure in their connections, and so difficult, anatomically speaking, of being examined in the minuteness of their gelatinoid structure, that little light can be thrown upon their exact mode of physiological action, and still less upon their pathological conditions. This is the more to be regretted, as we know at least sufficient of their nature to be convinced that a true and full exposition of their modes of vital operation would do more for the science of medicine than can possibly be expressed. There is scarely anything taken into the body, either in the shape of food, medicine, or poison, that does not react through the agency of that wonderful system, a complete knowledge of which would make us complete physicians indeed; and an unsurpassed glory still awaits that physiologist who shall reveal to us how that untiring and rhythmal excito-motion is begun, and propagated from chain to chain, during a whole life-time, renewing in its rounds all the structures of the body, and casting off their defecation. Such a discovery would provide us with a master-key to all the arcana of physic, which, until then, must remain as arcana; for much as we are indebted to chemistry for establishing the rude alimental conditions and relationships of the materials of nutrition, it quite fails, as yet, in the attempt to explain those complex and specific laws of affinity which are established, and can only exist under the influence of the vital principle.

I shall now conclude by offering a few remarks upon some of the affections of the organs of special sense; such remarks must necessarily be very brief and general, for some of these organs are so complicated, such as the eye and the ear, as to have had large volumes written upon their various ailments. No doubt, as all these numerous forms of disease are reducible to certain modifications of hyperæmia or degeneration, a repetition of like theories and like plans of treatment must take place in almost every chapter of such books, if we except the surgical operations; nevertheless, there are many special niceties connected with the different shapes and seats of disease, which render such books as those of our own Mr. Middlemore very valuable, but into which I cannot pretend to enter, indeed such special niceties have now become the province of distinct classes in the profession, and therefore the physician need only point out the principles on which they are regulated. I refer you for such niceties to the able and laborious treatise of our ophthalmic professor just mentioned; firstly, of the eye, an organ very delicate, and complicated in its structure, and subject to sundry forms of disease, according to the sundry tissues that enter into its composition. Each part, or the whole, may become the seat of inflammation, and each part may also degenerate, according to the nature of its tissue. The inflammations may be of the common character; or they may be syphilitic, or rheumatic, or scrofulous. In the first kind, whether they be situated in one part of the organ or another, we must, without loss of time, proceed to the abstraction of blood, and to the administration of mercury, as the eye is too important and frail an object to be tampered with under any circumstances. Under any suspicion of a specific action, we must further resort to those remedies which are known to be specific in arresting it, and which will be spoken of under the proper heads. Where the

cornea or other exposed surface is affected, and is running into ulceration, lotions of nitrate of silver and sulphate of zinc are very useful. You are also well aware, that when iritis supervenes, it is necessary to apply belladonna, in order to release the inflamed part, and throw it into dilatation, and prevent it from forming permanent adhesions while in a contracted state. In all cases a careful exclusion of the eye from the stimulus of light is highly necessary, as well as such a diet as shall keep down all vehement action in the parts; but the abstraction of blood, and administratien of mercury, are the essential points which must never be omitted, since the least exudation of lymph is liable to damage the perfection of the organ for life. As to degenerations, these may arise from a congenital cachexy, or from poverty of diet, and general living, or from old age. They may be of a scrofulous, or phosphatic, or a cancerous kind, simply functional as regards the optic nerve and its final expansion. Thus the tubercular degeneration may attack the mucous or serous surfaces, and require the use of iodine and cod-liver oil. The phospho-calcareous deposit may appear on the fibrous or tendinous tissues, and demand a generous diet, with muriatic acid, (if it can do any good in such a case); or the aqueous tumour may become milky, so that it may be expedient to let it out, in order to a clearer fresh formation; or a cancerous tumour may fungate from the bottom of the eye, displacing every structure it successively comes in contact with, ultimately to break, and, in spite of all efforts, pour out that fluid which is only to be exhausted by the exhaustion of the system itself. The degenerations of old age are usually beyond the reach of remedies, being frequently fatty, and constituting the arcus senilis.

The ear, like the eye, is also to be assiduously guarded from inflammatory action, as one of the consequences to be apprehended is a permanent deafness. As it is an organ of great sensibility, it generally gives sufficient warning of any ailment, and such pain should be immediately met by a sufficient number of leeches behind the ear, followed by a blister, while mercury is administered internally, and cotton, dipped in oil and laudanum, is applied within the conch. There is a slow but persevering inflammation that sometimes goes on, especially after scarlatina, which proceeds to involve the bones in caries, and ultimately attacking the base of the brain. This deserves special attention, and its approach should be carefully watched under that disease.

Concerning the tongue and palate there are few morbid features worthy of particular observation, except as symptomatic of the condition of other organs, and which are elsewhere taken notice of. Inflammation, however, does occasionally take place in the tongue, requiring similar treatment as in other places, though most commonly such an affection is to be traced to the action of mercury. There may be œdema of the tongue in anæmia, &c., and little ulcerations will sometimes appear, requiring alterative doses of mercury and chalk, with applications of the honey of borax. Cancer of the tongue is the most serious disease that can befal it; this is commonly traceable to local pressure, in connection with the cancerous constitution, and the discussion of it had better be reserved until we come to the morbid conditions of the capillary system, or of the blood and ganglionic innervation.

The nose affords few instances of disease so peculiar as to take a separate place in these lectures; and I shall merely specially notice one chronic affection, which is apt to be exceedingly troublesome and protracted. It is that slow and persistent sub-acute inflammation, which is apt to continue for years and years after an attack of influenza or bronchitis, or any severe affection of the respiratory surface. Its chief and most offensive feature is a profuse secretion of thick yellow mucus, occasionally varied with clots of blood, which is constantly distilling from the nostrils, and soiling a series of handkerchiefs in the day; while a more annoying circumstance is its aptitude to descend backwards while speaking into the throat, and so causing an arrest of the voice, and a disagreeable sense of choking, which can only be obviated by hawking up the matter in a way not very pleasant to observers. This has been often found to resist almost every remedy; but great and marked relief will often be found from the use of calomel, as a snuff, drawn up three or four times a day. It may not be a dangerous, but it is a very disagreeable affection, and any one would feel gratified by its removal. The same treatment will apply to chronic ulcers or scabs, which will frequently resist every other agency; but if a bloody discharge predominate, acetate of lead will prove useful.

I have now finished with the observations and cases illustrative of the chief affections of the head; and it will have been observed that they embrace some of the most important, most sudden, and also most obscure and most fatal diseases to which the body is liable. Before leaving the subject, I shall only once more call your special attention to the fact of their frequently insidious commencement and progress, and entreat you, both for the sake of your own reputations and the safety of your patients, never to view even a seemingly trifling symptom in the head without due seriousness. Let not the ignorant imputation of your making "a mountain of a mole-hill," to use an expressive vulgarism, deter you from a path of duty, which is clear as day to the learned in such matters. I have shown you on what slight and apparently dubious evidences we are enabled, by experience, to build our fatal prognosis; but not, as you will see, with a view to discourage you from resorting to curative measures; but to incite you to be bold and decisive, while yet you yourselves have hope, and the by-standers, in their ignorance, have no fear. In short, the greatest obstruction to all effective treatment is usually to be met with in the comparative inaptitude of the unprofessional attendants to understand the heavy import of such negative symptoms as clouded faculties, impaired mobility, drowsiness, and partial loss of feeling; but you will greatly increase that obstruction if you suffer your moral determination to be impeded by such indifference, and so defer the use of the requisite measures until too late a stage of the disease.

DYSMENORRHŒA,

AND ITS

TREATMENT BY DILATATION OF, AND THE APPLICATION OF CAUSTIC TO, THE UTERINE NECK.

By SAMUEL EDWARDS, M.D.,

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Since the publication of my papers on the above subject in the pages of the *Lancet* for April, 1849, I have received much additional testimony from many professional friends, as well as from personal experience, of the correctness of the pathological statements therein contained, as also of the success attending the treatment recommended in this very painful and most distressing malady—dysmenorrhœa—one which has, hitherto, by the great mass of the profession, been viewed as an evil which could only at their hands receive temporary relief, to return again, with all its attending miseries, at the next periodical occurrence. My attention was at a very early period of my professional life, peculiarly directed to this affection from a case of the most severe character that occurred in the practice of my friend, Mr. Huxtable, of Hackney, and which continued, despite of all the most anxious endeavours of her medical friends, to torment her periodically until her life was jeopardized by her sufferings. The frequent cases I have met with since of this character, receiving none other but palliative treatment, and not having even the radical cure here referred to recommended, if known, induces me still further to lay before the profession some few cases, in the hope that the attention of others may be directed to a line of treatment so beneficial, and so eminently subversive of periodical suffering. It is not my intention to take up time and space by again making any historical reference to part of this treatment, or of entering into pathological minutiæ; it is sufficient now to state that dysmenorrhœa we believe may be always found to depend upon either,—

1st.—A naturally contracted os, or cervix uteri, especially at its os internum.

2nd.—A contracted or strictured condition of the passage through the neck of the uterus, from previous inflammation and ulceration.

3rd.—From inflammatory congestion of the substance and lining membrane of the body or neck of the uterus, and sometimes of both, with or without ulceration, giving rise to temporary obstruction of the passage.

4th.—Obstruction of the passage from tumours, or other morbid growths.*

Subsequent experience has encouraged me in the belief, that if the subjects of dysmenorrhœa are carefully examined, one or other of these causes will be found to exist, as the producer of this painful disease. It will thus be seen that obstruction in one shape or other, is looked upon as an essential condition; but this, those who have inquired into the subject only superficially may be inclined to doubt, for on examining the os and uterine passage in some cases where dysmenorrhœa exists, room has been found to pass a bougie of moderate size. A similar case occurred to myself some months since, the bougie passed readily on my first trial, nevertheless there was a condition of the passage which made me determined to examine immediately before the expected period, on doing which I found it to be congested and swollen, so that the same bougie could not be made to pass, nor yet a much smaller one, without occasioning bleeding and much pain. This was a case referrible to the third cause, and which, by local bleeding, and the subsequent application of caustic and bougies, very quickly recovered. But more of this by-and-by, in detail.

Case 1.—Mrs. C———was first seen by me on April 26, 1849, she is of dark complexion, and leucophlegmatic temperament, aged 32, began to menstruate at 16 years of age, was "regular," with two or three exceptions, up to the age of 28, since which period has been suffering from uterine disorder, and especially from painful menstruation. Within the last few months her general health has failed, so that she was compelled to give up her ordinary occupation. She has been married six years, and during the first two years enjoyed good health; she then became pregnant for the first time, and miscarried at the third month; three months after she again miscarried at about the fifth or sixth week; and, finally, four months afterwards the same again occurred, since which time she has not been pregnant. The first and third miscarriages were attended with a good deal of hæmorrhage, and gave rise to a lengthened period of debility. Prior to and ever since the first miscarriage, she has had more or less pain in the back, and over the hypogastric region, accompanied with leucorrhœal discharge of a glairy character, sometimes of a creamy looking matter, which was occasionally streaked with blood. During the last eighteen months, she suffered from considerable dysmenorrhœa, at some periods worse than at others, and preceded and followed by much "bearing down."

Present state.—April 26, 1849.—Complains of much debility, so that exercise of any kind is irksome; of various dyspeptic symptoms which have existed several months; appetite is fastidious and trifling; tongue pale and flabby, and indented all round with the teeth; bowels sluggish; pulse small and irritable, averaging about 100. The pains in the back and pubic region still existing, and the past "periods" gone by with so much suffering, as to lay her up for several days; the leucorrhœa is trifling, nor has it been perceptibly coloured for some months. The womb, by examination, is found larger and heavier than usual; the cervix swollen and soft, of a blueish hue, as seen through the speculum, and is in a varicose condition; it presents in two places patches, resembling cicatrices of a recent excoriation. The os is oval, surrounded by a congested ring, its margin is here and there ragged from granulations, which bleed on being touched with the

* Vide *Lancet*, April 14, 1849.

probe; this, on being passed along the uterine passage for an inch, was then arrested, although a very small one was employed. The cervix uteri was freely scarified, and bled freely; rest was enjoined, and a pill of blue pill, compound rhubarb mass and henbane, prescribed night and morning, with a draught of bitter infusion and nitro-muriatic acid, twice in the day. On the fifth day after, the speculum was again employed; the cervix has improved considerably from its congested and varicose condition, and the edges of the os were looking less irritable. The whole of the cervix within reach was pencilled over with the solid caustic, and the caustic and extract of conium, referred to in my last papers on this subject, passed up the "neck" by means of the bougie, which extended up at least an inch and a quarter. The dyspeptic symptoms were somewhat relieved; the pills were ordered to be repeated every night and the draught as before. This plan of local treatment was adopted every fifth or sixth day, until the next monthly period, when she had considerable pain, but only for six or seven hours, which departing, left the discharge free. On this subsiding, the speculum revealed an improved aspect in the cervix, which was much diminished in size, and the whole of the varicose and congested condition gone. The margin of the os was smooth, and the introduction of the probe followed by no bleeding; the passage was far more patent, and there was no difficulty in getting the instrument along to the extent of more than two inches. The internal applications of the caustic was to be continued as before, every five or six days, and she was ordered a mixture of the ammonio-citrate of iron, carbonate of ammonia, and infusion of calumba.

June 26th.—Mrs. C. was convalescent; her general appearance greatly improved; face stouter and of more healthy hue; her spirits better, and can take plenty of exercise without feeling other than usual fatigue. The dyspeptic symptoms have all but disappeared; her appetite is good; the tongue clean, but still somewhat pale; pulse 72. The monthly flow, which occurred on the 18th inst, commenced, and has continued (free and healthy in character,) without any pain or annoyance.

October 25th.—I have this day seen this patient, and the above favourable state of matters continues.

Remarks.—In viewing the history of this case, it will be seen that the uterine derangement was existing prior to the miscarriages referred to, and in all probability may be considered as the exciting cause of them; when, however, the mischief was clearly traced to the uterine passage, pregnancy did not occur, and several cases that I have met with clearly proved that the barrenness of the female did not occur from the dysmenorrhœa, properly so called, but was in consequence of organic disease of the communicating surface; this disease interfered with the peculiar suction power of the uterus, which not unfrequently seems to be considerably diminished, if not restrained altogether, by this affection. Looking upon this case as one of dysmenorrhœa, it must be referred to the third pathological cause. The mischief, it is worthy of remark, gave rise at first to the more common symptoms of ulceration of the cervix, and it is clear that it was a considerable time before the uterine passage became affected, when it gave rise to the painful periodical symptoms. As I have before stated,* when ulceration attacks the cervix, I have usually found that the ulceration centres towards the os and into the passage, and in its cure heals from the circumference to the centre, which is always well to be remembered, as a case may apparently be cured whilst there is still disease within the passage.

The next case is one which occurred in the practice of Mr. Paulson, of Mansfield, who kindly communicated it to me, and I take this opportunity of thanking him, as well as numerous gentlemen in the provinces, for letters received, detailing successful cases treated by means of caustic and the bougie.

Case 2.—"S. H., aged 23, resides in Mansfield, of rather a delicate irritable constitution, and small in person. Began to menstruate at 16, which continued very irregularly until about 20 years of age. The menses then appeared at intervals of about two months, accompanied by much pain, and very scanty. At this period a most distressing symptom occurred, viz., continued vomiting, so much so that she hardly ever retained a meal on her stomach. She married when 21, and the vomiting, with difficult and irregular menstruation, continued for two years longer. It is important to remark, that she had never become pregnant, and at the menstrual periods she suffered most severe pains in the back and abdomen, with much distension of the latter. She was, during the three years above described, attended by a medical man, who, conceiving the stomach to be the cause of all the mischief, after cuppings, &c., over that region, failed to afford her the slightest relief. On February 18th, 1849, I was called to her; I found the face, lips, hands, &c., presenting evidently the anæmic condition. She was reduced to a mere shadow and state of great nervous debility, by the incessant vomiting, with constant leucorrhœa, in fact she was so weakened that it was quite evident to me, without relief she would rapidly sink. The history of the case instantly led me to suspect the cause of her illness, and having ordered the appropriate medicines, (with only temporary relief,) I took the first opportunity of making an examination *per vaginam*. A few days after I introduced a dilating speculum into the vagina. The cervix uteri presented a vascular appearance, and was so much thickened and puckered, that the os could only be discovered by its depression. There was no ulceration, but a distinct false membrane, very vascular, stretched over the *os uteri*. I passed the end of a catheter through this membrane, and into the *os uteri*, with some difficulty, and attended with slight hæmorrhage. This operation I continued to perform at intervals of a few days, until the parts seemed to me to possess a permanent passage, and were sufficiently dilated. In about six weeks the menses appeared in proper quantity, and without pain. There was no

* Vide *Provincial Medical and Surgical Journal.*

distension of the abdomen, the vomiting seemed to be arrested magically, and my patient improved in every point of view. Her appetite returned, she retained her food, and was soon able to leave her bed entirely. A more important fact is still to be added. Within a month or so of the catheter having been introduced, she must have, for the first time, conceived, for it is only a few weeks ago that she miscarried,* the fœtus being at least, of three months' formation. She now enjoys good health, the tone of the stomach thoroughly restored, catamenia regular, and without the distressing symptoms hitherto attending them."

The above case is highly valuable and instructive, as exhibiting how severely the frame may be affected by apparently a slight local affection, and how effectual the application of local means was in curing disorder, which had for so long a time withstood the employment of probably well-directed general ones. The case is also very important in showing how obstruction produced dysmenorrhœa, and how readily it yielded when this obstruction was overcome. The above case might probably be thought to be simply one of a naturally contracted os and cervix; but, on carefully looking over it, I am disposed to view it as belonging to the same cause as the last recorded, but without any ulceration of the cervix; for Mr. Paulson remarks:—"The cervix uteri presented a vascular appearance, and was so much thickened and puckered that the *os* could only be discovered by its depression." There was no ulceration visible, yet a little farther on he remarks that "the passage of the catheter occasioned slight hæmorrhage." This I have uniformly found does not take place without the mucous membrane is in a diseased condition, presuming, of course, that proper care is employed in the use of the probe. This disease in the mucous membrane of the uterine passage in all probability came on, I presume, at the age of 20, when it is reported that the menses were scanty, and accompanied with much pain. The vomiting also appeared at the same period. The introduction of the probe acted as a stimulant, changing the perverted action of the mucous membrane, and promoted interstitial absorption, thereby diminishing the size of the cervix and increasing the patency of the passage.

Case 3.—The *third* case is that of a young unmarried lady, aged 21, who has been troubled for nearly three years with disorder of her general health, attended with great debility, emaciation, and indigestion; for the same period she has also suffered greatly from dysmenorrhœa, and has frequently to lay by for a day or two at her periods. She first came under my notice on August 13th, 1849, and was then complaining of an increase of all her symptoms. Her face was pale, and the lips and gums colourless; the hands and feet cold; her weakness extreme, so that to walk a hundred yards was almost the extent of her capability; pulse 124; tongue much chapped and very sore, red round the edges and slightly furred at the back; appetite little, and the food digested with pain and much flatulence. She complains of slight difficulty of breathing, and has been troubled with a "tickling cough" for some time, so much so as to cause alarm amongst her friends of consumption. The stethoscope reveals, however, no mischief. A nervous bruit exists in several of the larger vessels. All the secretions appear to be performed with regularity. The catamenia, however, are scanty, accompanied with small shreds and occasional clots, and attended with great pain, both previous to and during the first day or two of the flow. The vagina is relaxed, and there is abundant leucorrhœal discharge, which has existed more or less for the past three years. The speculum discloses a cervix somewhat enlarged and indurated, and an irregular-shaped ulceration of about the size of a small almond, which embraces a part of the os, and extends up the uterine passage, bleeding upon the slightest touch. The nitrate of silver was freely applied externally to the cervix, and a probe, smeared with the extract of conium and caustic, introduced about three quarters of an inch up the uterine passage, which was as far as it would permit. One of the following pills was prescribed to be taken three times a day, viz.:—R. Quinæ Disulph., Ferri Sulphatis utrq., gr. xij; Strychniæ, gr. ss.; Conf. Rosæ, qs. ut ft. massa in pilulas xij, distribuenda.

An injection of alum and tannin to be used twice a day. After the medicines had been taken three weeks, and the local applications employed three times, the catamenia appeared more abundantly, healthier in appearance, and with only about four hours pain in lieu of forty-eight and often more, and which at no moment was so violent.

October 28th.—Up to this time the treatment has been steadily pursued, and I find that the ulceration has entirely healed, and the leucorrhœa all but gone. The probe can be made to pass an inch and a half easily, and unattended with bleeding. The last *period* passed over without much pain, in fact without any, with the exception of a bearing down, which prevented her from standing many minutes together. Her general health is considerably improved, she has walked on several occasions during the past week a mile or two, without fatigue. The indigestion is considerably relieved, her appetite being better, and the tongue has almost lost its chapped and sore condition. Her spirits have much improved, and her cough is gone. The strychnine in smaller doses was continued, and a mixture of the citrate of iron and quinine prescribed. Is to take an occasional aperient of blue pill, henbane, and colocynth. The bougie is to be continued at intervals for seven or eight days.

November 25th.—Her general health is still further improved; the digestive apparatus has regained its usual tone; tongue well; pulse 76, stronger. Her muscular strength is much greater and can take plenty of walking exercise. She is also stouter, and is regaining a little colour in her lips and cheeks. She has lost all pains in the back and hypogastric region, her spirits are higher, and she begins to enjoy society, which for the past nine or ten months has been irksome to her. Upon introducing the speculum the cervix uteri and

* The letter accompanying this case was dated August 28th, 1849.

surrounding mucous membrane was seen discoloured from the commencement of the catamenial discharge, although she was totally unconscious of the fact. The collateral history of her family inducing me to believe that scrofula had tainted her system, I strongly recommended the use of cod-liver oil to my patient for some time, my experience having made me think highly of its value in this scourge.

December 30th.—Another period has passed over without pain. She is better in every respect, and in point of fact is convalescent.

It is singular to notice in the above case how much disease existed in a young unmarried female, wholly beyond those influences supposed generally to determine much of the disease of this character, viz., ulceration of the cervix uteri. The local disease was clearly not so prominent as any one of the *general* symptoms, for neither of the medical practitioners in attendance previously, had had their attention directed towards the womb, as the primary excitor of the disordered health. Still she distinctly stated the fact that some of the leading symptoms of ulceration had existed prior to the period of her general health giving way, but her sense of delicacy foolishly prevented her mentioning them, to wit, a *bearing* down, leucorrhœa sometimes *coloured*, pains in the back, groins, and hypogastric region. The dysmenorrhœa, it will be noticed, gradually ceased on the diseased condition of the mucous lining of the uterine cavity diminishing, and in fine, totally disappeared before I could satisfy my mind that the diseased state was quite cured. The above was one of those cases which are commonly called "dysmenorrhœa with membranous formations." There was nothing peculiar in it beyond any that I have seen where there was no membrane at all thrown off, other than that I observed there might have been an increase of those symptoms usually indicative of uterine conjestion, just previous to the monthly period. The nature of these membranous formations has given rise to much discussion, and many and divers opinions as to their true character; additional examination and more extensive experience lead me still to believe that which I have elsewhere expressed, that they are nothing more than a product of the diseased mucous membrane, taking on that peculiar form of action which other mucous membranes are known to do; *e. g.*, those of the urethra, trachea, and intestines, in fine, nothing more nor less than an effusion of organizable lymph. There was one circumstance I noticed in this case, which slipped my memory when mentioning the history of it, viz., that I observed from the first of my attendance a very large size of the clitoris which was also considerably indurated, so much so as to protrude beyond the vulva. As, however, the diseased condition of the uterus subsided, it also became reduced in size, so that latterly it was very little, if at all, larger than ordinary. I have heard of such a state of matters existing in connection with nymphomania. Not a vestige, however, of sexual excitement was apparent in the above case, but it would be worth while remembering, were such a painful disease to present itself, to inquire whether any irritating organic disease was existing in the uterus itself to account for it.

Case 4.—Miss H., aged 21, of weak and sickly aspect, applied to me for relief. She is a governess, and, being an orphan, is dependent on her own exertions for support. She states that she first began to menstruate at sixteen years of age; it came on very irregularly at first, and scanty, but always attended with extreme pain; in the intervals she has never had any symptoms which lead to the supposition that uterine mischief ever existed. Up to the present period, April 20th, 1850, the dysmenorrhœa has rather increased than dimished; and although she has had the advice of several medical practitioners, palliative treatment has been all that has been recommended—morphia and antimony, warm baths, &c., &c., at the periods; iron, bark, &c., &c., in the intervals, to give vigour and tone to the system. All, however, has been to no purpose, for at this time, April 20th, she is just recovering from one of the attacks, and is weak and feeling ill, wholly incapable of any mental or corporeal exertion. The pains generally come on at least twenty-four hours previous to the appearance of the discharge; she is compelled to keep in bed, has cold shivers, her face and hands change to a blueish hue, and her whole system is prostrated by the violence of the uterine efforts. Usually on the third day the pains subside, and she is left languid and weak for many days subsequently. This state of things seriously interfere with her duties as a governess; and she was induced to apply to me from a knowledge of a similar case having been cured under my care. There was no symptom in her case which led me to infer uterine disease, and I looked upon it, in all probability, as one of a naturally-contracted os and uterine passage, especially as she had been affected with the dysmenorrhœa from the first of her menstrual life. The speculum disclosed this to be a correct view. The vagina and cervix were healthy, but the os it was difficult to find, the only appearance of it being the merest depression; no probe that I could get would enter it in the slightest degree, with all the pressure I dare exert. Under these circumstances a slight incision was made at the point mentioned, by means of a spear-shaped lancet, and I was then able to pass up a very small metallic bougie about half an inch.

On April 26th I again passed up the same bougie, and, after some little trouble, was able to introduce it up somewhat higher, viz.,—to the extent of nearly an inch. This operation was repeated every fourth or fifth day, with an increasing sized bougie, until the 15th of May, when menstruation again came on. It was attended this time with decidedly less pain, still it was considerable, but not so persistent. On May 22nd I passed up a small sponge tent, but it produced so much pain that I was compelled to withdraw it. The bougies were consequently continued every three or four days, and kept in for ten minutes, at a time, sometimes longer. On May 28th I find recorded that the whole of the uterine passage was larger, and that

I could pass a small instrument at least two inches. On June the 10th the catamenia again commenced; the pains were considerably lessened, and only lasted five or six hours. Her health has much improved. Up to August the 30th the bougie has been occasionally employed; two periods have passed over with but trifling inconvenience, and she considers herself well.

The above case is clearly an illustration of the first cause; and the obstruction which existed both in the os and uterine passage, together with the result of treatment specially devoted to the overcoming of that defect, incontestably prove that in this case, at any rate, obstruction was the sole cause of the dysmenorrhœa. There was no disease in the passage, or any disorder of the general health, which could account for it; but on the obstruction being lessened the pains were immediately dimished in severity. This was the first case which ever came under my notice that required the use of any cutting instrument; but it was rendered necessary by the condition of the os uteri, which would not allow any probe which I had to enter it. After the enlargement of the uterine aperture, I was enabled to pass a small bougie half an inch, thereby showing that that was the narrowest part. Professor Simpson, of Edinburgh, informs me that he has long put on one side bougies and tents for the more potent means of incising the cervix uteri. I must confess that, theoretically, I am disposed to view the incision of the uterine passage as an operation of no very trifling importance, for two cases have been reported to me in which the operation had been performed; in one the hæmorrhage was extreme, and very alarming, in the other the incisions got well, and left the passage as impervious as before. To render incision successful, it does appear to me, therefore, that the bougie should be also had recourse to subsequently to the operation for some time, and therefore on the score of the repetition of a delicate manipulation, the one is no better than the other; besides, it would be wise to anticipate a little, and reflect how would this mutilated cervix and os dilate on the approach of labour, should the subject of the operation become pregnant? I have now treated very many cases of dysmenorrhœa successfully by means simply of the bougie, aided by the employment of caustic, and the success I have met with induces me to persevere in a plan that is not open to the objections which incision exhibits. This latter could only be applicable to cases arising from the first and second causes, for where disease exists in the uterine passage, it could only act as a temporary remedy. We must overcome, likewise, this disordered condition of the part at the same time that a permanent passage is maintained, and this, my experience teaches me, is best obtained by the tent or bougie—the latter of which I almost exclusively make use of—the judicious application of caustic, and properly directed *general* treatment.

Case 4.—The following illustration occurred in the practice of Dr. Wardell, late of Acacia Road, Regent's Park, by whom I was requested to see the case, and for the particulars of which I am indebted to him:—

"Mrs. B. applied to me October, 1848, for what she supposed was mainly an affection of the stomach, giving rise to a considerable degree of general debility. Hair auburn; eyes blue; volume of flesh below healthy standard; the countenance looked pale, and somewhat haggard; pulse soft, and easily compressed; skin relaxed, and abdomen tumid. States that she has much flatulency, and her appetite is greatly impaired. During the previous twelve months has complained of the following symptoms:—Catamenia frequent, and sometimes profuse; at times would be unwell twice in the month. She has lost *blood* occasionally per vaginam, and also at stool. Has had a leucorrhœal discharge, which is often tinged with blood; during this time dysmenorrhœa made its appearance, and the pains have gradually increased in severity, especially during the last five or six periods; they prevent her from following her avocation for at least twenty-four to thirty-six hours. She never complained of dysmenorrhœa previous to the last ten months. Ascarides have recently been noticed in the stools. She is highly nervous and excitable, and has much palpitation on any increased exertion. Examination per vaginam showed the parts to be relaxed, and unnaturally lubricated; the uterus was lower down than natural, and a small tumour, of a pedunculated character, could be distinctly felt emerging from the os uteri. On introducing the speculum the tumour was readily seen, of a red colour, and of a fibrous and vascular appearance; it bled upon being but slightly touched, and presented an irregular fissured surface, some oozing of white creamy-looking matter took place from the os on the tumour being held on one side. The tumour was of the size of a large flattened cherry. It was removed by long torsion forceps, when two to three ounces of blood escaped. The hæmorrhage being arrested, caustic was freely applied, and this application repeated on the next two or three visits. Vermifuges were given, which speedily removed the ascarides, and the tincture of iron, in infusion of calumba, regularly taken, with an occasional dose of blue pill and colocynth at bed-time. In a few weeks she felt much stronger, the pulse was firmer, the appetite greatly improved, and the dyspeptic symptoms had disappeared. The hæmorrhage per vaginam ceased, as also the leucorrhœa, under the use of an injection of a weak solution of nitrate of silver. The dysmenorrhœa disappeared on the removal of the tumour." Dr. Wardell, in a letter dated April 4th, 1851, states:—"This patient remained quite well when I last heard of her."

Remarks.—The above is an example of the fourth pathological cause mentioned, viz., obstruction of the uterine passage from tumours or other morbid growths. It will be seen on reading over this case, that the dysmenorrhœa first began to torment her some two or three months after the uterine symptoms were observed, and continued, under the treatment of various medica l men, to trouble her until after the growth was removed, when it entirely ceased; there can, therefore be scarcely any doubt as to the fact, that the obstruction was the cause of the pains, although some may attribute it, in P art, to the irritation of the lining membrane of the

womb from the presence of the tumour. Some months ago a case of dysmenorrhœa came before me, arising clearly from obstruction, induced, however, by a wholly different cause, viz., anteflexion of the uterus, and brought about some short time after an attack of metritis. On the deviation in form being remedied, the dysmenorrhœa ceased. I trust to have, before long, the particulars of this case, which I shall lay before the readers of the *Provincial Medical and Surgical Journal.*

Case 5.—Mrs. F., aged 33, married, applied Oct. 4, 1850, for advice under the following circumstances:—She states that three years ago she was ill and under the care of two medical gentlemen, who both treated her for ulceration of the uterus. She was under the first nine months, and the second nearly two years; during this period she was frequently subjected to the application of caustics, and on several occasions the potash caustic was applied. The ulceration at length disappeared, and with it the symptoms which she had complained of, and which were symptomatic of the affection; in lieu of these, however, dysmennorrhœa, which had troubled her through her illness more or less, increased considerably, so much so as to induce her to apply to me solely to relieve her of this periodical annoyance.

Mrs. F., I find, has been married thirteen years, and never been pregnant. Her general health is tolerably well, but she complains of a constant burning sensation about the womb, which, coupled with the dysmenorrhœal pains keeps her weak, and her mind distressed with a fear of worse evil. There is no leucorrhœa, and she is quite "regular." There is great complaint, however, of nervous dysphagia. On examination with the finger I find the neck of the uterus larger than ordinary, but without pain, and the whole organ heavier and more indurated than natural. The speculum reveals no ulceration, but the os looks simply like an indentation, with the surface around it, to the extent of the size of a fourpenny-piece, puckered as if from a cicatrix. I attempted to pass a small probe about the size of the ordinary one in daily surgical use, but without effect, for on pressing it over the indentation, it slipped away as if no opening at all existed. I then tried to insert the fine wire which forms the stilette of a catheter, but this also would not pass. Under these circumstances, I introduced for about a quarter of an inch the perforator of a hydrocele trocar; the probe was then made to pass with a little difficulty for about three fourths of an inch, when its progress was not delayed, the obstruction evidently existing in the first portion of the uterine passage.

5th.—I passed a large bougie, coated with the caustic; it was more readily inserted than the day before, but still required a considerable amount of pressure. There was no bleeding from the puncture. Every two or three days subsequently to this, the bougie was passed, either the same or a larger sized one, until an instrument the size of a large goose quill would enter with facility. Every fifth or sixth day the whole of the cervix was also pencilled over with caustic.

November 2nd.—I find recorded that she had just recovered from her monthly period, that it had come on without pain and continued throughout so, excepting on the first day for about two hours. On examination, the large bougie passed very readily, the cervix to the touch appeared softer, and I was consequently induced to go on with the application of the caustic and pass the bougie at intervals for another month. She was to take the following twice a day. R. Syr. Ferri Iodidi, dr. j., Tinct. Sumbul, m. x.: Aquæ Cinnam., oz. iss. M. Fiat haust.

Dec. 15th.—The dysmenorrhœa did not return, the uterine passage continues well open, the cervix gives a more healthy sensation to the touch and the general health has decidedly improved. She went into the country two or three days subsequent to this date. The dysphagia has also ceased.

March 10th, 1851.—A relative informed me this day that Mrs. F. continued free from her malady.

Remarks.—The above case is an illustration of the second cause spoken of, viz., a contracted or strictured condition of the passage through the neck of the uterus, from previous inflammation or ulceration. Previous to the diseased condition of the womb, there was no dysmenorrhœa, but during the course of treatment it came on, and increased considerably after the ulceration was cured. The appearance of the os and its surrouning surface, induces one to ask,—How far the effect of the deep cauterizations with the Potassæ Hydras may have been the cause of the contracted condition of the passage? My own impression is, that it was; and reasoning from its effects in other parts of the body, I think we are justified in the conclusion. I have applied the solid nitrate of silver around the cervix, and oftentimes up the uterine passage, without occasioning such a result in the slightest degree; and I take this opportunity of again repeating, (with considerably increased experience,) that which I urged in a paper read before the Provincial Medical and Surgical Association, at Bristol in 1847, and printed in the *Journal* Sept. 8th of that year, viz., "in the generality of cases that have occurred to me, the nitrate of silver has answered all the purposes of an efficient caustic, and that I cannot but view the actual cautery, the Vienna paste, the pernitrate and acid nitrate of mercury, as well as nitric acid applications, of too violent a character for ordinary use to that portion of the body." Since that time I have never met with a single case of ulceration, engorgement, or induration of the uterus, that I have not overcome by means of the lancet, *lunar caustic*, and last, but decidedly not least, by *general* treatment. I am convinced that by some practitioners on uterine diseases in the present day, too narrow a view is taken of them; the diseased womb is looked upon as if it were isolated from the rest of the body,—as if it had no connections—no sympathies. The fact is too often lost sight of, that its morbid states may be, and I believe often are, the result of a morbid condition of the general system. The adoption of specialities at the present time, however valuable in some respects, has an

injurious tendency in others. A physician who has directed his attention exclusively to diseases of a particular part, or who has chained himself down to one particular mode of investigation, is often apt, as I remarked before, to take too narrow a view of disease; and when general symptoms exist in the patient who applies to him, which he cannot well account for, from his limited practical knowledge, he is led unconsciously to distort them to his purpose, and fixes upon his "hobby-horse" (whatever it may be) as the seat of his patient's malady. The local disease is consequently attacked, whilst the depraved state of the system, which frequently gives rise to it, is neglected. Simple ulceration of the womb is, I am more and more satisfied, oftentimes an effect of a disordered condition of the general system, and should be met equally by general remedies, as by the application of local ones; the judicious adoption of the former will occasionally obviate the necessity of the latter, and when this is indispensable, the *general* treatment will generally shorten the period of the requirement of the *local*.

7, Upper George Street, Bryanston Square, London,
March 29, 1851.

SEXAGENARIAN THOUGHTS
ON THE
PRESENT STATE OF THE MEDICAL PROFESSION.

To the Editor of the Provincial Medical and Surgical Journal.

Mr. Editor,—The present divided, and I might add degraded, state of the medical profession, must be admitted on all hands: nor does it appear that a remedy for this state has as yet been devised. I do not pretend to suggest such remedy; and yet, perhaps, the observations of a sexagenarian, who has never taken a part in professional politics, and who is therefore unpledged to party, may not be undeserving insertion in your columns.

Of course the younger practitioners expect much from *legislation*, and think that their standing will depend upon the manner in which they are recognized by the laws. Fully approving of the protective influence which may be thrown by law around the practitioner's general character and acquirements, I cannot admit that this legal standing will constitute any real test of his value; for it must be known to every one, that a young man studies for his *diploma*, and not to acquaint himself with disease and its remedies; and that having once passed his examinations for the Hall and College, he thinks himself fully qualified to enter upon his responsible duties as a practitioner, and therefore studies no more.

Forgive me, Mr. Editor, for speaking of myself, for I am one of those persons who possess no diploma. During my hospital career—now more than forty years since—I was known as a hard student, and was remarked by all my compeers, as one whose untiring diligence was proverbial and worthy of imitation. I availed myself of all the advantages then offered me, to become acquainted with my profession; but at the close of my hospital studies, I found that the *res angusta domi* precluded my taking a diploma, which would involve a considerable expense, and which in my opinion would not add to my real worth; and I was far too proud to obtain certificates which I saw daily given to the idle and the empty headed. I have had reason many times in the course of life to regret this decision, but it was taken from the pressure of poverty, and I confess that I do not feel it quite just or kind, that I should now be said to be found among the "refuge for the destitute—those who were in practice prior to the year 1815;" and that simply, because the money which might have been saved for a diploma, was expended on the acquisition of a more thorough knowledge of my profession. Settling in a provincial town, I had a hard struggle with the difficulties of a young man, without fortune and marrying early; but I struggled on, for I felt that the weight of my own character was such as must ultimately give me influence. I early commenced a literary career, and my pen aided me in the wearisome journey of life; my hospital has been always proud to acknowledge me as one of its alumni; my professional friends, many of whom were among the first men of their day, have always taken pleasure in listening to me, and advancing my interests, and I have felt proud in acknowledging their esteem. I have acquired a reputation, which may be termed *European* rather than *British*; and I have oftentimes looked down with pity, if not with a feeling allied to scorn, on the miserable starvling intellects, who were enjoying their diplomas, but who were glad to consult me in their emergencies. The result has been that I obtained a large practice—and a large *consulting* practice too;—that I was sent for from long distances through neighbouring towns;—and that during my maturest and most active years of life, I enjoyed a practice scarcely ever equalled in the country for its extent or its returns. Known extensively throughout the kingdom, my position among my professional brethren has been that of an intelligent, literary, well informed, observant practitioner, whose opinions were always worth having, and to which many would yield, because they were always formed on rational grounds, and could always be defended by argument. In the course of life, therefore, I have had much to be thankful for, and have experienced much success, to which, however, I feel that I was justly entitled by my superiority. But I have experienced many a mortification from a *dwarf* obtruding his diploma upon my notice, and giving me to understand, that he had an authority to practise which I did not possess; and when upon an occasion of a trial for child murder, it was remarked by the late Lord Tenterden, that he had *never known* such medical evidence given in a court of justice in his life—that it did not leave a loop-hole for the criminal—and that he considered it as highly complimentary, it was whispered in my ear, as a wonder,

that I had ventured to give evidence at all, without the sanction of a diploma; and this too, by a jackanapes who had not given as many minutes as I had weeks to the study of medical jurisprudence. The most deeply mortifying occasion to me, however, was only a few years since, when I was offered the *Fellowship* of the College, and could not take it because I was not a *Member*. So while I have insisted upon professional character being something *detached* from a diploma, I also insist upon it as being still more valuable to its possessor, when *attached* to, or *coupled with* a diploma.

And now you will see, Mr. Editor, from this portion of autobiography, how completely my prejudices are set loose from any of the existing corporations, and therefore how free from sectarian bias must be my observations, as they have been chronicled in my own thoughts. For many years past I have heard and read much about medical reform, though I have never handled the *vexata quæstio;* but how comes it, that after years of pursuit of this phantom, and after a great improvement in the professional standing of the great mass of practitioners, their grade is less esteemed by the public than it was formerly, and that their gains are trenched upon on every side. I lately made a complaint to one of the most distinguished novel writers of the day, that he had never drawn a medical man in his best colours. True, said he, but I have drawn my characters from the life—as I found them, not as you would wish them to be; the very best of them were *humbugs*, and there is scarcely one who could give *a reason* for the practice which he adopts.

Within the last forty years circumstances have materially changed, and *one* very important change is, that with the exception of the manufacturers, everybody has become comparatively poor; from various causes their income has been lessened, and they have looked around them for the means of retrenchment. The attendance of a medical man upon all ordinary occasions has been voted an expensive luxury, and with the aid of encyclopædias and treatises on domestic medicine, patients have thought themselves qualified to prescribe for themselves and their families, and they have done so, to the great detriment of professional income. True, that they would occasionally get into a little hobble, through the severity of the case, or their misunderstanding its nature, or their faulty prescription for the same, and that they would then send in a fright for their medical attendant, who perhaps *then* would come in too late to be of service, and would have to bear all the blame of a failure, which actually belonged to the parents. But, inasmuch as in the greater number of instances the tendency of malady is to get well, and of the energies of the constitution to restore its equilibrium by the *vis medicatrix naturæ*, so in the greater number of instances, recovery would follow parental medication, and the parents would be emboldened to go on, while they would also calculate how much they had added to the resources of a straitened income from this plan of self-prescription. Now, this is the foundation of that system of quackery which pervades society, and which must detain us for a few minutes.

There is afloat in society a sufficient amount of common sense to perceive, that while medical men are vehement in their denunciation of quackery, they are themselves the greatest quacks, for they prescribe, not for the individual patient, and for the various organs and functions disturbed by constitutional irritation, but *for a disease*. Give it a name, and it must be treated after such a plan made and provided in such cases;—or they take a prominent symptom, and prescribe for that symptom, varying the treatment as often as this same prominent symptom varies;—or they have for the time being one favourite remedy, which, as lord of the ascendant, is prescribed for every disorder, and is endowed with an influence which may be almost termed *universal;*—or they will stand quietly by, and watch the progress of disease, waiting for indications, till the golden time for interference has passed, never to be recalled, and the patient is inevitably lost;—or they become so exclusive in their views as to see but one form of malady for ever presenting itself to their notice;—or they will fall in with the whims and caprices of their patients, and have no fixed opinion of their own, always siding with the views of the patient or his friends, which, it need not be said, are generally as absurd as ignorance, guided by folly and prejudice, can make them; and thus the patient is conducted to this inference—that there is nothing *rational* in the treatment adopted for him; hence he jumps to the conclusion that there is nothing *rational in medicine*, and finally he falls an easy prey to any system which promises largely, which vaunts its cures, especially which can be readily managed by *himself*. Self-love, that all-absorbing sentiment and passion, is also a principle which lies at the root of the special quackeries of the day, and it is in the diffusion of this system of quackery that much of the diminution of professional income of the present day is to be found. That such income has suffered every medical man will admit; that it should have been lessened, in consequence of the diminished expense of conducting practice, and of keeping a family, is acknowledged, but it has suffered far more than the equivalent of this; and of all the medical practitioners in the kingdom, there are very few who are keeping themselves and their families upon their *professional income*.

The great forms of quackery which address themselves to the understanding, or the *would-be understanding* of patients, are *hydropathy* and *homœopathy*, Here the plans are apparently so *simple*, the means so easy of application, and the medicines so little onerous, while the absorbing principle of self-love is gratified by becoming one's own doctor, that it is easy to understand how the patient is led by strong motives to cast in his allegiance to principles which he fancies he can understand and which *promise* so largely. In this latter consists the principle which absorbs and ensures the confidence of the patient. The regularly-educated and well-informed practitioner will never promise largely, because he knows how little he is in possession of all the circumstances which modify and change the influence of his remedies, and how little he is acquainted with all the complications of disorder, which baffle

oftentimes the best digested plans, and leave him a *disappointed* but not a *disheartened* man;—*disappointed* from want of success, but not *disheartened*, because he knows he has done the best he could.

We suppose, however, the patient to be ignorant that the first principle of homœopathy was based on fallacy and built up in error—an error proceeding from the fact of ascribing all the feelings of the body for three months to have been produced by an infinitesimal dose of some harmless remedy. Let us suppose him to be absorbed and infatuated by these *simple and well understood remedies*; is it the fact that they are *so simple*—so well understood?

Water is apparently a simple remedy, and if used for the simple purpose of universal ablution, it is unquestionably an admirable remedy in preserving the skin—in removing from its surface all its excretions, keeping it in a healthy condition, promoting its own most important offices, and thus tending to the preservation of the healthy function of the mucous surface of the stomach, with which it is in close sympathy and alliance,—suffering in all its sufferings, and equally healthy when it is healthy. This most important and, I fear, too neglected process should be constantly upheld and earnestly recommended by all. But when we go further—when we come to the application of the wet sheets, and the sitz bath, and large ingurgitations of water, is it so certain that we know the end from the beginning;—that we are resting on secure grouud, and that we are so thoroughly acquainted with the operation of our agents as is assumed? As an universal panacea, can it be applicable to every kind, and form, and stage of disorder? Is it a matter of so little importance that in all cases the blood should be deluged with water, or that the excreting organs should be so taxed to eliminate the excessive quantity swallowed? Is it a matter of so little consequence that the wet sheets should be daily applied, for so long a time, to the entire surface of the body? Do we thoroughly know its influence, direct and indirect, immediate and remote, consequential and contingent? My experience of hydropathy has been unfortunate. I have known in my own circle eight patients who have thoroughly employed it under the best and most approved methods and most celebrated masters. One only of these speaks largely in favour of the remedy, as having cured him when regular medicine had utterly failed. Of the remaining seven four died from the progress of their several diseases; the other three became insane, two died by their own hands, the remaining third has eventually recovered under judicious treatment. Now, I am not about to say that these were consequences, they might have been coincidences; but, at any rate, a remedy which might be the occasional cause of developing these tendencies, and of hastening the progress of destructive malady, is not one to be lightly employed,—is not one to be employed at the bidding of the patient himself,—is not one to be employed universally, nor under the sole guidance of one of the apostles of hydropathy.

It has happened with hydropathy, as well as with homœopathy, but especially with the latter, that it has obtained a sanction from the good opinion of some wise men, who, from witnessing the injurious effects of medicine injudiciously employed, and having studied the thoughtless quackery with which it is prescribed, have arrived at the conclusion that medication did more real harm than good in this world, and that the less there was of it *the better*. Now this has been an unhappy and unsound conclusion, because no true philosopher ever argues against the use of a remedy from its abuse; and, besides, it has afforded a pretext and given encouragement to others, who, without such an exuberance of brain, have been glad to find a shelter for their own ignorance or indolence in the unthinking dogmas of "Young Physic,"—in that do-nothing-system which justifies the practitioner in waiting for and watching the curative agencies of nature, and seeing whether she will not effect a cure unaided by medicine. This is an unhappy result from the crotchetty doctrines of great minds, for their *own* doctrines in their *own* hands, will only lead them to be cautious not to *over-physic* the patient, and to watch, and study, and develop indications, which they will gladly seize, and improve, and act upon. But their disciples will take up this waiting as a most convenient resource,—as an excuse to save them from the trouble of thought: and so the patient will be suffered to die rather than that the medical attendant should be at the trouble of making out the morbid actions, which are to be repressed;—or the languid actions, which are to be assisted;—or the depraved and perverted actions, which are to be remedied;—or the arrested actions which are to be restored. And this has been fostered by another very fashionable plan of the present day, viz., by making a charge for visits and none for medicines, or by giving the patient a prescription to get dispensed at the druggists, and to let the prescription be as inexpensive as possible; and this arises from the thought of its being a *degradation to dispense one's own medicine*. It is very easy to be above our own position; it may be agreeable to be saved the trouble and expense of keeping a dispensing assistant: but the question is, not what may best foster our own pride, but what is really for the good of the patient? Can you in any other way secure your patients obtaining a supply of medicine upon whose agency you can confidently rely? If this question be answered in the negative—and it must be so answered—the point is settled at once; and it becomes the positive indefeasible duty of the usual medical attendant to provide medicine for his patient, and also either to dispense himself or to provide a dispenser. Now, I freely admit that it is disgraceful to our profession when you see a man, with the diploma of the Hall and College, keeping an *open shop*, selling drugs, patent medicines, perfumery, horse and cattle medicines, tooth-brushes, &c. &c. These things are within my own knowledge, and they are disgraceful; but I can see no disgrace attaching to men prescribing for their own patients, providing them with medicines, and dispensing these medicines. On the contrary, I honor such men, because they prefer the good of their patients to any other selfish consideration,

to any consideration prompted by their own pride, and yet who are too proud to join in the cry of those who wish to get quit of the burden of prescribing medicine, to be dispensed by their own dispenser, whom they will have to keep at a cost of £80 or £90 a year; or to perform this office themselves. All honor to such men—to those who cannot afford to pay for this service rendered, and therefore perform it themselves, and not by deputy. Indolence and greed are the two grand motive principles at the head of that section of our profession which abjures this unselfish process. Now, I fully approve of the plan of remuneration not being in the shape of medicine; let every visit be paid for as such, and let the supply of medicines be included; then there will be no temptation to give *too much medicine* on the one hand, and no temptation on the other to withhold that which ought to be given.

But it is no easy matter to effect this change. There are among our patients, and among the higher classes too, those who do not like to pay an equivalent for medicine, if it has not been sent in the old form. An instance of this kind has recently come before me. A patient, residing four miles in the country, had been formerly visited at 5s. a journey, and four draughts during the day if the case were an acute one, or during two days if the case were a chronic one, and the journies were only on alternate days, and paid very cheerfully, has been lately acutely ill, has been prescribed for by a London physician, who ordered a mixture, containing four draughts, and the charge for journey and medicine 10s., although less than before, was resisted, because *a mixture* only had been sent, and a mixture had formerly been charged only 2s. 6d. Similar feelings and conduct in country practice continually occur, and the adoption of one universal plan is therefore not readily to be effected; in many instances it is perfectly easy, but in others impracticable, and at present the public is not ripe for a change, which by putting all into one comprehensive sum, gives an opportunity to the practitioner of charging much more than he would have done under the old regime. It is not easy to meet all the difficulties of the case; if a charge be made for medicine, you incur the odium of sending too much, in order to increase your bill; if a charge be made for visits, you equally incur the odium of making more visits than necessary or agreeable; if one lumping sum be made for medicine and attendance, you incur the odium of charging extravagantly; if a charge be made for visit and prescription only, you are blamed for making the illness more expensive *quoad* the medicine prescribed and the druggist's bill; and I believe the most agreeable plan for the practitioner is to engage with his patients for a certain annual stipend. Then he is the only sufferer, because he is sent for for every trifle, and is never thought of doing too much, he is only accused of doing too little; and if he be a zealous practitioner, he finds himself liberated from the fear of doing *too much* for the sake of gain, and can therefore conscientiously send the medicine he thinks necessary, and for as long a time as he pleases, and he most willingly and perfectly does his duty by his patient, careless of results, only knowing that the injustice, *if there be any*, is on his own side of suffering, and cheerfully throws this also into the scale. Still I would always have the general practitioner furnish and dispense *his own* medicines; he will then find the results he expects from his medicines, and will rest securely upon his pillow, from the conviction that everything has been done for his patient that could be done.

There is a fearful error very rife in our profession, viz., that of imagining that a man's education finishes when he has passed his examinations and leaves the hospital, whereas it is only just beginning; he has, indeed, laid the foundation of preliminary knowledge, but to educate or draw out that knowledge, can only be by the study of disease at the bed-side, by most diligent reading at home, and by comparing the symptoms during life with the organic appearances after death. All these sources of information are too much neglected: gentlemen do not study disease with sufficient attention; if they do not dispense their own medicines, they never can securely watch the agency of medicine upon disease. They neglect *post-mortem* examinations, from the inconvenience they occasion; and they limit their reading to one or more of the journals of the day, and perhaps to a particular abstract or retrospect. This will never do; holders of a diploma will not become sound or good practitioners upon so starvling a dietary for the mind; they must be fed with good substantial food, not previously half-digested;—they must study disease in its separate treatises, and compare them with bed-side phenomena, and then they will become learned practitioners—no matter what you call them; and to those who do not thus read and study, I would propose to append the privative particle *a* before all their titles of honour, and then, alas! how very few should we find without this stamp of imbecility.

It has been the fashion of the last few years to shout against the Apothecaries' Company as being a *trading community*;—as if there was no honour in possessing its certificate;—as if it was disgraceful to submit to the examination of such a *trading body*; and as if it was very desirable to separate from that corporation. Now I cannot quite make a distinction between the man who sells his opinion *simply*, and the man who does so, accompanied by the most effectual means of realizing that opinion; and it appears to me that each stands in precisely the same moral and intellectual light, though it may be more agreeable to the pride of the one, to say he has nothing to do with trade, and more consolatory to the conscience of the other, that he is honestly and truly seeking to effect all the good he can to his patient by administering his opinion and his medicines; and it is my decided conviction, that only those who keep shops,—who prescribe over the counter, and who sell *medicines as such*, not as a prescription, who are to be confounded with tradesmen; and in large towns, especially in London, there are many who do so, and yet hold themselves very high, invested with the panoply of a double qualification.

But with regard to the Apothecaries' Company, I say it advisedly, their certificate is a far greater honour

than the diploma of the College, when deprived of the artificial halo which surrounds the latter. Who is it that has given the impetus to professional acquisition? Certainly the Apothecaries' Company, by requiring a given amount of education, and by testing its possession in their candidates. Why is it, that to students the examination for the Hall is always looked upon with apprehension and a sense of dread, while that for the College is considered as slight,—but because the examination for the former is of a more stringent character? Which requires the greatest amount of preparation—of study, of professional reading and acquisition—the examination for the Hall or the College? All honour be to those to whom honour is due, and in this instance the honour of the improved literary character of the present race of medical men is due to the examination for the Hall, as required by the Apothecaries' Company; and if it be the fact that these are to be despised, because they are mixed up with trade, and are tradesmen, why, then indeed, the professional standing of the tradesman has taken the place of the more polished gentleman; and as it happens sometimes in other cases, the largest amount of worth and literary specific gravity is to be found in the middle classes of the community.

[To be continued.]

Hospital Reports.

QUEEN'S HOSPITAL, BIRMINGHAM.

REPORTS OF CASES ADMITTED UNDER DR. DAVID NELSON.

Extracted from the Clinical Records,

BY W. J. MOORE, ESQ. M.R.C.S., AND L.A.C., RESIDENT MEDICAL OFFICER.

Case XVII.

Case of Eliza Bowen, aged 17, *affected with Phthisis, terminating in Death. Admitted April* 16, 1850.

History.—Eliza Bowen stated, that about three months before admission she caught cold, cough followed, at first dry, but afterwards attended by a tenacious ropy expectoration. She had lost flesh and strength to a great degree, and during the time mentioned had had no catamenial discharge.

Symptoms.—On examination she stated the above symptoms still continued; there was dulness both anteriorly and posteriorly on the right side, but not of a clay-like character; she sweated profusely at night; the tongue coated; tonsils congested, and back part of the throat covered with apthous spots; she spoke hoarsely; bowels were confined; pulse 140; respirations 22; there was dulness and bronchial respiration towards the left shoulder.

Diagnosis.—That there was tubercular deposit in both lungs, but more especially in the right; also a degenerate enlargement of the submucous tissue of the larynx.

Treatment.—To attenuate and expel the ropy mucus, to clean the intestines and improve the appetite, to stop the sweating and relieve the cough, were the first intentions; and she took, Pulv. Ipecac., gr. xxx. post prand; Calomelanos, gr. iv. hac nocte; Infusi Calumbæ, oz. j.; Bismuthi alb., gr. v. ter die ante cibum; Tinct. Opii Camph., dr. j. ter die post cibum; Acid. Sulph., Aromat, gtt. xxx. hora somni. A blister was also applied.

19th.—The tongue was cleaner; she expectorated with more ease; the sweatings had diminished, and she felt her throat better; pulse 128; respirations 26. Cont. med. et sumat Ol. Jecoris Aselli c Ferro dr. j. ter die.

23rd.—The improvement continued, and she spoke less hoarsely; pulse 120; respirations 20. Continue medicine. Blister renewed on the right side.

November 7th.—The cough was more troublesome. Pulse 146; respirations 26. She now took infusion of digitalis, with tincture of muriate of iron; and continued her camphorated tincture, the oil, and sulphuric acid.

10th.—Her cough, sweating, and feverishness had all increased; pulse 120; respirations 22; but on the 14th she was again improved; pulse 108; respirations 32. Continue medicine.

17th.—The cough was still easy; there was little hoarseness; she slept well, but sweated profusely; gurglings were now detected under the right clavicle, not very apparent, but still perceptible under full inspiration or coughing. On this date the expiration by the glass was thirty-two ounces. Pulse 104; respirations 32. Cont. med. et ap. ves.

21st.—The cough was easy, and there was scarcely any expectoration. She slept well, but sweated profusely. The hoarseness had entirely left; the tongue was intensely red at the point and edges, but curiously streaked with two white lines at either side. Gurgling was less. Pulse 104; respiration 18. Cont. med. et ves.

25th.—The cough was easy, and the sleep and appetite not bad. Gurgling still obvious. Pulse 108; respiration 20. Continue medicine.

31st.—The sleep, cough, and sweatings were favourable; but he looked pale, and the tongue was glassy and red, though the gurglings were less distinct. Pulse 140; respiration 26. Cont. med. et sumat Quininæ Sulph., gr. j., ter die.

June 4th.—The symptoms were easy as before, but gurglings were heard under both clavicles, with reverberation under the hammer. Continue medicine.

7th.—She had slept well, but the cough was troublesome during the day. Cont. med. et ap. Emp. Lyttæ. sterno.

14th.—The cough continued troublesome; tongue was pale; the expectoration was slight. The body was reduced nearly to skin and bone, and gurgling cavernous; respiration and pectoriloquy had become very distinct under the right clavicle; the bowels were also relaxed. Pulse 126; respiration 18. She took catechu and chalk, and re-applied the blister.

21st.—She sweated again. The cough was trouble-

some; the gurgling and pectoriloquy were as before. Pulse 113; respiration 20. Continue medicine, and insert a seton on the chest.

25th.—The cough was less troublesome. The seton had not begun to discharge much. The gurgling and pectoriloquy were as before; the former was not of so fluid a character. Pulse 120; respiration 26. Continue medicine.

July 2nd.—She had little sweating, and the appetite was not bad. The green mucous expectoration was streaked with blood. Gurgling now existed in the left side, below the second rib. Pulse 144; respiration 28. Continue medicine. Seton to be removed, because painful.

6th.—The green mucus was full of globular thread-like balls. The body was cold. The pulse at the wrist indistinct, at the carotids 120; respiration 24. Gurglings as before. Int. Ol. Asclli, c. Aliis. Med.

9th.—The cough was very much increased, and one leg was swollen and tender. Continue medicine.

20th.—Both legs were swollen. The cough, pectoriloquy, &c., had increased. The bowels were again relaxed. Apthous crusts had re-appeared. The breath had an earthy odour. Pulse 124; respiration 24. Continue medicine.

23rd.—She spoke in whispers, and had no strength to expectorate. The tongue was cold and pale, and she was disposed to sleep. There was intense cavernous respiration under the right clavicle, but no gurglings on either side. Pulse 130; respiration 36. She died calmly the same night.

Post-mortem.—Both lungs were almost entirely gone. There was a large cavern at the summit, or rather where the summit of the right lung should have been, and numerous small vomicæ in its lower part; the whole of the lowest part being infiltrated with tubercle. A similar large cavern appeared at the summit of the left lung, the rest being greatly infiltrated. The heart was healthy, but very small; liver, large and pale; small intestines were marked with mahogany coloured rings, as if from inflammation.

Observations.—It is most probable that this case was of much longer standing than stated on admission. As may be observed, the pulse and respirations were never in proportion with each other; the former, in fact, may often be increased without any engorgement of the lungs when the heart is small, as in this instance, and the latter may suffer, as they did here, numerous abrupt variations as to number, owing to the alternate obstruction and clearance of the air passages. It may be observed that the pulses and respirations were higher, and the cough worse before the gurglings made their appearance, and were easier after that event had taken place.

Provincial Medical & Surgical Journal.

WEDNESDAY, APRIL 30, 1851.

At the present unusually happy juncture in the proceedings of Medical Reformers, it is needless to maintain that strict silence on the subject which we have thought it right of late to maintain; for as there seems to be an almost unanimous feeling in favour of the recent resolutions of the College of Surgeons, we can scarcely give offence by some slight allusion to them. We have good grounds for believing that the Colleges of Physicians and Surgeons are now in cordial and effective co-operation, and that they will, in the course of next week, jointly seek an interview with Sir George Grey, for the purpose of urging him to put the final stroke to this long-promised measure during the present Session of Parliament.

It will be seen by the annexed memorial that the Council of our Association have not been inactive; they have thought it right to urge upon Sir G. Grey those points in their memorial of May, 1850, which are still left untouched by the College of Surgeons. But, considering that the proposed measure goes so far towards granting all the principles contended for by this Association, it has been thought desirable to throw no stumbling-block in the way of Sir G. Grey, further than to lay the case clearly before him, and then to leave him free to act as may seem best to him. The Council have felt that this is the most prudent course, because in the interviews which have been accorded to Sir Charles Hastings and others, the Home Secretary has evinced a most intimate knowledge of the subject, and an earnest desire to do justice to all parties concerned.

The following memorial is intended to be presented to Sir George Grey, by Osman Ricardo, Esq., M.P.

To the Right Honourable Sir George Grey, Bart., Her Majesty's Principal Secretary of State for the Home Department.

We, the undersigned, on behalf of the Provincial Medical and Surgical Association, beg leave again to address you on the subject of Medical Reform.

Your Memorialists have read with great pleasure and satisfaction, a series of resolutions, which were adopted by the Council of the

College of Surgeons on the 19th and 24th of March, and which are in the main, in accordance with the principles laid down in the Memorial which they had the honour of presenting to your notice on the 2nd of May, 1850.

Your Memorialists are grateful for the liberal concessions which have been offered to their representations, and have no hesitation in accepting these resolutions as the basis of a final settlement of the question of Medical Reform. But at the same time they would call to your recollection the nature of the Memorial above alluded to; for if the second paragraph of that document is compared with the resolutions lately submitted to you by the Council of the College of Surgeons, it will be seen that the elective power is now intended to be confined to the Fellows, whilst your Memorialists have always contended for its extension to all Members of respectability and good character.

But your Memorialists would most anxiously endeavour to impress upon you the necessity, not only of conferring new charters upon the Colleges of Physicians and Surgeons, embodying the proposed reforms in their constitution, but also of carrying out the third paragraph of the above-named Memorial, which is as follows:—

"That after such remodelling of the constitution of the existing colleges, it is also desirable to appoint a joint board of physicians and surgeons, with the aid, if necessary, of competent examiners in midwifery and pharmacy, who shall examine every candidate desiring to enter the profession, in medicine, surgery, midwifery, and pharmacy, and shall, on his passing such examination to their satisfaction, issue a diploma or licence to practise all or any of these branches of the profession in any part of her Majesty's dominions."

Your Memorialists consider it a matter of sincere congratulation that you now have it in your power without injustice to any party, to put an end to this long protracted state of confusion and discord in their profession, and they beg to assure you, that though they hold strong opinions upon the propriety of the principles which they have alluded to, and also upon some others of minor importance, believing them to be based upon justice and expediency, yet they would gratefully receive any modification from your hands, which you may be pleased to consider as the most desirable for all parties.

We have the honor to be, Sir,

Your obedient Servants,

CHARLES HASTINGS, M.D.,
PRESIDENT OF THE COUNCIL.

J. P. SHEPPARD, SECRETARY.

We believe that at no former period has there ever prevailed so sincere a desire among the authorities of both our Colleges to do justice to the claims of the provincial practitioners; and we are of opinion that under the intended arrangements there will be no impediment, excepting that of distance, (which is daily becoming less and less in its effects,) in the way of their taking the same standing in their respective Colleges as would be accorded to their scientific attainments were they inhabitants of the great metropolis. It may be said, and with great truth, that this position has only been gained at the point of the bayonet; but let us remember that many of those who are now in power were formerly fighting in the same ranks with us, and have been mainly instrumental in altering the opinions of their fellow-councillors. We trust, therefore, that as the year 1851 is to witness an harmonious meeting in the cause of general science and manufactures, it will be equally signalized by a cessation of strife in our hitherto divided profession. We shall find quite enough to do to maintain an equal progress with the grand march going on in other and collateral branches of science; and we may then hope to regain some of that respect for our art which has been frittered away by an undignified squabbling among ourselves.

Reviews.

Memoir on the Influence of Hypertrophy and Dilatation, on Diseases of the Heart, and on some points in their Diagnosis and Treatment. By Dr. HALLIDAY, Douglas. Edinburgh: Sutherland and Knox.

THE object of the present pamphlet, which is a reprint of papers published in a monthly contemporary, is to point out the importance of hypertrophy and dilatation, more especially the latter, in diseases of the heart, and to exhibit the fact of their frequent if not invariable coexistence. The author's intention is carried out by the detail of cases under four sections, embracing respectively—1st, Hypertrophy and Dilatation; 2nd, Aneurism of the left Ventricle; 3rd, Contraction of the Valves; and 4th, Incompetence of Valves.

In the course of his observations other questions connected with heart disease, meet with careful consideration, as for instance, the diag-

nosis of aneurism of the ventricle; the physical signs of mitral contraction, &c.

In reference to the first of these sections, after narrating two cases, he observes:—

"In neither of these cases did there exist any physical sign which is not familiarly known to arise in other forms of disease of the heart. In both cases there existed a murmur with the first sound, which, however, was not to be distinguished from the murmur of mitral incompetence. In one case, from the appearances described, there can be little doubt the mitral valve was incompetent, and gave rise to the murmer in question. In the other, the *post-mortem* appearances did not indicate incompetence of the mitral valve; and the endocardial murmur with the first sound at the apex, must be attributed to the aneurisms in that situation. The only peculiarity noticed in the murmur was its greater distinctness at the base of the heart than is usual with murmurs loudest at the apex. This, however, does occasionally occur in murmurs from mitral incompetence; and a circumstance so trivial and uncertain is really unimportant.

"It has been suggested, that under possible circumstances, a double "to and fro" murmur might occur in aneurism of the heart. I am not aware that a double murmur has ever been observed; it at no time existed in these cases; and the form of the sacs as well as their narrow orifice, appeared fitted to create the double murmur, if its existence were possible:—A double "to and fro" murmur would perhaps assist in distinguishing these aneurisms, while it is impossible to distinguish the single bellows murmur, having its seat in the orifice of an aneurism, from one having a very different source.

The other physical signs in these cases were identical with those which are known to characterise hypertrophy and dilatation,—the latter especially is known to preponderate from the feebleness of the cardiac impulse, the horizontal extent of the præcordial space dull on percussion, the softness of the radial pulse, and from the mutual relations of these signs to each other; and these signs must of necessity arise in cases, such as the present, in which the following conditions existed:—An extensive degeneration of the muscular substance of the heart; an unyielding and unwieldly state of the organ arising out of the rigid and deformed state of its walls; and above all, the increased capacity which must result even from partial dilatation."

The value to be attached to the character of the pulse in cardiac disease is thus succinctly stated:—

"The various changes which the pulse undergoes are more intimately related to changes of the muscular substance, than to valvular lesions. There are conditions of the pulse which depend only upon valvular disease; but these may be limited to two—the small pulse of mitral or aortic contraction, and the quick diastolic pulse of aortic regurgitation.

The *visible* pulse is not always an abnormal condition; but even in its higher degrees, it has no relation to valvular disease. *Irregularity* has been regarded as significant of mitral incompetence but it frequently exists in cases where there is no valvular disease; and it occurs with mitral incompetence, in such circumstances as lead me to believe that it arises only in consequence of superadded dilatation.

Want of *synchronism* of the arterial pulse with the heart-beat has a doubtful connection with valvular disease; it does not occur except in conjunction with more or less dilatation; and I have met with it altogether apart from valvular disease.

Delay of the radial pulse has been stated to depend upon incompetence of the aortic valves; I do not think such is the fact. The radial pulse is naturally more or less posterior to the hearts impulse; and the interval may vary within the limits of health; besides, from the very nature of the thing, it is difficult or impossible to affirm in a particular case that the *degree* of delay is abnormal. From my own observations, I am satisfied that an appreciable increase in the delay of the arterial pulse is very rare; and it does not arise in such a proportion of cases of aortic imcompetence as to indicate any relation between them."

On the whole, the author has afforded an useful contribution to the literature of cardiac pathology; but it scarcely in our opinion requires a circulation separate from the source in which it originally appeared.

Proceedings of Societies.

BIRMINGHAM PATHOLOGICAL SOCIETY.

March 6th, 1851.

MR. CARTER IN THE CHAIR.

Diseased Bladder and Kidneys from repeated formation of Calculus.—By Mr. Savage.

Steven C., aged 61, a moulder by trade, of full habit of body, who has drank to a considerable extent, has been subject for the last fourteen or fifteen years to the frequent passing of urinary calculi, accompanied at times with considerable inflammatory action. About four years ago he had every symptom of calculus in the bladder, but on passing the sound, I failed to detect one. The same result was obtained by two or three medical friends. From that time (*i. e.*, four years ago) to January last, I lost sight of him, but have understoood that about three years since he was sounded by a gentleman who was particularly anxious about calculi, but who then failed to discover one. I believe since then he has been quacking about from one person to another, and trying every nostrum recommended. In January he came under my care for pneumonia of the right lung, under which he sunk before the end of the month; at this time he was very frequently passing a quantity of pus and blood with his urine, and I understood this had been the case for some months.

I succeeded in obtaining a limited *post-mortem*, being confined to the abdomen. The liver was much enlarged otherwise healthy; some old adhesions of the intestines not very firm, indicating slight peritonitis to which he had at times been subject; the right kidney was com-

pletely disorganized, containing a large cavity partly filled with pus; the ureter much enlarged and thickened, in which a large calculus was firmly impacted; the left kidney very much enlarged and hypertrophied, with marks about the pelvis where calculi have lodged; the ureter enlarged so much, as to allow of the easy passage of a finger; the bladder much softened, thickened, and resting loosely in it a large phosphatic calculus. This formed the extent of the *post-mortem*, and perhaps it is interesting to inquire whether the very large calculus found in the bladder has been formed within the last four years, or a nucleus existing at that time. I think so many of us could not have failed to detect it on passing the sound.

Red Ramollissement of the Cerebrum, with rather peculiar symptoms.—By Mr. Bangham.

— Hill, aged 39, died of an apoplectic attack, of seven hours' standing, with paralysis of the left side. His habits temperate and industrious. He had always been healthy until about two months ago, when he began to complain of headache, dimness of sight, and giddiness, in which state he fell several times. He had, however, slight symptoms of head affection for six months, observed by his mother though not by himself. He continued to work with little interruption till about a week before death, and on the day previous he appeared to his friends in better health than usual. The above-mentioned symptoms occurred in fits; the pain was often very severe. The attacks were always followed by drowsiness.

Mr. Carter saw him once only (as a dispensary patient) about seven hours before his fatal attack. He was drowsy, and complained of great pain in his head, for which he had a handkerchief tied round it. He was always in this state on the cessation of the fits; and no particular notice was taken of it. Had lost his appetite for two or three days, with nausea, and complained of feebleness and weakness from not having taken food.

Sectio-cadaveris.—The vessels of the pia mater much distended, but no unusual vascularity of the brain, which was firm and healthy throughout, excepting the posterior lobe of the right hemisphere, which was much softened and vascular, and contained two or three small coagula or ecchymoses; a small quantity of clear fluid in the ventricles. The falx major was wanting between the anterior lobes, which were closely connected.

Chronic Peritonitis, with great Contraction of the Meso-Colon and Mesentery.—By Dr. Fletcher.

Thos. Yates, aged 59, a lime-burner, admitted into the hospital January 3rd, 1851, labouring under effusion into the peritoneal sac, without anasarca; enlarged superficial veins of the lower portion of the abdomen; there was fluctuation and dulness upon percussion all over the abdomen, but on pressing firmly upon the abdomen, a dry crepitation was felt on rubbing the parietal and intestinal surfaces of the peritoneum together. He took small quantities of mercury and diuretics, but the abdomen increased in size, and his general health failed. He died from asthenia on the 24th of January.

Post-mortem examination July 25th.—Head: Brain healthy. *Chest:* Heart and lungs healthy. *Abdomen:* The peritoneum generally thickened, and opaque; over the surface of the liver, spleen, and pancreas, it was thickened, and contracted these organs, which, in their proper substance were healthy; over the intestines it was thickened, and also in the mesentery and meso-colon, which were very much contracted, the mesentery so much so as to draw the small intestines into a bunch against the spine; the thickened mass contained fibrin; within the layers of the mesentery, and at its root, where it was very abundant. I have examined it by the microscope, and find nothing more in it than fibrous or condensed cellular and fatty tissues.

It is worth observing, that although in this case the intestines were so far from their natural condition, there was at no time any deviation from health in their functions. He did not suffer from constipation at any time.

Softening of the White Matter of the Cerebellum.—By Dr. Fletcher.

Charles Walker, aged 11, admitted into he Hospital, December 7th, 1850. A thin weakly-looking child, but had enjoyed good health until about three months ago, with the exception of rather profuse discharges from the ears. One of the first symptoms noticed by his friends was, that when in motion, he appeared to have difficulty in stopping himself, so that he would often strike his head against any object that came in his way, and when he stooped he felt giddy; and at this time he frequently complained of giddiness in the head, and his memory and appetite fell off; he was sick in the mornings. His gait was noticed to be peculiar, as if he had a difficulty in balancing himself, and he staggered greatly. At three months old he had convulsions. Family healthy, but the grandfather and grandmother died consumptive. On admission, his chief complaints were pain and giddiness in the head. His look was lively, but the expression of his eyes somewhat vacant when not addressed by any one. His answers to questions perfectly coherent. He had no loss of sensation or motion in any part of the body, with the exception that ordinarily he scarcely ever closed the lids of the left eye. When told to shut both eyes he was observed to be able do so. He walked with his legs far apart, and evidently felt unsteady, and welcomed in consequence any artificial support. When told to walk up and down the room he was unable to stop at the door, but struck his head against it, which he always carried a little in advance of his body. He made no complaint of thirst but it was stated that he was sometimes sick.

17th.—A seton to be inserted in the nape of the neck.

19th.—Complains of sickness and of his mouth being sore by mercury prescribed. In other respects he is about the same as on admission. Pills ordered to be stopped. About half-past nine in the evening after being unusually quiet for the two or three hours preceding, he suddenly lost sensibility and breathed stertorously. When seen, his face had become of a bluish tint and there was foam on his lips. The heart was acting with vigour, but the breathing had nearly ceased. A few minutes afterwards he died.

All the organs healthy but the cerebellum, pons varolii, and medulla oblongata. A large quantity of

fluid in the lateral ventricles; part of the white substance of the cerebellum, the medulla oblongata, and the pons varolii, was considerably softened. In the cerebellum the softening existed chiefly in the left lobe, and extended into the middle; it was so soft that it was of the consistence of thick cream, and was quite pulpy to the feel; and the cerebrum fluctuated under the fingers, as if it contained pus. Under the microscope it was seen to consist of the broken-up nerve-tubes and clear cells, and compound exudation-cells in a clear fluid. Near the origin of the optic nerve of the same side was a small duct, which contained a small firm substance, which appeared to be a condensed and hardened tubercular debris.

Puerperal convulsions: Death. Gall-stones in the gall-bladder; great General Dilatation of Gall-bladder, and Hepatic Ducts, without any apparent cause.—By Dr. Russell.

February 10, 1851.—I was requested by Mr. Welch to visit Mrs. Yates, age 25, she had had four children. On the 5th she was seized with severe epigastric pain, passing through to her back; believing herself in labour, she sent for a midwife, who in turn, desired her to summon a doctor. Mr. Welch found her complaining of this severe pain, with great dyspnœa. He ordered some calomel and opium, to be followed by castor oil. The symptoms were soon relieved considerably, without the bowels acting. She improved considerably, and on the 7th was delivered of a healthy living child, after an easy labour, without hemorrhage. The placenta came away naturally. On the 8th she seemed doing very well; but on Mr. W. calling on the evening of the 9th, he found that at three A.M. she had had a fit of an epileptic character; she had, however, perfectly recovered from it. The lochia had become suppressed, and the urine was very scanty throughout the day; the milk had appeared naturally. This morning (10th) at 3 A.M., having become very restless, she complained of violent pain about the small of the back, passing to the epigastrium; she fell into another fit from which she recovered, but with incessant desire to micturate, getting off bed constantly without passing any urine; this continued till five, she remaining tolerably sensible; another fit then came on and returned two or three times in succession, leaving her insensible. He ordered ammonia. Two P.M. Feb. 10th, I found her lying on her back, just conscious of being called to or of being moved; pupils dilated somewhat by light; surface rather hot, but easily lowered; pulse, quick, very easily extinguished; breathing, rapid; sounds of heart very feeble; she was pallid, excepting that her skin and conjunctiva had a jaundiced tinge observed this morning; she appeared in a very anæmic condition, and thin; she had passed a very offensive evacuation, without bile, under her; the uterus was large, very hard, not tender. Wine, ammonia, vesicatorium, nuchæ.

She is a tailoress, living in a miserable house, in a very close court, and very poor. Her husband could never induce her to take any exercise, she preferred sitting still. For the last three years she has been subject to sudden violent seizures of pain in her epigastrium, which would "sometimes take her senses away." They seldom lasted long, and she has never been laid up with them for longer than a day; has never passed gall-stones; nor had jaundice; nor any other complaint. Of temperate habits. She died two days afterwards (February 12th) without having made any marked improvements, or presented any fresh symptoms of importance. She had no return of the fits, but continued quite insensible. She took the wine abundantly. The jaundice deepened considerably.

Sectio-cadaveris 60 *hours after death.*—Body, deeply jaundiced; blood, very poor and scanty; brain, healthy; chest, healthy; the liver seemed healthy, not larger than usual; the gall bladder had its walls unusually thick; it contained thin brownish bile, and 5 gall stones, nearly spherical, with the surface somewhat formed into facets, their diameter half an inch; they were formed (externally) by an aggregation of small stones a little larger than hemp seeds, closely united; they were composed chiefly of cholesterine. On dividing the liver, brownish bile was seen to flow in streams from all parts, from the open mouths of large branches of the hepatic ducts, the size of a goose quill; these open mouths appeared in all parts, separated, however, from each other by considerable distances; on tracing them up, this great dilatation continued to their termination, or nearly so; they presented throughout the size of a goosequill, and closely resembled dilated bronchi; the trunk of the hepatic duct was of the capacity of a full-sized vena portæ, and its two primary divisions hardly smaller; the cystic duct was somewhat smaller, though greatly dilated; the dilatation was less in the common duct, and it contracted before its termination in the intestines; duodenum, healthy. The coats of these dilated ducts, were only thick in proportion to their capacity; the common duct was the only one which had any appearance of hypertrophy; their interior was healthy; all were filled with bile. The tissue of the liver was very soft, like the condition of the organ in advanced typhus, without the congestion; in many parts no appearance of the lobular structure remained; the envelope of the liver was healthy We could not discover any explanation of this dilatation of the hepatic ducts. The stomach and duodenum contained a brownish fluid, from its colour seemingly tinged with the bile; below there was no bile in the intestines, merely a coating of tawny mucus. Mucous membrane of the stomach very coarse. Kidneys were large, and deeply stained with bile. The tissue healthy by the microscope. The exemption of the malpighian bodies from the bilious tinge, which had dyed the whole of the epithelial structure was very striking, and afforded strong proof of the absence of cells from the capsules as asserted by Bowman. The uterus was perfectly healthy; it contained a large recent clot.

In connection with the apparent inconsistency of the absence of jaundice, with the existence of previous obstruction to the exit of bile, sufficient to cause such extensive dilatation of the ducts, Dr. Fletcher, remarked, that the lower class will often answer in the affirmative when asked if they have ever been yellow, when they will deny having had jaundice; in this case the question had only related to the presence of jaundice. Dr. Russell stated he had been favoured by Dr. Budd with his opinion, that in this case the obturation of the primary ducts was probably occasioned by the entrance of gall-stones on former occasions.

Foreign Department.

FRANCE.

Means of Solidifying Foot Prints.

It is often a matter of great importance in medico-legal investigations to preserve an accurate mould of foot prints; for this purpose M. Hugoulin (*Annales d' Hygiene*) recommends the following plan:—An iron plate, supported by bars, is so placed as to be about three or four *centimetres* above the mark to be solidified, and upon it live coals are to be placed so that heat may radiate to the subjacent soil. When this has become heated to about 100°C, *stearic acid*, reduced to impalpable powder, (by previously dissolving it in its weight of alcohol, and then, having added abundance of water, evaporating,) is to be dusted over it through a fine hair seive, so as to form an uniform layer. This, falling as a snowy dust, cannot by its weight injure the impression, and is indeed dissolved and absorbed as soon as it touches the soil. It is continued until the earth has become too cold to dissolve any more. After a sufficient time has been allowed for it to have become completely cold, the earth is mined round at some distance so as to raise the entire mass in a single piece, cutting afterwards carefully away the superfluous soil. After reversing it on several folds of linen, and surrounding it with a case, plaster is allowed to run in between the case and the reverse of the impression, so as to ensure complete solidity to it. If the soil is muddy or marshy, before commencing these operations, a trench should be dug around, into which plaster is to be introduced, which, on solidifying, will absorb much of the moisture, after which the whole mass may be exposed for some days to the sun and air before commencing to act upon it. M. Hugoulin says this plan is applicable to the most shifting soils, as sand, &c., and indeed to all except snow.

Case of Fatal Hæmorrhage from the Female External Genital Organs.

Cases are not unfrequently brought before the courts of justice in this country, in which a fatal hæmorrhage has resulted from the female external organs being wounded by cutting instruments; but such hæmorrhage has less commonly occurred from a contused wound. In an instance related by Dr. Evrard, (*Ibid*,) the wound resulted from a kick with the boot of a brutal husband, armed externally with enormous projecting nails. The woman, previously in good health, walked a short distance after receiving the injury, bleeding all the way, and was dead when assistance arrived. The body was found quite pale and exsanguineous, the heart and large vessels being very empty, and no effusion into any internal organ discoverable. A large lacerated wound in the labium was discovered, the finger freely passing to the horizontal ramus of the pubes in one direction, and towards the cavity of the pelvis externally to the vagina in another.—*British and Foreign Medico-Chirurgical Review.*

The Galvanic Poultice.

This name is given by M. Recamier to a method of employing galvanism locally. The application consists of cotton wadding containing alternate layers of zinc and copper plates. The whole is covered by a bag, one side of which is water proof. The permeable surface is placed next the skin. The galvanic current is developed by the perspiration.

Treatment of Displacements of the Uterus.

This subject has been investigated by M. Valleix, who records his observations in the *Bulletin de Géneral de Therapeutique*, (*Medical Times*, April 18.) He has satisfied himself that the various flexions and versions have really a prejudicial effect on the female health. The method of treatment recommended by him is the use of a modification of Dr. Simpson's intra-uterine pessary. The treatment is to commence with the daily introduction of the uterine sound for the purpose of dilating the neck of the organ. When the sound passes with facility, and without inflicting pain into the uterus, then the pessary is to be introduced. "I have never seen," says M. Valleix, "a single accident from its employment, and the cases in which I have obtained complete success are numerous."

The modifications in the pessary of Professor Simpson, proposed by Valliex, are a great reduction in the size of the disc to which the uterine branch of the instrument is fixed, a joint between the uterine and vaginal branch, a vaginal screw, by which the latter branch can be elongated at pleasure. M. Valleix's instrument is made by M. Charrière, of Paris.

Chloroform Injections in Gonorrhœa.

Injections of chloroform are recommended by M. Venot, (*Union Médicale,*) in the abortive treatment of gonorrhœa; they are productive, in the first instance, of great burning, subsequently of a feeling of cold. He states that used before the second day, this plan is almost invariably successful.

[From what we know of the pain attending the application of chloroform to the skin, its contact with a sensitive mucous membrane must be too intolerable to admit of its general use.—Ed. P. J.]

Ileus; Cure by "Firing."

The following is not the least marvellous of the cases which from time to time appear in the French Journals. The case is translated in the *Medical Gazette*, from whose pages we quote:—

"A peasant of Saussaye, Canton of Elbeuf, about 30 years of age, was suddenly attacked in the afternoon of October 24th, 1850, with most acute pains in the abdomen, followed by nausea, eructations, and vomiting. He had been in perfect health in the morning. The abdomen was soft, and no rupture existed. The patient pointed out a spot near the umbilicus where the pains attained their maximum intensity, and whence they irradiated towards the pelvis. Various means were unavailingly employed to relieve the agonizing sufferings,

which were distressing to behold. The symptoms rapidly got worse, the vomiting became stercoraceous. Three days and nights were passed without sleep or cessation of pain, and without the retention of any nourishment on the stomach. On the evening of the 28th October, determined to make one last effort, Dr. Hervieux summoned the aid of Dr. Justin, and placed the patient under the influence of ether. The relief which followed lasted only a quarter of any hour, and the feebleness of the pulse restrained a second exhibition, lest the patient should have died under its exhibition. At this moment the thought occurred of trying Mayor's hammer. Four applications were made at the point where greatest pain was experienced, each application was not less than for a minute. Instead of confining himself to the application of the hammer moistened in boiling water, some force was used in applying the hammer on the abdominal surface, so that it might possibly exert some direct action on the viscera. The pain that was caused was so great that it required several persons to hold him during the operation. This pain was, however, quickly followed by an indescribable sensation of relief. At the expiration of some minutes there was an escape of gas from the intestines, which seemed to be the re-establishment of the intestinal circulation. This escape of gas became more considerable, and was followed by an abundant stool, proving that the obstacle was removed. On the following day the patient was quite well, and asking for food.

"It is doubtful, (Dr. Hervieux observes,) if any other case be on record of a remedy so manifest, instantaneous, and permanent, especially by means so harmless and accessible."

[The "Marteau Mayor" is the French prototype of the "firing" apparatus of Dr. Corrigan, since alluded to by Dr. Day in his "Treatise on the Diseases of Old Age."—Ed. P. J.]

General Retrospect.

ANATOMY AND PHYSIOLOGY.

On the Structure of the Mucous Membrane of the Appendix Vermiformis and Colon.—By John Neile, M.D.

The mucous membrane of the appendix vermiformis differs materially from that of the colon in the arrangement of its capillaries. When the mucous membrane of the colon is properly injected, and deprived of its epithelium, it is seen to be regularly studded with the mucous follicles of Leiberkuhn, all much of the same size and shape; the orifices are formed by a ring of one or two capillaries, which gives the whole surface an appearance very similar to that of ordinary coarse lace. The depth of these crypts is sufficiently great to render the term tubule applicable to them, and unless the epithelium is carefully removed from these tubules by washing, or the preparation dried, so that the epithelium becomes transparent, the capillaries forming the parietes of the crypts or tubules are not evident. The regularity and number of these crypts are sufficient to render the colon distinguishable from the stomach, although numerous high anatomical authorities state that no difference exists between the mucous membranes of these important organs; but when we accurately consider the forms of the orifice, the depth of the crypt, together with the arrangement of the capillaries forming the orifices of the crypts, and the intervening spaces, the difference between the mucous membrane of the stomach and the colon will become evident even to the superficial observer.

The appendix vermiformis exhibits a different arrangement of its capillaries from the colon; the crypts are variable in size and shape, and the distances between them are by no means uniform. The interstices between them are formed by a beautiful interlacement of capillaries which presents an extremely regular appearance.

[The same observer has described the anatomy of the mucous membrane of the stomach in the *American Journal of Medical Sciences* for January, 1851, accompanied by an illustration of the different appearances of that membrane in the cardiac, middle, and pyloric portions. The following is his description:—]

The surface of the mucous membrane presents different appearances in different portions of the stomach; this fact not having been sufficiently appreciated by observers, we consider as one of the sources of error in the ordinary descriptions of this organ. By far the larger portion exhibits various modifications of the honeycomb structure, the cells are large and polygonal in some parts, in others they are smaller, deeper, and rounder; the ridges between these cells are formed of one or more convoluted capillaries, and this arrangement of capillaries is particularly evident in the rugæ. The walls of these cells or pockets are formed of a network of capillaries, which subdivides each cell into smaller ones; these cells are what are ordinarily called the orifices of gastric glands, and the subdivision in the bottom of each cell corresponds with the described orifices of tubuli. In the antrum pylori the structure is modified, the ridges between the cells become larger, more elevated, and as we approach the pyloric orifice, *conical villi* make their appearance; these villi are more numerous and larger towards the pyloric valve, so that fewer of the angular or polygonal cells are visible in their interstices; they are not so large as the villi of the small intestine, but in other respects their external appearances are precisely similar. When well injected, they seem to be composed of capillaries, closely united by a basement membrane, and forming a pyramidal projection.

There may be said to be three different appearances presented by the microscopic examination of the injected capillaries of the mucous membrane of the stomach when deprived of its epithelium:—1st, the convexity of a large ruga will have a comparatively smooth and even appearance formed by convoluted and intertwining capillaries; 2nd, any other portion excepting the antrum will exhibit cells or alveoli of different sizes and shapes, separated by ridges of various thickness, and these ridges are composed of capillaries

arranged in the same manner as the rugæ; 3rd, in the antrum pylori there are *conical villi*, and cells exist in the interstices and at their bases.

That the main point which we wish to prove may be understood in a few words; we would simply state that we consider the capillaries arranged in the form of "ridges, cells, and *villi*." The question may now arise, whether this description in any manner deviates from those ordinarily given in the standard works of the day? We consider that it does, particularly with reference to the villi, the existence of which, in the stomach, we wish fully to establish by description and demonstration. It might be asked, whether the term *villous* has not consequently been used with reference to the mucous membrane of the stomach? Unquestionably it has, though in a vague and loose way, as indicating a smooth, velvety surface, but not as implying a vascular, papillary projection to which the term *villus* is applied in the intestine."—*Philadelphia Medical Examiner*, February, 1851.

PRACTICAL MEDICINE.

Treatment of Aphonia by Stimulating Inhalations.—By Dr. Pancoast.

The form of aphonia, here alluded to, is that following an ordinary cold, without leaving any perceptible organic lesion in the pulmonary apparatus. The voice is reduced to a faint hoarse whisper, distinguishable only at the distance of a few feet; and a continued attempt to talk, though it gives no pain, becomes quickly attended with a feeling of fatigue, as though there were some obstruction to the passage of air through the larynx. In breathing merely, there is little or no difficulty; as the individuals are capable of undergoing considerable exertion without any unusual signs of fatigue. Having had an opportuniy, several years ago, of observing the movements of the vocal chords, in a person who had attempted suicide, and was left with a cicatrized wound opening into the ventricles of the larynx, Dr. Pancoast watched with great interest the play of these vocal chords, which were fully exposed to view, and was astonished at their frequent, varied, and extensive movements. From the evidence he obtained with regard to their motion, he was led to infer that this form of aphonia arose from a partial paralysis of the intrinsic muscles of the larynx, to be cured by stimulating them to action. His first case occurred eight years ago. The patient was a healthy young country girl; the aphonia had lasted for six months, resisting all treatment. She was made to inhale chlorine, gradually liberated from chloride of soda or lime, by very dilute hydrochloric acid, in a common glass retort. The inhalation was continued for some minutes, and repeated two or three times a day according to the degree of irritation produced in the throat and larynx. From the first trial the patient's voice improved, and in three days had become nearly as strong as ever. Two months after her return to the country, another cold was followed by an attack of aphonia, which also yielded to a few inhalations of chlorine vapour. Dr. P. has since treated a case in a medical practitioner, who had tried, among other remedies, repeated applications of strong solution of lunar caustic, without any good effects. The voice was restored to its natural strength in a week or ten days. He suggests that care should be taken that the chlorine be not developed too rapidly. He believes that it acts merely as a local stimulant, and that iodine, or any other exciting vapour, would produce similar results. —*Transactions of American Association.*

On the Efficacy of Cod-liver Oil in Phthisis.—By Dr. Levick.

Fourteen cases are recorded with these results. In the first there was increase of benefit and strength without change in the local disease. In the second the disease was far advanced, but its progress was arrested for a time. The third case was prolonged by the use of the remedy. In this instance diarrhœa was present. Case the fourth was a striking instance of the happy effects of the oil. Cough, emaciation, &c., all successively disappeared under the sole use of the medicine. In this case there was decided improvement in the local disease, as shewn by the physical signs. In two other cases marked improvement occurred under very unpromising circumstances. The seventh case showed no benefit, though the patient thought the contrary. Case eleven was most gratifying. The age of the patient, advanced state of the disease, and the size of the cavity, gave little hope; but the man recovered sufficiently to resume his work. Case fourteen was as favourable; the remainder derived no benefit.

The author remarks that he has seen nothing to warrant the belief that cod-liver oil will *cure* consumption. No case has come under his notice in which the disease, as declared by physical signs, was removed. But considering that in all the cases reported the disease was advanced, and that a cavity existed in six, the effects were most gratifying. Under ordinary treatment no benefit could have been anticipated.

The oil used by Dr. Levick was of two kinds, pale and brown. He prefers the pale variety as especially efficacious, and less offensive. He observes justly that it is highly important that the value of this remedy should be determined, as exaggerated impressions of its worth are apt to be followed by disappointment. In his own cases most of the patients increased in flesh, weight, and strength; and in most the cough and hectic diminished. In no case was pulmonary hæmorrhage or congestion to be traced to the use of the oil.—*American Journal of the Medical Sciences*, Jan. 1851.

SURGERY.

On the Treatment of Anasarca by Puncturing the Legs.—By John Hilton, Esq.

Mr. Hilton has presented a communication to the Royal Medico-Chirurgical Society, (March 25th,) with the object of suggesting the more frequent employment

of puncturing the legs in appropriate cases of anasarca depending upon visceral disease. After referring to the use of this remedy, without due precautions being observed, and the very probable mischief likely to supervene in such a case, the author states that his experience has convinced him of the great relief which anasarcous patients manifest when the fluid is allowed to escape from the areolar tissue of the body through artificial openings; and that when the operation has been done with caution and due consideration, it is not usually followed by unfavourable consequences. The instrument recommended to be employed (of which there was a drawing sent round) may be described as a very narrow, sharp-pointed lancet. Two, or sometimes four, punctures should be made by it in the outer side of the thigh, by passing it obliquely through the subcutaneous areolar tissue, so as to reach, but not to wound, the fascia covering the muscles; the limb, or limbs, if both have been punctured, to be immediately wrapped separately in warm blankets, these to be renewed often enough to prevent the limb becoming cold or chilled by the accumulation of the exuded fluid around it. Should the delicacy of the patient's skin, or any apprehension regarding the chemical character of the effused fluid, lead to the supposition or probability that the skin might become excoriated by the fluid running over it, then it is advisable to use capillary conductors in the form of worsted threads, so arranged as to pass over the punctures, and thence into proper receptacles, so as to keep the limb dry. After alluding to the continuity of the areolar tissue of the whole body, and expressing his belief that the infiltrated areolar tissue within the body, as well as that of the exterior, may be drained effectually by making punctures in the lower extremities, the paper explains the method of relief which is obtained, viz., that by freeing the subcutaneous areolar tissue of fluid, room or space is given for the external veins to become distended with blood, so as to relieve internal visceral congestion, and prevent effusions of fluid into the serous membranes, which produce great distress and death. The author states his conviction that such fatal serous effusions are mainly the result of a passive congestion in the internal veins, and not of an inflammatory condition of the serous membranes; and that the surest method of preventing the occurrence of internal dropsy, is to allow the venous congestion to take place upon the exterior of the body, where it produces a dropsical state of the subcutaneous tissue, and from which the fluid may be removed by artificial punctures through the skin. One of the chief reasons adduced for believing that such dropsies, whether within the body or upon the exterior, are the effect simply of venous congestion, is, that they may be imitated, after death, by injecting any afferent blood-vessel with water, and intercepting its return through the efferent blood-vessel, when escape of water occurs through the walls of the blood-tubes, and induces a dropsy of the parts. Other observations were made, explaining the *rationale* of the relief afforded to the heart, lungs, brain, and spinal marrow, by puncturing the legs in cases of anasarca. Towards the conclusion of the paper the author says, that having seen, in very numerous instances, extreme relief given to anasarcous patients by puncturing the legs in the way described, and only in a few examples any important inconvenience, and still more rarely, if proper precautions have been taken, any danger from it, except as a part of the patient's general condition, he feels himself justified, from personal experience, in recommending its more frequent adoption, in appropriate cases, than usually obtains in practice.

[We cannot agree with the author in his preference of a lancet for puncturing the legs; we have found such punctures to be more readily followed by erythematous inflammation than those made with a curved needle.—Ed. P. J.]

Ascarides treated by Kousso.—By Dr. Bushnan.

Dr. Bushnan narrates the following case, shewing that the new remedy, the Kousso, is destructive to the thread-worm as well as to the tænia:—

Three weeks ago Mr. N., a gentleman in a public office, applied to me. For more than two years he had suffered from thread-worms, and a host of anomalous symptoms. During that period not only had he used turpentine lavements, but had further been exposed to all the regular routine of practice generally adopted in similar cases; calomel, drastic purgatives, oleaginous vermifuges, salt and water, rue, worm-seed, and pomegranate, were ineffectually administered. The worms are always enveloped in a great quantity of viscid mucus, and thus were they probably sheltered from the action of the turpentine.

I determined to try kousso, and I believe I now record the first instance of its use for the removal of ascarides. I directed my patient to take a dose of castor oil at bed-time, and in the morning, when the purgative had freely operated, to inject an infusion of kousso—oz. ss. ad oz. viij.—into the rectum, and to take the same quantity by the mouth. He did so with the happiest results. A great quantity of worms came away. He has had no return even of the itchiness, from which he had previously suffered much, and now assures me he feels "quite a new man."—*Medical Times*, March 29.

MIDWIFERY.

Substitute for the Speculum.—By Dr. Inman.

Dr. Inman suggests, that as the speculum is an indecent instrument, caustic applications should be made with a piece of sponge tied to a stick, which has the further advantage, that the patient may operate upon herself.—*Medical Gazette*, Feb. 28.

[We do not doubt that in some cases this simple contrivance may be fouud useful, but we are just as certain that in the treatment of severe cases of granular "*ulceration*," (we will omit the term when we hear of a better,) it would be as wise to endeavour to apply the caustic without ocular aid, as for the surgeon to shut his eyes when he takes up an artery.—Ed. P. J.]

Medical Intelligence.

SESSIONAL REPORT OF QUEEN'S COLLEGE, BIRMINGHAM.

In accordance with the following regulations, issued by the Council of the Queen's College, in Birmingham, namely,—"That the professors shall keep a book specifying the times of attendance of each student, such book to be laid before the Council at their monthly Boards; that previously to the commencement of every lecture the professors shall call over the names of the students, and shall forward to the warden, seven days before the end of each term, their registers of attendance, or a terminal report of the attendance, conduct, and progress of *each student* in their respective classes and departments, from which details a general report shall be drawn up by the warden, and submitted to the Council, and copies of the reports *on each student* shall be forwarded by the warden to the parent or guardian *of each student*." A most elaborate statistical report has been presented by the Rev. Prebendary Gray, the warden, which cannot but prove highly gratifying to the friends of the Institution and to the public, and will afford a satisfactory proof of the earnest endeavours of the Council to maintain regularity and discipline in every department. Our space will only permit us to give a short abstract from the report. It appears that ninety students have been inserted on the register of the medical department, of which number sixty students have been in attendance at the medical and surgical practice at the Queen's Hospital during the past session.

Collegiate Discipline.—Of the resident students in the senior department, Messrs. Wilkinson, Franks, Waller, Day, Webb, and Bussigny were reported as *very regular and satisfactory* in regard to Collegiate discipline and attendance at the chapel; of the resident students in the junior department, Messrs. Down, Coathupe, Bond, and Trevor were reported very satisfactory and regular in the same respect.

Anatomical Class.—In attendance 72 students, of which number Messrs. Brierley, Harris, Perry, and Roland were reported *very regular;* 39 regular, 13 moderate, 11 indifferent, æger 1, dismissed 3, suspended 1.

Surgical Class.—In attendance 57 students, of which number Messrs. Adams, Brierley, Oakes, Perry and Russell, were reported *very regular;* 34 regular, 11 irregular, 2 very regular, 1 æger, 3 dismissed, 1 suspended.

Practice of Physic Class.—In attendance 42 students, of which number Messrs. Beales, Cantrill, Day, John Fox, Franks, James, Perry, Wilkinson, and Stabb were reported *very regular;* 7 regular, 6 moderate, 16 indifferent, 1 suspended, 3 dismissed.

Midwifery Class.—In attendance 67 students, of which number Messrs. Adams, Baxter, Blake, Bussigny, Berryman, Brierley, Cantrill, Day, Franks, Oakes, Harris, Michell, Perry, Smith, Stillman, Scholefield, Salter, Thornhill, Turner, and Waller were reported *very regular:* 24 regular, 14 moderate, 5 indifferent, 3 dismissed, 1 suspended.

Chemical Class.—In attendance 27 students, of which number Messrs. Brierley, Green, Oakes, Harris, Baxter, and Salter were reported *very regular;* 10 regular, 6 moderate, 4 indifferent, 1 absent.

Anatomical Demonstration.—In attendance 73 students, of which number Messrs. Brierley, Franks, Oakes, Perry, M. B. Smith, Webb, and Wilkinson, were reported *very reyular:* 25 regular, 13 moderate, 24 indifferent, 2 dismissed, 1 suspended.

The Medical Tutor's Class.—In attendance 12 students, of which number Messrs. Franks, Wilkinson, Wall, and Vincent were reported *very regular;* 6 regular, 2 occasional.

The Warneford Theological Class.—In attendance 43 students, of which number Messrs. Brierley, White, and Bussigny were reported *very regular;* 8 regular, 7 moderate, 10 indifferent, 6 irregular, 6 very irregular, 2 dismissed, 1 suspended.

MEDICAL EDUCATION.

The Court of Examiners of the Society of Apothecaries have resolved,—

1. That a preliminary examination for the junior students of the medical profession would be desirable, as an important auxiliary to the subsequent professional studies.

2. That such examination should comprise an inquiry into the student's knowledge of the Latin and Greek languages, and of the elements of mathematics.

3. That students should be admissible to such examination at any period from the date of their apprenticeship to the completion of the first winter session of their curriculum.

4. That such examination should in the first instance include the following subjects, viz.:—

   1. The first book of Virgil's Æneid and Cicero's Oration for Milo.
   2. The Greek Testament, to the end of the Acts of the Apostles; or, the first book of Xenophon's Anabasis,—at the option of the candidate.
   3. Algebra, as far as simple equations.
   4. The first book of Euclid's Elements.

5. That students who pass this examination satisfactorily should not be subject to any subsequent examination in Latin, except the Pharmacopœia Londinensis and prescriptions.

6. That students who have not passed this examination should, for the present, be allowed, as heretofore, to undergo the preliminary examination in Celsus and Gregory, after they have completed two winter sessions of their medical studies.

EPIDEMIOLOGICAL SOCIETY.

At a meeting of the Society, held on the 7th, the following gentlemen were elected to the various offices:

President.—Benjamin Guy Babington, M.D., F.R.S.

Vice-Presidents.—Thomas Addison, M.D.; Richard Bright, M.D., F.R.S.; Sir B. C. Brodie, Bart, F.R.S.; Sir W. Burnett, Knt., K.C.B., K.C.H., F.R.S.; Sir C. M. Clarke, Bart., M.D., F.R.S.; Rev. Thomas Dale, M.A., Canon Res. of St. Paul's; R. D. Grainger, Esq., F.R.S.; Sir Charles Hastings, M.D., Worcester; Sir James M'Grigor, Bart., K.C.B., K.C.T.S.; John Nussey, Esq.; Professor Owen, V.P.R.S.; John Propert, Esq.; G. L. Roupell, M.D., F.R.S.; Thos. Southwood Smith, M.D.; Colonel Sykes, V.P.R.S.; Thomas Watson, M.D.

Treasurer.—T. Addison, M.D.

Honorary Secretaries.—J. O. M'William, M.D., P.R.S.; and J. H. Tucker, Esq.

Members of Council.—G. H. Barlow, M.D.; Jacob Bell, Esq., M.P.; James Bird, M.D.; A. Bryson, M.D., *R.N.*; W. B. Carpenter, M.D., F.R.S.; R. Greenhalgh, Esq.; W. W. Gull, M.D.; A. H. Hassall, Esq., M.B.; E. Headland, Esq.; A. Helsham, M.D.; T. Hunt, Esq.; J. O. M'William, M.D., *R.N.*, F.R.S.; J. F. Marson, Esq., Henry Oldham, M.D.; W. Percivall, Esq.; G. Pilcher, Esq.; E. C. Seaton, M.D.; F. Sibson, M.D., F.R.S.; E. Sieveking, M.D.; J. Simon, Esq., F.R.S.; J. Snow, M.D.; G. J. Squibb, Esq.; Wm. Edwd. Swaine, M.D.; C. R. Walsh, Esq.

HUNTERIAN MUSEUM.

The Council of the Royal College of Surgeons, with a liberality that does them great credit, have sent letters to all the foreign ambassadors and consuls-general, enclosing cards of admission to the museum, which they are invited to present to their respective countrymen who may visit London at the approaching Exhibition of the Industry of All Nations.

COLLEGE STUDENTSHIPS.

The Council of the Royal College of Surgeons have just announced their intention to elect a Student in Human and Comparative Anatomy, at a salary of £100 per annum, to be held for two years, at the expiration of which time the student will receive an appointment in the Army, Navy, or East India Company's Service.

A GOOD HIT AT HOMŒOPATHY.

Professor J. K. Mitchell, in his late Introductory, disposes of Homœopathy thus wittily and aptly:—A Physician educated in Philadelphia, says the Doctor, but who lapsed through a proclivous nature into Homœopathy, came to me once for a motto for a book which he was preparing on Homœopathy. As he usually consulted me when himself sick, and yet gave his microscopic doses to others, I felt no reluctance to give him a blow; so I said that once when a ranting lover on the stage cried out to his mistress—"My wound is great because 'tis small"—the witty Duke of Buckingham added from a side box—"Then 't had been greater were it none at all." Now, Doctor, said I, you can put that together thus—

> "My Physic's great because 'tis small,
> And would be greater were it none at all."

That is the whole argument of Homœopathy in a couplet.

A CHINESE EXECUTION.

A Mr. Lynton has lately made a communication to the Asiatic Society of London, descriptive of a mode of punishment peculiar to the criminal code of the Celestial Empire. A Chinese merchant named Hiam-ly, accused and convicted of having killed his wife, was sentenced to die by the total deprivation of sleep. The execution took place at Amoy, in the month of June last. The condemned was placed in prison under the *surveillance* of three guardians, who relieved each other every alternate hour, and who prevented him from taking any sleep, night or day. He lived thus for nineteen days, without having slept for a single minute. At the commencement of the eighth day, his sufferings were so cruel that he begged, as a great favor, that they would kill him by strangulation.

ROYAL COLLEGE OF PHYSICIANS.

The following gentlemen were admitted members on Monday, the 14th inst.:—Dr. Hall Davis, 17, Russell Place, Fitzroy Square; Dr. Meryon, 14, Clarges Street.

ROYAL COLLEGE OF SURGEONS.

The following gentlemen were admitted members on Friday, the 11th inst.:—Benjamin Baker, Broadway, Worcestershire; John James Bird, Market-Rasen, Lincolnshire; John Hall Bywater, Knottingley, Yorkshire; Frederick Hezekiah Hartshorne, Broseley, Salop; Edward Abraham Hancock Head, Stoke, Plymouth; James Rouse, Walham Green; William Johnson Rowland, Wargrave, Berkshire; Thomas Spencer, East Shilton, Leicestershire; John Hender Tickell, East Looe, Cornwall; Edmond Umphelby, Belstead, Suffolk.

THE FELLOWSHIP.—The following members, having undergone the necessary examinations, were admitted to the Fellowship:—William Adams, New Broad Street; James Alexander, London; Walter R. Howell Barker, Wantage; James Henry Butler, Bengal Army; James Cuthbert Ottaway, Dover.

SOCIETY OF APOTHECARIES.

The following gentlemen passed their examinations on Thursday, the 10th inst.:—John Davies, London; James Hartley, Bury, Lancashire; Charles Matthias Meller, Ecclesfield, York; Watkin Rhys, Aberdare, Glamorgan; John James Ritchie, Tean, Staffordshire; Walter Smith, Caistor, Lincolnshire; Walter Kerr Waller, Lymington, Hants; John Wills, Shaftesbury, Dorset.

The following gentlemen also passed their examinations on Thursday, April 17th:—James Backhouse Bindloss, Manchester; Edward Evans, Cardiff; Edwd. Higgon Evans. Treffgame Hall, Haverfordwest; John Hebden, Scarborough; George May, Reading; Lewis Newnham, Uckfield, Surrey; Hugh Norris, South Petherton; William Johnson Rowlands; Charles Morton Sidley, Leicester.

APPOINTMENTS.

Mr. Hird has been appointed Lecturer at the Charing Cross Hospital School, in place of Mr. Wharton Jones; and Mr. Edwin Canton has succeeded Mr. Hird in the Chair of Anatomy.

Mr. Henry John Brown, of Wilmington-square, has been appointed surgeon to the Parochial Infirmary of Clerkenwell.

Mr. Thomas Carr Jackson, for some years the house-surgeon, has just been appointed assistant-surgeon to the Royal Free Hospital.

Dr. Hooper has been appointed assistant-physician to the Surrey Dispensary, in the vacancy occasioned by the resignation of Dr. John Birkett.

Dr. Edward Smith has been elected lecturer on botany to the Charing Cross Hospital.

BOOKS RECEIVED FOR REVIEW.

The Prescribers' Pharmacopœia. Fourth Edition. London; J. Churchill, 1851. pp. 132.

Syphilitic Eruptions, with especial reference to the Use of Mercury. By Thos. Hunt, M.R.C.S., &c. London: J. Churchill. Pamphlet, pp. 25. 1851.

Practical Analysis of Seventy Cases of Inflammatory, Functional, and Structural Disease of the Heart. By J. Scott Alison, M.D. London: J. Churchill, 1851. Pamphlet, pp. 31.

The New York Journal of Medicine, March, 1851.

TO CORRESPONDENTS.

Communications have been received from Dr. Tilt, Mr. Brown, Mr. Watts, Mr. Harvey.

INTRODUCTORY LECTURE

ON THE

DISEASES OF CHILDREN.

DELIVERED IN THE

Chatham Street School of Medicine, Manchester,

JANUARY 14, 1851.

BY DR. MEREI,

Fellow of the Hungarian Academy, late Professor of the History of Medicine at the University of Pesth, Clinical Professor of the Diseases of Children, and Director of the Children's Hospital at Pesth; Fellow of the Imperial Society of Medicine at Vienna, etc.

GENTLEMEN,—I feel very happy in addressing on this occasion so respectable an assembly. I must beg, above all, your indulgence in judging of my performance of this task, as there will be considerable imperfection of language in it, and perhaps a very limited scientific accomplishmemt.

I have to deliver a course of lectures on diseases of children in this school, and feel very much honoured by this mark of confidence on the side of the learned teachers attached to this institution, and shall try to answer your flattering expectation as well as I can, with truthful accounts of what I have seen and experienced in the arduous department of children's ailments. Allow me, only in the first instance, to premise some few hints about the history and the present state of this science.

Children's diseases have long been neglected, and it would be but a loss of time, should I quote what Hippocrates, Galen, Oribasius, and Paul of Ægina;—what during the long period of barbarism, Rhazes, Avicenna and other Arabs, and subsequent mediœval Christian authors, contain about children's diseases. Excepting some eruptions on the skin, glandular affections, hydrocephalus, convulsions, and a few other chronic maladies, there is very little mention of this department of medical practice. Even in times near to ours, great physicians, as Boerhaave and Stoll, knew very little about children's diseases. Let us, therefore, pass at once to the present century, and mention before all, some German physicians, the first who wrote valuable systematical works on this subject, as Drs. Jörg, Henke, Wendt, Goelis, and some others of that nation.

But if we compare that stage of science with the present, we cannot fail to witness a progress much more important proceeding from French physicians and children's hospitals, commencing with Billard, about twenty years ago, and successfully prosecuted by Bretonneau, Trousseau, Baudelocque, Blache, and some others. The large systematic work of Drs. Barthez and Rilliet (attached to Parisian children's hospitals) is the most important on this subject in modern times. Besides this there are a great many other treatises on children's diseases, more or less special; among these, one of the most remarkable is that of Dr. Mauthner (founder of one of the Vienna children's hospitals) on the diseases of the brain and spinal marrow of children. Great Britain has afforded also some valuable contributions. I will mention Underwood's treatise, that of Drs. Evanson and Maunsell, Dr. West's (of London) "Lectures on Diseases of Infancy and Childhood," full of valuable information, and lastly, Dr. Churchill's (of the Dublin University) very excellent systematical works on that subject. There are also some publications of mine, the last edited of which, (my "Institutions on Diseases of Children,") exists at present only in the Hungarian language.

The most important advances latterly made in this branch of medicine, are of a trustworthy stamp, being founded upon the close observations of thousands of hospital cases, and on an adequate number of pathological dissections.

As children's hospitals form a new and fruitful epoch in the history of medicine, as it is possible that the philanthropic spirit of this country may also take the same direction, and that after the shortly-expected realization of a children's hospital in London, perhaps some of my present attendants could or might one day co-operate in a similar task, allow me to express my opinion on it.

The number of children's hospitals, limited to only two until 1838, one of which was at Paris, the other at Petersburgh, is since that time rapidly increasing on the Continent. There are now three in Vienna, one in Pesth, one at Prague, one in Berlin, one at Frankfort, and in other towns. We observe, that at first were erected nurseries or asylums for poor children, then come soon after them hospitals as naturally connected with the former. I understand by children's hospitals, only those institutions where children are received into the beds, and where the whole organization and accommodation of the locality and of the attendance, is according to the peculiarities of the nature of infants and children, and of their diseases. The most important point is to take infants from one week old and upwards into the hospital; after the tenth year there is much less reason to keep a patient in a special hospital. But then it is an essential consequence, in the instance of such children as are less than three years old, to take into the hospital along with them their mothers or nurses. This is advantageous both for treatment and scientific progress in this department, and I am sorry to say that in this respect, many of the existing children's hospitals are still very imperfect.

That of Pesth was the first founded on that principle, in 1839, by myself with the assistance of my friends; and the number of mothers and nurses whom we kept in the establishment, reached in 1849, above five hundred, besides thousands of little patients. I have been satisfied that everywhere the foundation of a children's hospital met with a general sympathy. That of Pesth rapidly increasing by manifold supports, got a new building specially erected for that purpose in 1845; the goverment following the line of public opinion made of it a clinic and a professorship united with the University, and in 1847 it was decreed, that every student in medicine, in order to get his diploma for practice, should produce a certificate from the children's clinic,

witnessing his attention to this branch of medical instruction. In this particular, the University of Pesth preceded that of Vienna. The foundation of children's hospitals, I am sure, is one of the necessary results of that spirit of inquiry into the state of society, and of increasing philanthropy—both honourable characteristics of this century.

Could I confide in my language, I would endeavour to bring before you a lively picture of the desolate state of the children of poor people, resulting from wretchedness and ignorance. I had under my care more than 15,000 of poor peoples' children, and certainly as many of wealthier families in my private practice. What a melancholy disproportion of state! Improper clothing and nourishment, damp cold foul air and want of light, little care and plenty of prejudices, cause an appalling mortality among the children of the poor.

The figures of proportional mortality seem to be for Pesth the following:—In the *two first years* of life, about 35 per cent. of poor peoples' children die; and hardly 18 in the same time of those belonging to wealthier classes. This disproportion, serious enough, is still greater in the large towns of France and of England. This disproportion of mortality is quite according to the laws of nature, as a tender infant must die, if the essential conditions of the life and development of this delicate organism are not fulfilled; but certainly this is not the intention of the Creator. Then, if you look at these poor little wretches in their state of malady and neglect, covered with dirt and with all sorts of ugly affections on their skin—infants in age, old men in their wrinkled and collapsed face—an appearance enough to revolt human feelings, you must acknowledge that the actual state of society, so much praised, is still very imperfect.

I suppose I am not misunderstood. I am far from saying that children's hospitals are the general and radical remedy against the melancholy conditions alluded to. There are necessities for the moral and physical state of the lower classes, which belong not to me to speak about. But generations may elapse before pauperism and ignorance may be removed, whilst children's hospitals afford a beneficial palliative for a good length of time. They preserve a great many lives of the most neglected children, that is one fact; then, they have been and are the most fruitful ground for the improvement of medical knowledge in this most extensive and delicate branch of practice. I could add, that pathological anatomy of children, the most valuable source of light in their maladies, cannot be duly practised without children's hospitals. And, lastly, they afford the largest opportunity to diffuse instruction and good principles for the physical education of children among poor mothers and nurses, full of prejudices.

Concerning the progress latterly made in this branch of medicine, there is some of a very positive character about the nature of some important diseases of children, such as meningitis, hydrocephalus, all pulmonary affections, typhus, and some others. Thus a positive progress consists in the improvement of objective symptomatology, or what we call the physical examination of the child. Not only its general complexion, or the state of its single parts and organs, *is* now more closely, and *can* be more successfully examined; but there is scarcely a movement, and not one line, imprinted on, or slighty passing over the sick child's face, which is not carefully considered in its diagnostic signification. Let me adduce as an example, that furrow which we call the *oculo-zygomatic line*, commencing at the internal angle of the eye, and extending towards the upper part of the cheek, almost always connected with a collapsed face. This line, if much expressed in an acute case, and if recent and profuse diarrhœa is not present, signifies nearly constantly an affection of the brain. The cry of children decomposed in its two respiratory acts, which we term the *outcry* and the *backdraught* became also the subject of an exact inquiry, at first by Eusébe de Salles and Billard, afterwards continued by some other physicians. But the most splendid progress in children's diagnosis is realized by the application of auscultation and percussion of the chest in children's practice. A practitioner well informed in this sort of examination, will be able to point out with nearly mathematical certitude the seat, the species, and the degree of any affection of the bronchi, of the lungs, of the heart, and the connected parts. And as in febrile affections of little children, there is frequently much obscurity about the seat of the prevalent local affection, as for example, whether it be the brain or the lungs, it becomes clear, that in becoming enlightened upon the state of the lungs, we are enabled to make a conclusion about the state of the brain, and consequently this kind of examination affords us a basis—a good directory in the diagnosis of at least the half, in number, of acute and febrile affections of children. Therefore I shall insist in particular upon that point, and practise auscultation and percussion on sick children brought to us in the course of my lectures.

In conclusion we can say, that by all these improved means of objective and physical examination, the speechless child by-and-by becomes the book of nature, legible to a certain extent by the well informed practitioner.

I cannot say as much as this in favour of the treatment. There are improvements also in this part, it is true: the progress in pathology and in diagnosis, could not fail to advance the therapeutics. We have also obtained some better information about the action and the method of applying usefully *high doses of iodide of potassium*, in *certain* species of dyscrasy, and not as it has been stated, in general in the large and vague department of scrofula. *Cod-liver oil* is already demonstrable to be the sovereign remedy of all sorts of atrophy or deficient vegetation, and this is an indication important enough, (we must not pretend too much for one remedy); thus I have, myself, succeeded in proving, by hundreds of facts, in the children's hospitals of Pesth, that the ammonio-sulphate of copper, administered in full doses, in an aromatic solution, is the sovereign remedy of all cases of chorea, unconnected with organic alterations of the nervous centres. Dr. Trosseau, of

Paris, has improved the treatment of laryngeal croup with the ingenious application of an operative act. I could mention some more facts as proofs of a progress in children's therapeutices. But this progress is neither sufficiently considerable nor general enough.

The rudest empyricism, and strange and unnatural systems of treatment, can still subsist along with the general line of practice. This fact makes it clear that there must be still a good deal of superficiality and imperfection in our therapeutics.

It seems to me that the curative power of nature is not yet valued as it ought to be, and this is in itself a continuous source of uncertainty, of mistakes, and of improper remedies.

Hippocrates, the genial physician of an enlightened people, said:—"Medicus naturæ minister sit, neque tyrannus,"—that is to say, we are but the servants of nature. But the light of Greece was extinguished, and then the mediœval darkness came over us, and with it the blind faith in remedies; and professional men became the tyrants of nature indeed, overloading the sick with physic, as if there was never a chance of getting well without it.

This tremendous polypharmacy, the most mischievous in children's practice, lasted for more than a thousand years. Latterly it has been very much reduced, and the most enlightened practitioners are at present the most simple in their treatment. But this is not enough.

If, then, somebody tells us that a child, unsuccessfully treated with our medicines, was restored to health by a system quite different from ours, it is not enough to demonstrate it physically or chemically that such and such a treatment could not exert the least influence upon the body, nor to state that in such cases nature performed the cure. All this is not enough.

The *reform* we need must have two essential consequences: *simplification and negativeness* on the one side, and *improvement of active treatment* on the other side. It must be shown what nature *can*, and must be *allowed* to do, and what a remedy can, and in what cases and circumstances it *must* do.

It is quite insufficient to say, as we do frequently, I have seen many and many patients get well under such or such a treatment, as nature and hygienic circumstances are powerful enough to cure suddenly or slowly the greatest number of sick; thus to antimonials is attributed an antiscrofulous action, to mercury a remedial virtue against the inflammations of the brain, and so forth. The important fact is, that *there is no one malady, which we can cure with remedies, which is not cured very frequently by nature alone;* the therapeutic question is consequently only a relative one to the proportional number and length of time of our cures, therefore we must seek to construct a sort of comparative experimental system, comparative between the natural course of diseases, and that influenced by active remedies. This is a task for hospital practice, which, however imperfectly commenced to-day, will sooner or later be generally adopted. I understand here *well-organized* hospitals, completely provided with a good medical attendance, of which there are already a great many in Europe. Under such a careful attendance can be established certain *conditions* under which a disease, acute or chronic, may be abandoned to its natural course; and other conditions, under which, and in what manner, we must interfere with active remedies, in both cases exactly watching over and describing the course of the maladies. In this way by-and-by we shall be in possession of thousands, and hundreds of thousands, of exact histories of this double kind, and shall be enabled to appreciate with more certitude remedies and methods of treatment. I am sure that all the learned members of this school, and all enlightened practitioners agree with me, that medicine will *stand this trial*, and that the result of this enlightening of ourselves as well as the public, upon the curative power of nature, will be in favour of good practitioners, and only unfavourable to ignorance and charlatanism.

The position of our profession is something more than that of *only* prescribing remedies. For my part, as I have been utterly convinced that the principles just now mentioned are the most important for children's practice, I applied the comparative experimentation in the children's hospital since 1842, consequently there is only mention about the results in my last-edited work. At present I have not at my command statistical figures concerning that point, but I can say we have been satisfied that there are diseases of children, or circumstances at certain times in the course of a disease, where remedies are good for nothing, or they are mischievous; but there are other diseases or other circumstances under which a judicious treatment promotes and insures a complete cure; then, lastly, there is a small per centage, (taking all diseases together,) where only by a suitable active treatment death can be prevented.

Syrups, emulsions, and similar things, are not indifferent: they are mischievous to the tender stomach of a nursling, and ought to be very much reduced. Our books contain hundreds of comparative facts, showing that *mercury* is at least useless in the advanced stage of hydrocephalus, indifferent, or just acting as a purgative in meningitis, and that besides its purging action, that on the liver and its specific antisyphilitic quality, nothing appears to be clear about other actions attributed to this flexible sort of panacea, if administered in small or moderate doses; and, what is the most important, we have at command a great number of cases illustrative of the unfavourable influence of calomel upon the digestive organs, the blood, and the bones of children. The strong mercurial ointment, carried to the effect of mercurial fever and crisis, produces sometimes deep changes in the fluids and solids, sometimes beneficial.

We have at command comparative facts concerning *hooping-cough*, showing that pure nervous cases, abandoned to hygienic means, to open air, (always excepted cold damp weather,) are more favourably restored to health than those that are treated with all the recommended active remedies, and confined to the room. I repeat it, I am speaking of *pure* convulsive hooping-cough, as, if there be a complication of bronchitis, or of something else of importance, then we may very usefully interfere with on occasional active treatment.

We have seen epidemics of this affection where many cases required some months till they recovered, whilst in some other epidemics, cases occurred getting well by nature alone in one or two weeks. Thence the mistake in estimating remedies. It seems to me that, if we were to find out the true specific for this nervous, and frequently even periodical affection, its action will be, perhaps, as quickly curative as that of quinine in intermittents. We have found that the most favourable results as regards recovery, and the time of it, was on the side of the hygienic, or at least very simple treatment—of all *simple* fevers, not complicated with inflammation or other important derangement, including even typhus. With water, (cold and warm,) oil, fomentations, poultices, and injections, can be very well treated many severe fevers of children.

I think that these results, however negative, are worthy to be brought under the notice of pupils and young practitioners. It is very preferable in every description of practice, but above all in children's practice, to abandon a case to nature, assisted by the most simple means, rather than to attack the constitution with a mass of medicines without full knowledge of the case, and of the effect of its medicines. The time must come when, in the hospitals and clinics, pupils and new practitioners will be accustomed to see sometimes a severe disease running through its course without interference; this time is not yet come, but will come, and will contribute to develop a certain firmness of character in practice.

But now I must mention also some positive results. I pass over in silence the quantity of cases and circumstances where an occasional active interference insures the completeness of recovery, and mention, before all, intermittent fevers. I dare to say that autocracy of nature cures 10 per cent., but active treatment at least 90 per cent., of them shortly and favourably. Thus out of 100 cases of acute lobar pneumonia in *little* children abandoned to nature, I am sure about 90 per cent. will die; and active treatment applied in the *first stage* of hepatization, will have in its favour about 30 recoveries. And if Dr. Dieth, of Vienna, or some other, speaks unfavourably about the results of bleeding, this is owing to the advanced and neglected state of pneumonia, with which, in general, adult patients enter the hospitals. Active treatment is very favourable also in capillary bronchitis, as well as in almost all acute parenchymatous and serous inflammations.

Our result concerning chorea I mentioned already. This disease abandoned to nature runs from six months to two or even more years, whilst our above-mentioned active treatment had, in 147 cases, 140 speedy and complete recoveries. Dr. Trousseau, of Paris, has recently adopted it, at my recommendation, in the hospitals of that city. But I shall not persist any longer in detailing similar observations. Our results are very little in comparison to what can be expected by the farther progress in a well-managed hospital experimentation.

The physical education of infants and children is also an important point, advancing parallel with this branch of science, but it is too late in this instance to enter into particularities. I am sorry to say that the microscopical examination of the milk of the breast, commenced by Dr. Douné, and even the chemical examination, are not yet arrived at the desirable height of practical importance. In conclusion, this branch of science has already reached to a degree of development and usefulness, worthy the attention of the profession.

I shall at the next lecture enter into detail and specialities.

OBSERVATIONS ON THE CÆSAREAN SECTION,

By G. B. KNOWLES, Esq., F.R.C.S., F.L.S., &c.,

Professor of Botany and Materia Medica, in Queen's College, and Surgeon to Queen's Hospital, Birmingham.

ATTEMPTS having been lately made to throw a degree of odium upon the Cæsarean section, and the most unwarrantable epithets having been applied to that operation, I am induced to offer, through the *Provincial Journal*, a few remarks upon this interesting and important subject.

In the discussions upon the Cæsarean section at the meetings of the Royal Medical and Chirurgical Society, in February last, allusion was made by Dr. Robert Lee to my successful case of Cæsarean operation. The case was published in the 4th vol. of the "Transactions of the Provincial Medical and Surgical Association;" but as some years have now elapsed since the publication of the case, it may not, perhaps, be uninteresting to some members of the Association to be made acquainted with a few particulars respecting it.

The operation was performed in May, 1835; and in the autumn of the same year brief notes of the case were read in the medical section at the meeting of the British Association, in Dublin. By some unaccountable mistake it was subsequently announced that the operation had been performed by Mr. Knowles, *of Manchester;* and it was so reported in the various periodicals of the day. The same error has been repeated, even a few months ago, in the *Edinburgh Journal of Medical Science*, and also in the new edition of Dr. Churchill's midwifery. I have thought it right, therefore, that the error should be corrected; and I am induced more especially to bring the case again before the notice of the profession, in consequence of a remark made by Dr. Lee in his address at one of the meetings already mentioned. Dr. Lee, after excluding (and apparently with great propriety) the case of Mary Dunally, and that of Mrs. Barlow, proceeds to state that "Mr. Knowles' case, and that of Mr. Cluley, related by Dr. Radford, are the only two real cases of recovery out of fifty performed in Great Britain and Ireland; *and whether these persons are now alive, and in what condition they are, no one can tell.*" I give, therefore, a brief account of the case.

Sarah Bate had long been the subject of *mollities ossium.* She had had four labours and four miscarriages in about eight years; and it was during the space of time in which these miscarriages took place,

that the disease in her osseous system commenced, as she became very lame and complained of constant pain, which she believed to be rheumatism. In her last or ninth pregnancy, *I did not see her till labour had commenced*, at the full period of utero-gestation. After a most careful examination, in which I was assisted by my friends Mr. Wood, senior-surgeon to the General Hospital, Mr. Wickenden, and the late Dr. Ingleby, it was ascertained that the space left by the distorted bones, was only two inches in the transverse, by less than one in the antero-posterior diameter. The sacrum and lower lumbar vertebræ had, in fact, so far descended into the cavity of the pelvis, as to occupy the greater portion of its space. This will readily be imagined when it is stated that, after her recovery, she was found to have diminished in stature full *nine inches*. In such a case there could be no question as to the mode of practice to be adopted; and even Dr. Lee, I should think, must admit that in such a degree of deformity the Cæsarean section was the only alternative.

Of the propriety of inducing premature labour in certain cases of deformity, there cannot be a doubt in the mind of any man who has had much experience in the practice of midwifery. When a student, more than thirty years ago, I have heard Sir Charles Clarke in his lectures dwell with great earnestness upon its important advantages, and in the course of my practice I have frequently availed myself of his valuable suggestions with the happiest results. But at the full period of utero-gestation, the choice will sometimes lie between craniotomy and gastro-hysterotomy. Now, to decide upon the possibility of delivery by craniotomy in cases of extreme deformity, is, doubtless, a point of no small difficulty; for, in using the perforator and the crotchet, it has long ago been observed that *it is one thing to extract, and another to extract with safety*. My experience, in fact, leads me to believe that craniotomy has often been attempted, and perhaps effected, when the Cæsarean section might have offered the patient an equally good, nay, perhaps a better prospect of recovery; for I am of opinion, that if all cases of craniotomy were recorded that have terminated unfortunately, they would form a most fearful and appalling catalogue. Baudelocque, indeed, does not hesitate to assert, that if practitioners had recorded all those cases in which they have delivered, or attempted to deliver, by the use of the crotchet, as has been done with regard to those who have undergone the Cæsarean section, it would not be difficult to prove that many more women have died from the use of the crotchet, than from the Cæsarean operation. In cases of extreme deformity it most frequently happens that the practitioner has no knowledge of the state of the pelvis until labour has actually commenced; an estimate must be made, therefore, between the comparative danger of craniotomy and the Cæsarean section.

It must be freely admitted, and should be regarded indeed as a general rule, that where there is sufficient space to admit of delivery by the crotchet, and with a reasonable prospect of safety to the mother, we should never hesitate to have recourse to this mode of practice in preference to the Cæsarean section. Now, that every experienced and well-informed practitioner would invariably keep in view and act upon this rule, I cannot for a moment entertain a doubt; inasmuch as the life of the mother will always be considered as more valuable than that of the child.

I cannot but wonder, therefore, that Dr. Lee, in his reprobation of the Cæsarean section, should have so far forgotten himself and the courtesy that is due to the profession, as to have made, in the course of his speech already alluded to, the following unwarrantable remarks:—"This rage," says Dr. Lee, "*for cruel and bloody operations*, has spread far and wide, and *attempts are being made on all sides in this country, at the present moment, to pervert and corrupt the sound and fundamental doctrines of English midwifery*; as a public teacher, and holding a public position, my *conscience* will not permit me to remain a silent witness of *such abominations*." Can this accusation be, for a moment, considered justifiable? Have not accoucheurs in general the same anxious consideration for the welfare of their patients as Dr. Lee? Would they be at all likely to be influenced in their judgment by the *eclât* attached to an operation? Would any one, in short, venture upon the hazardous operation of gastro-hysterotomy, except under circumstances in which it seems to afford the only practicable means of delivery? Certainly not. Where, then, are we to look for *this rage for cruel and bloody operations?* Where are *attempts being made to pervert and corrupt the sound and fundamental doctrines of English midwifery?* Nowhere, I verily believe, except in the prejudiced and angry mind of Dr. Lee. Nor am I disposed to admit, that Dr. Lee's *conscience* is more sensitive upon these points than are the consciences of those against whom he has directed his attack. It should be remembered, moreover, that no comparison can be drawn between ovariotomy and gastro-hysterotomy; the necessity for the former being but rarely very urgent, the latter never admitting of delay.

And what, after all, are the circumstances that seem to have called forth the severe animadversions in which Dr. Lee has indulged? It appears that the Cæsarean section has been performed lately in two or three cases in which, according to Dr. Lee, the operation was unnecessary. In Mr. Skey's case, for instance, Dr. Lee maintains that he could have effected delivery with the perforator and crotchet, although the diameter from the base of the sacrum to the symphysis pubis was only one inch and one-eighth. I have no doubt of the adroitness of Dr. Lee in the use of these instruments, yet I much question the possibility of effecting delivery by cephalotomy in such a case with safety to the patient; and such appears to have been the opinion of the distinguished practitioners who met Mr. Skey in consultation. It seems that neither Dr. Lee, Dr. Collins, nor Dr. Joseph Clarke, have ever met with a case in which the Cæsarean section was necessary. This is very remarkable, and yet very possible, even in the very extensive practice in which these gentlemen have long been engaged. That cases do sometimes occur, however, in which delivery, *per vias naturales*, is utterly

impracticable, and in which the Cæsarean section offers the only possible means of relief, is a fact that cannot be denied. "The necessity for this operation," says Baudelocque, "is no longer a problem; it cannot now appear doubtful to any persons, except to those who are interested in opposing it, whatever may be the motive by which they are actuated. Its necessity is as fully established as that of lithotomy, to which no one will dare to object, because it is, in some instances, as impossible to extract a child through the natural passage, as to bring from the bladder a large stone through the urethra. The Cæsarean operation has this peculiarity, that it is always urgent, whilst lithotomy is scarcely ever so; that the least delay in the former may render it useless to the child, and more dangerous to the mother, whilst the latter may, perhaps, be deferred without any material inconvenience."

It is more than probable that recourse has been had to the Cæsarean section, when the patient might possibly have been delivered by cephalotomy; but has no limb ever been removed by amputation, which might have been saved by other treatment?

In the case of deformity at Cupar, in which Dr. Simpson was consulted, and in which it was decided that the Cæsarean section would be necessary, the patient was very unexpectedly delivered, and even without instrumental assistance. When we are made acquainted, however, with the state of the fœtus, we cease to wonder at this unexpected delivery; for it appears that "the infant had been dead for some time *in utero*;"—that the bones of the crainum were separated from their attachments, and floated about in the dissolved and liquefied cerebral matter;—that, although eighteen inches in length, it weighed only three pounds and three ounces;—that, in fact, it was in a state of putrefaction.

Dr. Lee exults in this unexpected termination of the case, and so must every one who possesses the common feelings of humanity; but has it not frequently happened, that a case of hernia, after resisting all attempts to return it, has receded spontaneously while the surgeons were deliberating upon the probable necessity for an operation?

But Dr. Lee does not seem to be aware of the fact, (or else he withholds it,) that the Cæsarean operation has been much more successful on the Continent than in this kingdom. The statistics in this matter are, in all probability, not strictly correct; and yet if allowance be made for various fatal cases not recorded, we shall find, even then, a considerable number of well-authenticated cases, amply sufficient to prove that recovery after this operation is by no means so hopeless as Dr. Lee would wish to make it appear. M. Simon, in his "Recherches sur l'Operation Cæsarienne," has investigated the subject with great labour and accuracy, has proved the possibility of operating with success on the living mother, and pointed out the peculiar circumstances under which it ought to be performed. The successful cases enumerated by him amount to seventy-three, among which are four instances in which the same woman had undergone the operation *twice*; two *three times*, one *five times*, one *six times*, and one *seven times*. The successful cases enumerated by Baudelocque as having occurred since 1750, amount to *one hundred and thirty-nine*, the unsuccessful ones to *ninety-two*. There is no doubt, however, that this statement, as regards the number of unsuccessful cases, is incorrect. But among modern practitioners no one seems to have performed this operation so frequently, and with such extraordinary success, as Dr. Hæbeke, of Brussels, who is stated to have performed it thirteen times, and thus to have succeeded in saving *ten mothers* and *nine children*.

A few years ago I was favoured by Professor Gibson, of Philadelphia, with notes of his two interesting cases of Cæsarean operation, which were performed by that distinguished surgeon upon the same woman, and were both equally successful. The first was in March, 1835; the second in November, 1837. It appears, according to Dr. Gibson's account, that these were her third and fourth labours, and that in her two previous labours she had been delivered with great difficulty, after the destruction of the child by cephalotomy. Here again the Cæsarean section was not decided upon until it was ascertained that delivery by cephalotomy could not be effected with safety to the patient. I do maintain, therefore, (notwithstanding Dr. Lee's condemnation of the Cæsarean operation,) that where the deformity is such as to make it scarcely possible for cephalotomy to be performed with safety to the mother, we are bound to take into consideration the safety of the child, and are perfectly justified in having recourse to the Cæsarean section.

This is the only point of view in which we should regard the Cæsarean operation, namely, as a *dernier resort* in cases where delivery by the ordinary means appears to be impracticable.

The question at issue has been ably and carefully considered by Dr. Radford, of Manchester; and the relative value of craniotomy and the Cæsarean section has been justly and impartially estimated by that gentleman in a paper published in the *Provincial Medical and Surgical Journal* of April 2, 1851. The sound and practical view taken by Dr. Radford of this important subject, should entitle it to a careful and serious perusal by every obstetric practitioner.

It is unnecessary, however, to carry the argument further; and I will merely add, for the information of those who may feel an interest in the subject, that my Cæsarean patient, Sarah Bates, *lived five years after the operation*, when she died of pulmonary consumption, her husband having died about twelve months previously of the same disease. The child *lived ten months*, when it was suddenly taken off by a fit of convulsion caused by dentition.

NOVEL OPERATION

FOR

EFFECTING RE-UNION OF UNUNITED TENDO-ACHILLIS.

By Dr. LITTLE,

PHYSICIAN TO THE LONDON HOSPITAL, AND FOUNDER OF THE ROYAL ORTHOPÆDIC HOSPITAL, ETC.

It is the duty of every practitioner, from time to time, to review his experience in treatment of disease for the purpose of offering to the consideration of his medical brethren any facts that may appear to be either in themselves interesting, or suggestive of further applications of the principles of our art. I adduce this truism of our profession as an excuse for publication of a case which happened several years ago.

In 1841 I was consulted by Mr. Jackson, of Spitalfields, concerning the lameness of a young lady, of fair temperament, and somewhat delicate, aged 11 years, who, four years previously, after "influenza," was attacked with inflammation of the right knee, succeeded by suppuration and consequent contraction of the knee and ankle. Several cicatrices, not extending more deeply than the integuments, were visible on front of the knee and posterior part of the leg. The knee was only slightly contracted, but the ankle presented the form of complete talipes equinus, the heel having been elevated to the utmost extent. The cicatrices having been superficial, indicated that the suppuration had not involved the bones, ligaments, or any parts beneath the deep fasciæ of the limb, (usually an important indication, since it shews probable facility of removal of deformity.)

The tissues on the posterior aspect of the leg, and especially the tendo-Achillis, were proportionally shortened; attempted elongation of these parts, and consequent flexion of the ankle-joint, were effectually resisted. The limb was slightly shortened, less fleshy, and the foot smaller than the corresponding parts of the left side. The act of walking was accomplished with the efforts usually required in talipes equinus, the metatarso-phalangeal articulations only, bearing the weight of the frame.

The case was justly regarded as one of contraction of the posterior structures of the leg—the superficial and deep muscles with their tendons, the fasciæ and posterior ligaments of the knee and ankle-joints—which had resulted in the first instance from the flexed position of the knee and extended position of the ankle-joint, required for relief from pain during the inflammation and suppuration of the limb. It was further concluded, that as after subsidence of the inflammation, and healing of the suppurative wounds, attempts to restore the flexibility of the affected articulations had been postponed lest extension should re-excite inflammation, the parts had become so fixed in their contracted position, that the aid of tenotomy would be indispensable for restoration. The limb had been thus contracted only four years, but experience had previously taught me that a comparatively greater amount of shortening of a muscle will take place during four years in a growing child, than in an adult. It has been stated that other parts, besides the gastrocnemii, were shortened; it was, however, determined to sever only the tendo-Achillis and peronei, because, as it is now well known, in all cases of contracture of the ankle, whether from paralysis, spasm, or inflammation, the gastrocnemii offer a preponderating resistance. The greater resistance of gastrocnemii than of other structures, arises from the peculiar arrangement of that muscle, the tendon of which, owing to its attachment to the posterior extremity of the os calcis, is far removed from the axis of the ankle-joint, and greatly differs in this respect from the tendons of the remaining muscles of the posterior aspect of the leg, which lie almost immediately in contact with the ankle-joint.

The consequence of the greater distance of the tendo-Achillis from the axis of motion is, that a greater amount of lengthening of that tendon than of the deeper parts is necessary for restoration.

It was determined to include peronei in the operation, as these muscles had often been found to resist replacement in cases of complete talipes equinus.

The slightly contracted state of the knee, although in the first instance the result of the inflammation about that joint, was also maintained by the shortening of the gastrocnemius; for this muscle, being attached above to the femur and below to the os calcis, passes over both the knee and ankle-joints; and, consequently, when contracted to the utmost, limits the movement of both articulations.

Oct. 1, 1841.—Section of tendo-Achillis and peronei by the subcutaneous mode of proceeding. The foot was lightly bandaged on a straight splint in the contracted position. A day or two later the observation was made that a due quantity of adhesive medium around the severed part of the tendo-Achillis had not been poured out, which was attributed to coldness of the weather and weakness of blood-circulation in the member. The foot and leg were therefore enveloped in cotton wadding, and replacement of the foot in the natural position postponed until better evidence of union of the tendon appeared. A few days afterwards, re-union appearing to have advanced, the extension apparatus was applied, and the foot too rapidly flexed to the utmost. In short, it was noticed that no tangible resistance was offered to restoration of the natural form and flexibility.

At the expiration of a month she was permitted to walk. She was enabled to do this most easily, as the sole was evenly applied to the ground, the foot could be fully bent, and the knee, which had been well rubbed and manually extended, was perfectly straight. She availed herself too readily of the permission to walk; for her parents, seeing the improvement in position and the child's recovered activity, could never be persuaded to treat the case as of sufficient gravity to require care in not too rudely treating the severed tendons. I entertained doubts whether the tendo-Achillis had united. At the end of the sixth week it was evident that the fears of imperfect union which had been entertained

within the first week of the operation were fully justified. The state of matters was as follows:—The child appeared to an ordinary observer to walk as well as patients usually do at the expiration of six weeks after division of the tendo-Achillis, that is to say, with stiffness and awkwardness rather than with lameness. I perceived, however, that the child trod exclusively on the heel; that the anterior and some of the external muscles of the leg were inordinately active, and inclined to raise the front of the foot, and to evert it. No doubt could exist that the muscles of the calf (and the more deeply seated muscles of the leg) offered insufficient resistance to the anterior muscles. The state of the tendo-Achillis was most unsatisfactory: the divided extremities were seen and felt nearly two inches asunder, still somewhat swollen; they appeared to be connected by a thin strip of ligamentous or other band, probably only the thickened fascia. The ankle-joint was particularly loose—too flexible—the result of want of support and tension behind from the tendo-Achillis. On examining the sole, I noticed that the cushion of the heel, previously small from disease, was already becoming disproportionately large, whilst the metatarsal part of the sole bore no appearance of use. It was evident that the child had been allowed to walk much more and earlier than Mr. Jackson and I had sanctioned, and that the foot was rapidly acquiring the shape of the deformity which I have named talipes calcaneo-valgus.* This deformity, if unchecked with advancing age, is even a greater evil than talipes equinus; hence our patient had made an unfortunate exchange. The parents' hopes, professional reputation, not less than the credit of the operation of section of tendo-Achillis, then only recently introduced, demanded an effort for recovery of the patient's limb. Having originally regarded the case as one peculiarly favourable for the operation of tenotomy, in consequence of its simple origin and the absence of paralysis or spasm of any muscles, I was the more disappointed at the impending permanent great lameness of the child. I therefore, after trying a few days' replacement of the foot in a distorted position, without any appearance of tendency to re-union, proposed to Mr. Jackson an operation for effecting union of the tendo-Achillis.

Nov. 20.—Performed the contemplated operation for effecting re-union of tendo-Achillis. The patient was placed in the prone position. Holding an ordinary narrow sharp-pointed tenotomy knife† in a position transverse to the limb, I introduced it through the integuments on the outer side of the ordinary course of the tendo-Achillis, near the spot where the section of the tendon had at the outset been effected. After traversing the integuments, I shifted the direction of the tenotome, directing it parallel to the limb, carrying the point of the knife upwards towards the superior end of the tendo-Achillis, and with it lacerating any adhesions the tendon might have contracted in that situation, as well as the face of the severed end, so as to ensure exudation of blood and plastic matters from its surface; the point was then swept downwards, along the interval left by the retracted upper end of the tendon, towards the cut surface of the lower portion of the tendon; this was similarly lacerated, and the knife withdrawn. A puncture in the integuments remained, through which a few drops of blood issued. The previous gap between the ends of the tendons was now occupied by a considerable sanguineous effusion.

The steps of this operation, which I have thus fully detailed, occupied but a few seconds, and caused but trifling pain, compared with the important probable result of re-union of the tendo-Achillis. The knee, leg, and foot, were now carefully but not tightly bandaged in the extended position, so as to approximate as nearly as possible the severed ends of the tendon, and to keep the knee and ankle joints in repose. Neither inflammation nor pain followed. At the expiration of a fortnight the splint and bandage were removed. Abundant effusion of plastic material and adhesion of tendon had taken place. Very cautious bending of the ankle was now effected. In ten days it was reported that the foot was flexed to an angle of 45°. At the expiration of a month permission was given to recommence gentle exercise, using a laced boot supported by an iron stem. At the end of the sixth week the report states:—"Union of tendo-achillis perfect, the foot is perfectly flexed, the knee straight and flexible, she walks in a common boot, and is this day discharged cured."

I occasionally saw this patient afterwards. No trace of talipes equinus or of talipes calcaneo-valgus remains; indeed restoration was complete.

The entry in my journal says:—"Jan. 18, 1845.—The tendo-Achillis somewhat longer than natural, slightly thickened at the operated part; no adhesions to integuments; right surales short; difference between bulk of the muscles of the calf on both sides inconsiderable. Walks perfectly free from lameness."

Remarks.—I am induced to give publicity to this case less as an instance of successful cure with the aid of tenotomy than to point out the manner in which an accidental failure of union of a severed or ruptured tendo-Achillis might be repaired. The instance I have related shows that non-union of a severed or ruptured tendo-Achillis, although a rare occurrence, is not a mere hypothetical case.

I have witnessed several instances of incomplete union of that tendon after section, but as the operation had been resorted to for relief of paralytic or spasmatic contraction, failure of complete re-union did not render an additional plastic operation necessary. I have been consulted, however, by a gentleman, who two or three years previously ruptured a tendo-Achillis on board ship; the accident had been unfavourably treated, the tendon remained ununited, the state of the foot and the mode of walking corresponded with that reported of my patient at the sixth week after section of the tendon.

* *Talipes Calcaneo-Valgus*—A deformity of the foot, in which, either from paralysis of gastrocnemii, or spasm of front muscles, the individual walks exclusively upon the heel, and unduly everts the foot. See lectures in the *Lancet*, 1843-44.

† Represented No. 2, figure 41, "Treatise on Club-foot" &c., by the Author.

He experienced very great inconvenience from the want of the acting tendon of one gastrocnemius and soleus. Indeed the amount of weakness and lameness likely to result from the entire abolition of the functions of the muscles of one calf, in a stout previously active man, can be readily appreciated. These muscles are part of the distinguishing characteristics of bipeds, and man cannot, without much impairment of function of the ankle and foot, dispense with them.

The causes of non-union in the child appeared to be diminished effusion of plastic matter immediately after section of the tendo-Achillis, due to languor of circulation, either the consequence of some inherent vice of constitution, aggravated by the too sudden elongation of the space between the severed ends of the tendon, either by the mechanical instrument used, or by the injudiciously early walking exercise. The slowness with which wounds cicatrize in an arctic climate is well known. I have witnessed a puncture resulting from subcutaneous tenotomy bleed like a fresh puncture ten days after operation, during the rigours of a severe Berlin winter; and frequently in cold weather in our own country I have found it necessary, after tenotomy, to envelop with cotton and flannel a feeble, partially paralyzed limb, in order to accelerate union. The influence of too considerable and too early separation of the ends of a severed tendon, and especially of frequent motion, as in walking, in interfering with union, is incontestable. The reparative powers of the system, however, usually suffice to neutralize any injury from too great or too hasty separation. Experiments upon animals have proved that considerable lengths of tendon may be excised, and union nevertheless ensue; but the knowledge possessed of the great extent of the powers of the economy and of a part, is an insufficient reason for neglect of those rules and acts of caution which experience dictates. The immediate separation of a severed tendon to too great an extent should be avoided. Half, or three-quarters of an inch, may be safely borne, although as a rule gradual separation is preferable. The condition of a severed tendon approaches that of a fractured bone; too great separation of the severed ends, depression of temperature sufficient to suspend active arterial circulation, too early movement of the parts, and inherent vice of constitution, will cause tendon and bone to remain ununited, to the great detriment of the sufferer.

An ununited fracture of a bone is repaired by approximation of the ends, by repose of the limb, by suitable means of maintaining arterial circulation, and by exciting through the help of setons, friction of the extremities against each other, what some surgeons term inflammation, in reality exudation of plastic materials from the blood.*

In my simple operation I adopted an analogous course to procure union of ununited tendon, the prompt action of the point of a knife being substituted for the tardy action of the seton. I may presume to inquire of surgeons, whether the introduction of a fine tenotomy knife between the ununited ends of a bone and the laceration of the sluggish parts, disinclined to exudation of lymph, might not advantageously be tried in lieu of the seton, in the use of which additional delay is occasioned. I am not unaware of the difference between the relative susceptibility of bone and tendon to the action of a cutting instrument. It is probable that at the period when means are required to excite union of a long ununited fracture, the ends of the bone may, in some instances at least, have acquired a greater softness of structure. Several surgeons have demonstrated the value of section of tendons in these cases as a means of obtaining repose of the member.

I do not propose this case for imitation as regards the application of tenotomy for the cure of the contracture. Later experience has taught me that numerous cases operated on ten years since might, probably, have been relieved without operation. The facility with which this case yielded after operation, occasioned the regret that I had not previously caused patient and persevering manipulation and mechanical extension to be tried under my direction. In the present day, I frequently witness unnecessary performance of tenotomy. This, like all other operations involving a solution of continuity of parts, should, in cases offering a probable prospect of cure without operation, be regarded only *en dernier ressort*. Tenotomy should only, as an exception, be placed in contrast with other modes of treating deformities; occasionally, when not indispensable, it may compete with mechanical treatment on the ground that, by its means, time, trouble, pain, and expense are saved. But in many deformities it should be resorted to only when trial of other means has failed. Time and experience alone will enable the practitioner to decide or lay down rules when the operation is indispensable. This time has, in my opinion, arrived. Sub-cutaneous tenotomy has passed triumphantly through the ordeal of a long trial, and is recognized as a great blessing conferred by Stromeyer upon humanity. Let us hope that, unlike all that is good and useful, it may no longer be abused.

Finsbury Square, April 7, 1850.

* This was written before hearing Mr. Stanley describe at the Pathological Society of the Metropolis, the interesting and successful experiments made by Mr. Teale of Leeds, and himself, by driving ivory wedges between the ununited ends of bones. Mr Teale has displayed a happy acumen in taking up the neglected method of Dieffenbach. May not the method operate not less by tending to maintain the severed ends at rest, than by causing exudation of organizable material. After the demonstration afforded by the experiments in question of disintegration of those portions only of the ivory wedges introduced beyond the periosteum, how many new thoughts suggest themselves.

SEXAGENARIAN THOUGHTS

ON THE

PRESENT STATE OF THE MEDICAL PROFESSION.*

You will observe, Mr. Editor, that I do not enter upon the *vexata quæstio* of medical reform; that I give no opinion as to what is best to be done, or to be left undone; but, as unattached to any party, unbiassed

*Concluded from page 241.

by previous prejudice, unfettered by early declarations, as an observer for many years past, I do not hesitate to praise or to *blame* wherever I consider praise or *blame* to be due.

Now let me follow these high-minded individuals into practice, and let me examine whether they are as independent of trading principles as they profess to be. In the first place it must be allowed, that the profession is grievously overstocked, and that, as a natural consequence, its talent when brought into the market, is too lightly estimated, and is very badly remunerated. This is the natural consequence of the too great abundance of any commodity, whether physical or intellectual; and the result is, that men feel disposed to bring their talents to a cheap market rather than to starve. The consequence of this is a very undue *competition*. No sooner is a union advertised as vacant, than there are a host of candidates; as in the case before us, the stipend is fixed, and, therefore, they cannot underbid each other: but the number of eagerly canvassing candidates proves to the Guardians how earnestly their votes are sought for, how thankfully—I might say, how abjectly obtained; and they at *once* infer that this can only be because their stipend remunerates. And whenever any Union medical officer vacates his position for an increase of salary, what is the conduct of the Guardians? Taught by uniform and unerring experience, they advertise for a successor; not one or two, but a host present themselves; one is chosen, and thus a new medical man is introduced to take off another slice from the already scanty loaf of the practitioner. To avoid this increased competition, the stationary practioner submits to the oppressive weight of the law *as it is*. And what is that union with regard to remuneration? Why, it is simply this, that a medical man, if he does his duty by it—attends to the sick poor as he would himself wish to be attended, and visits them as often as is really adequate to the nature of the case, and gives as much medicine, and of the same expensive character, as he would prescribe for his private patients, (and this is the only way in which Unions *should be* attended,) he is inevitably a large loser by the contract. But he is generally a young man who cannot afford to lose, and what then is the alternative? Why he cuts down his visits to the minimum of what would be passable by the Board of Guardians;—and he gives as little medicine as possible, and that only of an inexpensive class—for he "cannot afford to give such expensive medicines"—and he quiets his conscience by some of the doctrines of "young physic," so plausibly and so opportunely set forth as a bonus upon inattention. Happily this *vis medicatrix naturæ*, aided by some appropriate diet, which the practitioner has it always in his power to direct from the board, in a great number of cases, puts the patient into a position for recovery. But is all this consistent with that high flown aversion to trade which is so constantly dinned into our ears? Rather, are not these principles the very maxims of trade Again, a young man obtains an union surgeoncy, starts in the appropriate locality, and hopes to make up deficiencies by his private practice. And how is this to be done? Why he starts by working *cheap*—by charging nothing for his journies and very little for medicine or attendance, and being young and active he can easily obtain credit for being very "*attentive*," and very "*reasonable*;" so he creeps on, riding over the heads of his neighbour brethren upon *the maxims of trade*. In my own neighbourhood I know several who pursue plans of this description, and one who is the perfection of his species—*(a double diplomatist)*—who attends midwifery patients during their confinement, and for a month afterwards, for a high fee of *five shillings*, medicines included. By these means he undersells all his neighbours, and even the midwifes; and to those who, like myself, have been accustomed to large fees, such a system, or even any approach thereunto, appears to be distinctly *suicidal*—and at all events forgetful of the gentleman. Added to all this, there are a thousand ways of making our brothers' mistakes or imperfections a stepping stone to our own reputation; and with these various arts we stand before the world as a trading community, and have become degraded in the eyes of the public; they undervalue our opinion thus too cheaply obtruded upon their notice, they prescribe for themselves, or they fall into the hands of designing quacks.

At a time when every man's income is diminished, and when the price of provisions, both for horse and man, is considerably reduced, there is, perhaps, a reasonable ground why patients should not continue to pay the old charges; but still medical men must live, —they must appear as gentlemen; they must bring up and educate their families; and if they live for the public benefit, and the public requires their services unreservedly when asked for, it is but reasonable that the public should support them adequately, so as to place them above the fear of want. The education of the present day requires a heavier outlay than formerly: hence, to avoid being trodden upon by the moral masses next immediately succeeding to our own position, our children must be more highly educated than heretofore; and the sources of good education have not as yet become so plentiful as to be also cheap.

As an intellectual pursuit the profession offers the most attractive advantages;—as a social position, it aspires to a grade which is satisfactory, and the medical man is, or ought to be, the friend of his patients; but as a commercial speculation there cannot be a worse investment of capital, and the same amount of capital invested in trade and commerce will produce far more available returns.

What, then, is to be done for the present state of the profession—and to avoid falling into the abyss over which we are beetling, and which is yawning beneath us? Our safety will not consist in legislative interference; no act of the Legislature can give us that title to public estimation, without which it is impossible to maintain our position. To obtain this position, we must prove ourselves worthy of it; and to effect this we must begin at the beginning—*early, or preliminary education*. It is a grievous, but notorious fact, that the education of our youths has generally been awfully deficient, and

that they are not only grossly ignorant of Latin and Greek, but thoroughly unacquainted with French and German, and ignorant of the first principles of science, which are essential to the character of an educated gentleman. This would form the basis of future improvement. Sexagenarians cannot expect it in their day, but those who come up to supply our vacant places may do so; and sexagenarian linguists blush at the present hour for the ignorance of the younger men. I would, therefore, that all young men destined for the profession be kept at school or college till they are eighteen; and that their attention be directed to obtaining a competent acquaintance with Latin, Greek, French, German, and Italian, as languages,—not simply to that which will give them a superficial acquaintance with those languages, but such as will enable them to read professional works in each, without the constant aid of a dictionary. Then, a certain acquaintance with mathematics is indispensable, as teaching young men to think clearly, and to reason accurately and consecutively,—to arrive at conclusions from foregone premises, and never to adopt a proposition which they cannot at least approximately prove. The study of natural philosophy, and a ready acquaintance with its sciences generally, should be considered as a *sine quâ non*; in addition to which, an acquaintance with the science of political economy, and with the philosophical history of Europe, and with the grand principles of mechanical and industrial science, should occupy the early years of the embryo aspirant of medical literature, before he ahould be considered as entitled to commence the study of a life-long profession. In this career, and in the examinations which should characterise its progress, the young man will have been taught to reason, to think, and read, as well as to record and to digest. The great evil of professional life is, that these qualifications have been almost always absent; that in courts of law a medical witness is generally known by the hardihood of his assertions, which at the same time he is utterly unable to defend or to prove. In conducting this preliminary education, the mind will have been brought out to *observe*—and *observation* is at the basis of all successful practice—*cæteris paribus*, the best observer being the best practitioner; for it is by the keen noticing of symptoms, and by the power of associating and classing these symptoms, and reasoning upon them, which escape the observation of others, that a man's real knowledge will best be tested.

Having arrived at his 19th year, I would suggest that that year be devoted to the acquisition of a knowledge of dispensing, and of analytical chemistry, with chemical lectures; not, however, forgetting the foregoing elementary instruction—but still keeping up, and enlarging the base over which it spreads. And now that the medical studies may be said to have commenced, I would take care that they be conducted in a *collegiate institution*—with collegiate rules—and under collegiate discipline and restrictions. I would not allow the present system of unrestricted license to young men, before they know how to use liberty without abusing it. Many a young man of fine promise is ruined by the dissipations and temptations of London, who, under a stricter supervision might at least be saved from the destroying vortex which whirls around him; and I would exert a great amount of vigilance upon these points, remembering that what I was now called upon to develop was a good and useful, well informed, well conducted, well principled, and kind-hearted character. I have mentioned dispensing as necessary in this stage of the tyro's education; not that I would devote any portion of time exclusively to the "art and mystery" of dispensing. But while the other branches of education were going on I would have as much attention paid to this subject as to make each young man fit for dispensing when called upon. During this year I would have the pupil attend a course of moral philosophy; and in the whole progress of education I would institute such frequent interrogative examinations as should test, not simply the memory, but the attention and acquisition, I might say the appropriation, of each individual.

Having arrived at the 20th year, I would now devote three entire years to the proper study of professional subjects, conducted still in collegiate institutions; after which should come the examinations for degrees, conducted, not as at present by a system of cramming and grinding, by which a young man with good memory and attention may always be made to pass, notwithstanding his previous idleness and carelessness; while another of high attainments—of unwearied diligence, and extensive knowledge, but nervous and diffident, as is always the case with true science, will incur a great risk of rejection; but so as to test the candidates' knowledge of first principles, and their application to practical emergencies. I suppose it is impossible *altogether* to do away with the system of grinding, or coaching, and so making up for past neglects by present assisted efforts; but as far as it were possible I would have this system altogether superseded. I am aware that by examiners it is said to be so now; but the contrary is well known to be the fact. The examinations at this period should embrace a far larger sphere of knowledge than is now required; for I would comprehend classics, modern languages, history, natural philosophy, mathematics, the fixed and applied sciences; in fact, such as to prove the man a man of ability and weight in the intellectual world, and entitled to rank among his compeers on a high scale.

It may be said that I have added very much to the expense of an already expensive education. I acknowledge it; and by so doing I shall greatly diminish the number of young medical men, whose friends would not invest their capital in so unremunerative a pursuit, or who had no capital or an insufficient capital to invest. But by so doing I shall have secured a better class of pupils; I shall have diminished the number of professional aspirants; and I shall have lessened that eager competition which results from the over-crowded state of the professional ranks; while I shall have secured a tribe of thinking young men, whose opinions will have *weight*, because of their very *thoughtfulness*, and who will be thus prepared for the science of observation on the one hand, and for that constant reading of profes-

sional works of their own and neighbouring countries, which will give them enlarged ideas, and enable them to extract all that is good and valuable from our continental neighbours, as well as from the narrower circle of home industry and research. It may be said that my views are visionary and impracticable. At any rate they are less visionary and impracticable than those which are dependent upon Acts of Parliament, because Acts of Parliament do not work upon the brain or mind, while my views are essentially operative upon the first principles of character, enlarging the calibre of that instrument which God has given us to be devoted to the good of his creatures.

There will be less chance than at present of men thus educated addicting themselves to quackery, because the enlarged mind will commonly recoil from the act of shrinking up itself into a capacity suited to the narrow requirements of the one-eyed monster; and there will be less chance of undue competition, because as the mind has been enlarged it will less readily yield to those paltry influences which operate upon little minds, and make them willing victims of the basest trickery in order to aid their selfish purposes. It must be confessed, however, that the "auri sacra fames" does produce a pestilential agency upon the minds of many from whom better things might have been expected; and that the facile road to wealth along the gilded causeway of quackery, without the anxieties and responsibilities, the cares or the privations of regular struggling, does present such attractive charms to many as to be irresistible. Over them we drop the tear of deep and sincere regret; and we weep over the pure and promising mind stranded on the rocks of exclusiveness, to which it has been lured by the *ignis fatuus* of gold.

Having now arrived at the age of 23, it will become a question whether the youthful Æsculapius should visit foreign countries, in order that he might see foreign practice. To this I should demur. Perhaps he has not the time to spare; and if he has we have already made provision for his intimate acquaintance, through the medium of books, with all that transpires among his medical or surgical neighbours. Hence, if he has time to spare that time will be *as* usefully, if not *more* usefully, spent by studying disease at the bed-side at home, and comparing his own observations with the records of disease from abroad. Let not the young man, in the pride of his country's practical pre-eminence, say that there is nothing to be learned from foreign countries. Their descriptions of disease are invaluable; their diagnosis of the keenest description, their pathology excellent, and their principles of practice, if frequently feeble, yet contain much that will be of the first importance to the practitioner. Especially in the departments of midwifery and surgery may their standard works be pre-eminently consulted. To find them undervalued is only to show an ignorance of their real treasures of knowledge, or the want of power to appreciate them; in neither case a very valuable attribute.

And now being fitted to enter upon practice with a great advantage over those who have had a more restricted education, and who are contented with daily routine, without looking after a daily increase to their stores of knowledge, they will carry with them the prestige arising from the weight of their literary character; and we may expect a corresponding *rectitude of conduct*. The influence of this latter principle will soon be developed towards patients, and towards professional brethren. To the former it will be shown in steadiness of effort to do them good, whether they be rich or poor—to study their character and comforts—to aid them in their difficulties—to direct their minds—to strengthen their feeblenesses—to assuage their fears—to guard them against imprudences—to become the sacred depository of their secrets—and to aid them in all the little emergencies of life, at once by counsel and by action. But the influence of this principle will equally be shown in not humouring their follies—in not saying as they say—in not falling in with all their whims, whether injurious or not;—or appearing to think as they think—or of being all things to all men, simply with the hope of pleasing them; but of always showing a front of unflinching integrity—a love of truth and justice, from which neither fear on the one hand nor favour on the other could induce the slightest deflection. That sort of plastic morality which is not infrequently met with is a constant source of degradation to the medical character. The patient has brains enough to see that he is only trying to please; and the result is that he is despised, his opinion considered as worthless, and the whole weight of his character is lost. How galling have I felt it to be told, "I have no faith in Mr. ——, because he has no opinion of his own. He wants to be told what *I* think upon the case, and then he falls in with *my* prescription; and if asked for a reason he has none to give." Let my brethren be assured that the loss of their influence is their own fault. Patients will not respect them if they do not respect themselves; they cannot respect themselves unless they form deliberate opinions, and are able to support them with reason; and they cannot form deliberate opinions unless they shall have had a good education, and shall have learned to think and judge for themselves, according as results through the successive stages of all but demonstrative evidence.

The fixed, and deliberate, and judicious opinion that is to be maintained with firmness, is very different from that captious irritability which leads the individual to take offence when his opinion is questioned, or when he is asked for the grounds of his judgment. Captiousness is the offspring and evidence of a weak mind, as well as a proof of the consciousness of that weakness, and yet it is from this feeble judgment that the patient's opinion is generally formed, and that the low estimate of professional character is produced; and then follows as a matter of course, a falling back upon one's own judgment, and becoming a prey to the most tempting or largely-promising quackery. Against this no Legislative enactment can be passed; but the remedy is in the hands of the practitioner. Let his opinion be only duly estimated, and he secures the confidence of his patient. It is indeed true, that in the long-con-

tinued maladies of patients who do not find themselves improving, their own judgment becomes weakened, and they will be apt to seek from largely-promising quackery what they find they do not obtain from more modest legitimate medicine, and it will be to the sorrow of the practitioner that he sometimes meets with successful effrontery where simple and real science has been foiled; but these will be *rare exceptions*.

Towards his brother practitioner the result of this improved education will be two-fold; first, to diminish the present over-crowded state of the profession, and as a natural consequence to lessen that competition which, in the present state, leads directly or indirectly into frequent collision of interests; and, secondly, by the cultivation of high-minded feeling, it will take away the frequent occasions of clashing interests and opinions, which give rise to bickerings and heart-burnings, and misapprehensions, while it would extend that benevolent feeling which consists in an abiding wish to do all the good we can, and which rejoices in a brother's success.

It will be seen, then, that the great panacea for the present ills which afflict us as a body, is improved education of our own minds; that *with this* we shall really require no legislative enactment; and that without it no Legislative enactment can possibly benefit us. Not that I would object to Legislative measures, which may in their place be necessary and desirable, but that I would enter a caution against relying upon them: what *these should be* I leave to others more conversant with the subject to consider and detail, provided they be not under forty years of age. I am only giving the result of my own observations during a not uneventful and a prosperous life of more than sixty years, and although for various reasons, I choose to say, in the celebrated motto of Junius, that—

"Stat nominis umbra,"

yet I enclose you my card, that you may know I am a real personage of some weight and influence,

And I remain, Mr. Editor,

Your faithful and constant reader,

Θεραπευτικος.

April, 1851.

Hospital Reports.

QUEEN'S HOSPITAL, BIRMINGHAM.

CASES OF INJURY OF THE SHOULDER. BY W. J. MOORE, ESQ., M.R.S., HOUSE-SURGEON.

Fractures in the vicinity of the shoulder-joint require to be most accurately examined in order that a correct diagnosis may be formed. The neck of the humerus (anatomical or surgical), or portions of the neck and head, may be broken off; the glenoid cavity may suffer, or the neck of the scapula be the seat of mischief, and it is a most difficult thing for a tyro to diagnose between these varied accidents. The mistake of the case as regards the seat of practice would not probably be attended with any bad result, but should fracture be mistaken for dislocation, or dislocation for fracture, the patient will suffer inordinately, and at the best regain but a very imperfect power over the limb. It is, therefore, necessary that the symptoms of the different kinds of fracture, and particularly the differences between fracture and dislocation, should be attentively studied by every one who undertakes the duties of a surgeon; the position of the arm, the mobility, the absence or presence of crepitus, the position of the head of the bone, the manner in which the accident occurred, the flattening of the shoulder, and elongation of the limb all require consideration, and it is to the two latter symptoms more particularly that I wish to draw attention in the cases given below.

John Perry, aged 9, was admitted as an in-patient under Mr. Knowles, October 30th, having some time before fallen from a bench on the side and forearm. On examination, the shoulder was found *much flattened* and the elbow of the injured side *much lower* than its fellow, at first sight seeming much to resemble dislocation into the axilla. On manipulation however, crepitus was felt and the shaft of the humerus would roll independent of the head, while the parts were restored to their proper position by *raising* the arm, which indeed was required to be done ere the crepitation was audible. Some pieces of gutta percha were applied, and a pad placed in the axilla, the forearm being lightly supported by a sling under the idea that the muscles would, after recovering tone, sufficiently contract so as to bring the broken parts into apposition; this, however, did not prove to be the case, nor was it until the elbow was forcibly raised by the sling, that the fractured parts were in a proper position for union to take place. The boy was discharged cured November 21st.

As may be observed in this case, two of the principal symptoms of fracture were absent, and *vice versâ*, two of the principal symptoms of dislocation present. Had the patient been a stout person, the diagnosis would have been very uncertain, but being a child it was comparatively easy, particularly when the fact that dislocations rarely occur in children is also taken into the account. It is well to bear in mind that such anomalous symptoms may occur, and on this head Cooper observes:—"There may be a little depression or diminution of the rotundity of the shoulder, in consequence of the lower fragment being sometimes not displaced upwards, so as to produce a shortening of the limb, but on the contrary, drawn a little downwards by the weight of the part, so as to put the deltoid on the stretch, and thus in one respect, a degree of resemblance to a dislocation may be produced. On careful examination, however, the head of the humerus may be felt in the glenoid cavity, and the shaft of the bone does not offer that resistance to being moved about in various directions, which is experienced in a dislocation. In the latter case the head of the bone may generally be felt either in the axilla or under the pectoral muscles; in a fracture there is crepitus, but in a dislocation this symptom is absent."

The scapula being situated deeply and much protected by muscular parts, is not so liable to fracture as more exposed bones, and perhaps of all its parts, the acromion, from its more exposed situation, is most frequently injured; but the body of the bone, the coracoid process, and even the neck occasionally suffer, and although the latter part has been by some denied ever to have been the seat of fracture, yet there is no doubt that it occasionally happens, and the diagnosis in such cases is not made without some difficulty. The accident also is very liable to be mistaken for dislocation, some of the chief symptoms of the one being prominent in the other. "The diagnostic marks of this accident (says Sir A. Cooper) are three:—1st, the facility with which the parts are replaced; 2ndly, the immediate fall of the head of the bone into the axilla when extension is removed; and, 3rdly, the crepitation which is felt at the coracoid process when the arm is rotated." But the fracture may be either in front or behind the coracoid process, and if in front the difficulty of the case will obviously be increased, as we have not the grating sensation afforded by the pressure on the coracoid process, which part also is quite stationary.

Daniel Danter, aged 40, was admitted under Mr. Parker, July 27th, having some short time before fallen from a car seat on to the shoulder. On examination that part was found much flattened, the humerus intact, its head prominent, and in the axilla, and the elbow consequently lower than its fellow of the opposite side; hence the case presented the appearances of dislocation, still by raising the elbow the rotundity of the shoulder was restored, and on rotation a decided crepitus was felt deep in the joint; but pressure on the coracoid process alone did not give any sense of yielding or crepitation. Under these circumstances the case was inferred to be fracture anterior to the coracoid process, and as such was treated; a large pad being placed in the axilla, the shoulder kept back by a bandage, and the elbow well supported by a sling. In about twelve weeks he had very good underhand motion, but he had not when last seen, some months ago, acquired sufficient strength to attempt any exertion requiring the hand to be raised to the perpendicular.

Provincial Medical & Surgical Journal.

WEDNESDAY, MAY 14, 1851.

Many of our readers have doubtless at one time or other reflected with complacency on the advantages to be derived from the appointments of medical officers under the Health of Towns' Act, and when they may have got into their easy chairs, after a hard day, with inconsiderable profits, have thought how delightful it must be to be freed from the trammels of private practice and to hold an "office under Government." We would be the last to dissuade any one from the entertainment of so laudable an ambition, but before any of our friends take so decided a step, as is involved in becoming a health officer, we would have him acquainted with the following schedule of duties which he will be expected to undertake. If the perusal of them does not damp his ardour, we shall be much mistaken:—

"1. The general duties of the Officer of Health will comprise the duty of giving instructions and directions for the removal or prevention of causes of disease common to several persons, and also for the prevention or removal of causes of disease to individuals, where those causes come within the province of local administration under the Public Health Act.

"2. Except in cases where existing disease may be alleviated by the immediate removal of any of the hereinafter specified causes, the general duties of the Officer of Health shall in no case comprehend treatment for the cure or alleviation of disease.

"3. The Officer of Health shall take all practicable means to obtain the earliest information of the occurrence of cases of fever, of whatsoever type, of small-pox, measles, or other epidemic, endemic, or contagious disease.

"4. On obtaining information of the occurrence of cases of sickness or death from any such disease, he shall immediately visit the spot.

"5. He shall examine and ascertain, by house-to-house visitation or otherwise, whether others besides those who have died are affected; and he shall give such warning or instructions to the persons affected as may be calculated to induce them to have recourse to medical treatment, or take such measures as the circumstances of the epidemic or other species of disease may appear to require.

"6. In case of an outbreak of small-pox, he shall inquire whether any persons living in or near the premises are unvaccinated, and urge on the Guardians the duty of seeing that all unvaccinated persons are vaccinated under the 3 and 4 Vic. c. 29, and 4 and 5 Vic. c. 32, and take steps to discover unvaccinated persons, and secure their vaccination with the least possible delay. He shall also inquire under what circumstances the outbreak originated; carefully investigating the history of the first case, and the mode in which the disease was propagated. He shall inquire into and report upon the causes which have tended to impede the practice of vaccination, or to render the vaccination ineffectual, and the circumstances which may render re-vaccination desirable.

"7. In case of the occurrence of any epidemic disease amongst the occupants of any

single room occupied by one family, or by more than one lodger, or tenements otherwise overcrowded, the Officer of Health shall give instruction for the removal of the sick, or the diminution of the overcrowding, or for the prevention, by such means as may be available, of the spread of the disease.

"8. In the case of a death in any room occupied as a living or sleeping-room by survivors, he shall give instructions, either for the removal of the corpse to some house or place of intermediate reception, to await the funeral rites, or for the removal of the occupiers.

"9. In all cases of death, he shall give such instructions to the survivors as he may be authorized to give under any Act of Parliament, as to the care of the body, as to the sort of coffin to be used for the prevention of noxious evaporations, and the removal and interment of the body, with such precautions as may be required for the protection of the public health.

"10. He shall, after having given such instructions as aforesaid, in such order as he may deem necessary, examine into cases of typhus or other epidemic, endemic, or contagious disease, and inquire whether such disease was caused or aggravated by anything which is capable of removal in or about the premises, the living or sleeping-rooms, or places of work, of the persons attacked, and shall notify the same to the persons responsible for the nuisance; as, in the case of accumulations of filth, noxious cess-pools, house-drains, or sewers of deposit, to the officers responsible therefor: he shall also, where necessary, give instructions for lime washing, or the application of deodorizing or disinfectant mixtures or substances.

"11. In the case of small-pox or any other contagious or epidemic disease attacking any child who has frequented any school, he shall, as early as may be practicable, visit such school, and inquire and examine whether there be symptoms of the infection, or prevalence of the disease, amongst the other children, and give such instructions and advice as may appear to be necessary for the prevention of the spread of the disease.

"12. In the case of the like disease attacking any worker (whether young or adult) in any factory or place of work with others, he shall visit such place of work, and inquire and examine whether there be symptoms of the disease amongst the workers, and give such instructions or advice as may appear to be necessary for the prevention of the spread of the disease.

"13. Besides his own frequent visitation and inspection of those parts of his district which are the most likely to be the seats of disease, in order that he may ascertain as early as possible the actual occurrence of any form of zymotic disease, he shall maintain a constant communication with the inspector of nuisances for the district (whose reports he shall examine, and give such instructions thereon as will best ensure the speedy discovery of all causes injuriously affecting the public health), with the ministers of religion, the registrar of his district, and the Union medical officers, and shall from time to time examine the medical weekly returns, and the registers of sickness and mortality furnished by the district medical officers.

"14. He shall appoint and notify convenient times, at which, when not prevented by extraordinary duties, he will personally attend daily, or, at such times as may be convenient, at his office or other convenient place, to receive information in respect to the occurrence of epidemic disease or matters affecting the public health within the district.

"15. Inasmuch as the ordinary seats of epidemics are also the localities of other classes of disease which shorten life—such as scrofula, and its frequent concomitant pulmonary consumption, he shall further make a special examination of the conditions which produce a predisposition to this class of diseases, as well as to epidemics within the district.

"16. In his inspection of schools, manufactories, or workshops, he shall take note of the children, young persons, and work-people, who may appear to be pallid, feeble, sickly, or in a peculiarly low condition of health, and inquire whether such condition has been produced by over crowding, by defective ventilation, imperfect cleansing, or any other removable cause of debility or disease.

"17. He shall himself exercise such a superintendence over measures of prevention or alleviation which he may have recommended as will enable him to ascertain whether they have been properly and effectually performed; and if he find any deficiency or delay in the execution, he shall make inquiry into the cause thereof, and report the same to the Local Board of Health.

"18. He shall perform all the duties imposed upon him by any bye-laws of the Local Board, whether of inspection or otherwise, in respect of lodging and slaughter-houses, and any other matter affecting the public health in respect of which Local Boards may have framed bye-laws under the Public Health Act: and in visiting any tenements in pursuance of such bye-laws, he shall from time to time make such visits by night, or at such times as the inmates are assembled, and observe and report on the state and action of the means of ventilation in such places.

"19. Whilst public works of sanitary improvements or cleansing are in progress, such as the removal of cess pools for the formation of new drainage or sewerage works, the cleansing out of town ditches, water-courses, ponds, or

canals, he shall give such instructions as to the time and mode of conducting the operations, the application of water, lime, deodorizing or disinfecting substances, and any other means of protecting the public from noxious or offensive emanations as may appear to him to be requisite.

"20. He shall, upon any complaint, or upon the omission of any offensive or noxious smell, or the accumulation of deposits in drains or sewers, report upon the same to the Local Board of health, or to such officer as may be appointed by the Local Board to receive and act upon such complaint.

"21. On the occurrence of atmospheric pollution from any offensive process or trade carried on in any manufactory, yard, house or premises within his district, he shall inquire into the cause and report on the appropriate means for the prevention of such noxious smells and emanations. In the case of the refusal or neglect of the occupier or proprietor to adopt the measures recommended, or other effectual remedies, or in case of the manufacturing process being of such a nature as not to admit of any effectual remedy, he shall then observe and collect the evidence of the injurious effect of the process in question on health, shall be prepared to adduce such evidence whenever called upon by the proper authorities, and shall otherwise assist those authorities by all the means in his power in their efforts for the abatement of the nuisance.

"22. In cases where there is no medical certificate, or where, from anything that appears, the deceased died without any regular medical attendance, it shall be the duty of the officer of health to examine into and determine as closely as he may the cause, as well as the fact, of the death.

"23. In the case of deaths suspected to be from violence, accident, neglect, or carelessness, or when from other circumstances he may deem it desirable, he shall notify the same in writing to the coroner, and shall present a copy of such notification to the Local Board at their next meeting, and shall in all cases, where practicable, render such services as may be requisite to aid the investigations of coroners and magistrates.

"24. He shall attend at all meetings of the Local Board of Health, and report to them his proceedings during the intervals between their meetings.

"25. He shall keep a diary, in which he shall make an entry of his visits, and notes of his observations and instructions thereon, which diary he shall produce whenever required, both to the Local and General Board of Health; he shall also keep a register of complaints or representations made to him, to be called 'The Officer of Health's Application Book,' in which shall be recorded the date and nature of every application made to him, the date of its examination, and the result of such examination, and shall produce such book whenever required, both to the Local and General Board of Health.

"26. On the occurrence or discovery of any source of injury to the public health, or of any epidemic disease, he shall, besides warning the Local Board thereon, send information thereof to the General Board of Health.

"27. He shall, from the best information he can obtain, make a report not less frequently than once a quarter of the nature and amount of sickness and death which have prevailed during the quarter.

"28. He shall in such report describe the progress and effects of any works of amendment which may have been commenced or executed.

"29. He shall also prepare annually a printed report and tabular return of the ascertained sickness as well as mortality of the district for the year, distinguishing therein the sickness and mortality of the several streets, squares, courts, lanes, yards, and alleys; and for this purpose, where there is a survey of the district, he shall be furnished by the Local Board with a tracing or a copy of the same, on which he shall mark the seats of epidemic or other disease; and such report shall set forth the amount of epidemic sickness or mortality which has prevailed in the district, as compared with former years, amongst different classes of persons, and in different localities of the district, and also a comparison of such rate of sickness and death with the rates of sickness and death amongst other classes and in other places, and any instructions in the way of warning, or for prevention or mitigation of sickness, which the facts may suggest, as well as the particulars of any deaths which may have occurred from epidemic, endemic, or contagious disease, the amount and causes of infantile mortality (that is, of children under five years of age,) and the nature and amount of sickness and death which may have occurred from causes which appear to be preventible, and within the recognized province of public administration, or that appear requisite to be brought within it.

"30. The annual and quarterly reports shall be printed, and a copy given to each member of the Local Board, and two copies shall be transmitted to the General Board of Health, and one to the Office of the Registrar-General, and the Poor-Law Board, as well as to each member of the Boards of Guardians, and to each of the medical officers, and incumbents of the several parishes within the district; and it shall otherwise be circulated for the information of the inhabitants of the district, as may be provided by the Local Board of Health.

"Given under our hands, and under the seal of the General Board of Health, this twelfth

day of February, in the year of our Lord one thousand eight hundred and fifty-one.

"L.S. (Signed) "ASHLEY.
"EDWIN CHADWICK.
"T. SOUTHWOOD SMITH."

What the remuneration is to be for the performance of the onerous duties here recapitulated is not stated, but from prior experience of official liberality towards medical men, we are justified in believing that it will bear no due proportion to the responsibilities incurred. To discharge the requirements of the office properly will be no sinecure. A man must not only be an accomplished physician, but he must also be a chemist, toxicologist, something of an engineer, an astronomer, architect, and a natural philosopher in the widest sense; he must, besides, have a smattering of the undertaker about him, and should, moreover, be triply contagion proof, as in an ordinary sized town, he would on an average, inhale the emanations of typhus and small-pox for at least twelve hours out of the twenty-four. We are curious to see what the salary of such an universal genius will be.

Reviews.

A Practical Treatise on Diseases of the Urinary and Generative Organs, (in both Sexes) Part I. Non-Specific Disease. Part II. Syphilis. By WILLIAM ACTON. Second Edition. London: John Churchill, 1851. 8vo, pp. 693.

WHEN we consider that one in five of our military, and one in seven of our naval defenders are constantly under the influence of these diseases of the generative organs, and when we find that nearly one half of the out-patients of such a hospital as Saint Bartholomew's are in the same unfortunate position, we must admit the full importance of the subject to which Mr. Acton has devoted his attention. It is a common opinion that syphilitic diseases are gradually becoming less frequent, and that we may hope speedily to be rid of their presence among us; but this is shown by our author to be a fallacy, upon such evidence as is sufficient to support his assertion, and we fully agree with him that it is highly necessary to place the venereal patient upon equal terms with the sufferer from indulgence in any excess, whether in intoxicating liquors, in improper food, or in the venereal appetite.

The first part of the above treatise (which is so much enlarged as to be scarcely considered a second edition) is confined to the examination of the nature and treatment of what Mr. Acton calls blenorrhagia, generally denominated in this country gonorrhœa or clap, with all its attendant or consecutive symptoms, such as gleet, stricture, swelled testicle, spermatorrhœa, &c., and in the female also the corresponding inflammation of the vulva, urethra, vagina, uterus and ovary.

In this department Mr. Acton has been engaged in verifying the statements of Ricord, Lallemand, Bennett, and others, and he has presented us with the result of their labours, filtered through his own brain, and thus freed from much extraneous matter, and frequently illustrated and improved upon by the extensive opportunities which he has himself enjoyed in this country, as well as in the Parisian Hospitals.

There are so many interesting questions connected with these subjects, which are investigated by Mr. Acton, that it is impossible to do more than simply allude to them. The difficult task of deciding as to the origin of the particular attack which we have to treat, is one of those questions which most frequently teases the practitioner, and we shall therefore extract for the benefit of our readers, what Mr. Acton says upon that most perplexing case, viz., where a discharge having all the appearance of clap, comes on during the continuance of a connexion which has been going on for some weeks or months, perhaps even years, and when there is reason to believe that neither party has been unfaithful.

"Now, what answer can you give your patient, and what does all you have seen teach you?

"An examination thus made enables you tell your patient that the female from whom he has contracted the disease has been long suffering under the disease called "Whites," that it is this complaint which has produced the discharge in him, and your examination has given you no reason to believe that she has been unfaithful; in fact, as a general rule, the sexual desire in such females has been reduced to the lowest ebb, and infidelity is not one of their sins; but by degrees they have got into such a state that local treatment will alone cure the complaint, and treatment of indigestion will avail nothing.

"Your patient (and perhaps my reader) will ask, 'But why did not this occur in the commencement of the acquaintance? six weeks or more of cohabitation has passed, and it is only within a few days that I have had this disease, although I have exposed myself during the whole time.' And he will reply, 'You are attempting to screen this woman, who must have been guilty.'

"In the commencement of my private practice I had great difficulty in answering these pertinent questions; but, subsequently, I found the explanation easy enough; as long as these secretions from the female are destitute of pus, and the uterus and vagina are in that chronic state, giving rise to white discharges, as happens when connexion is not frequently indulged in, contamination will not probably occur; but if inordinate sexual intercourse, from strong constitutional power of the male, follows, inflammation is set up in the organs of the female, and, the secretion becoming purulent, contagion results; particularly if the man indulges freely in malt liquors, or has been taking violent exercise. Whatever be the true explanation, however, I am practically convinced of the fact, that contagion will occur a few weeks after constant cohabitation with females in the condition above described, although a man may escape at first.

"Now, if discharges can occur in males who have cohabited with females, can we be surprised if prostitutes communicate the disease to men, and yet on examination are not found to be suffering themselves from ought else than the whites?"

The complication of chancre with clap, is another point of great interest, first noticed by Ricord, and since illustrated by Mr. Langston Parker and Mr. Acton in this country. It will be found treated at length at page 57.

Under the head of "stricture," Mr. Syme's operation has been noticed, and its unfavourable results in this country recorded. Mr. Acton, however, does not appear to have *fully* made up his mind against this method of cure, but is strongly opposed to it from the experience which he has had of its effects. We find under this section, much useful information in small compass.

A section upon which great labour has been bestowed is that on "spermatorrhœa," in which we find a most able analysis of the larger and more diffuse work of Lallemand, well arranged, and though written in a forcible style, yet with as little disgusting particularity as the nature of the subject would admit. In the treatment of obstinate cases Mr. Acton suggests that when the application of solid caustic, as recommended by Lallemand, is unsuccessful, a glass syringe should be adapted to a short catheter, which should be passed down to the verumontanum, and the seminal ducts distended by a solution of caustic. We have never seen this plan tried, but as we have sometimes found the porte-caustique of Lallemand fail in its effects, we trust that Mr. Acton's suggestions may have the beneficial result which he anticipates.

Mr. Acton has not extended his observations on the diseases of the female organs to so great a length as we should have expected; but we think that for ordinary purposes every information may be found which is required for their treatment; and as Dr. Bennett's book has now become a necessary appendage to every surgeon's library, we can well spare a more elaborate treatise.

Under the second division of his treatise, viz., that of syphilis, we find a complete analysis of the writings of M. Ricord, which is a sufficient guarantee of the value of its contents. The fact that syphilis may always be tested by inoculation is here fully established, and also the observation first made by Ricord, that secondary symptoms once fully cured, can never re-appear in the same person as the result of a subsequent contamination. Indeed the whole subject is most ably treated, and we can only recommend all our readers who have to take charge of this class of complaints to study the theory of their development, as taught by Ricord, though they may find it necessary, perhaps, to modify his treatment to suit English constitutions, as has been done by Mr. Acton throughout his work. Altogether we cannot too highly recommend his treatise to our readers; it should be found wherever surgery is practised throughout the British empire.

Proceedings of Societies.

BIRMINGHAM PATHOLOGICAL SOCIETY.

FEBRUARY 6TH, 1851.

MR. DUFTON IN THE CHAIR.

Necrosis of the Thyroid Cartilage; Œdema of the Glottis.—By Mr. HILL.

A PUBLICAN, aged 39, of spare habit, and very temperate, called on Mr. Hoare, in December, 1847, complaining of difficulty of breathing, loss of voice, and a tickling cough, which symptoms were relieved by an irritating plaster to the chest and a blister to the throat, &c.

In June, 1849, he again applied with similar symptoms, but somewhat aggravated, and was again relieved by similar treatment.

In July, 1850, Mr. Hoare saw him again, and he remained under treatment until December 8th, 1850., when he died. During the last month of his life he had difficulty of swallowing; he experienced the greatest relief from repeating the blister to the throat.

Upon examining his chest after death, we found the lungs studded with tubercles, which had softened at the apex of each lung, where there was also a small cavity.

The glottis and part of the upper margin of the larynx œdematous and much thickened, and there was necrosis of a small portion of the left side of the thyroid cartilage.

Apoplexy of the Pons Varolii.—By Mr. Hill.

Mary Mollineux, a woman of very intemperate habits, the mother of seven children, the last illegitimate, who had always enjoyed good health, had been at work baking, came home and partook of a hearty meal of bread and cheese and onions, during which she was suddenly taken ill, and by the time she was carried up stairs she died. This was in about ten minutes. She spoke once after the seizure, saying she felt as if about to die. On examining the body twenty-four hours after death, a small clot of blood was found in the pons varolii, about the size of a nut, the other organs were healthy, excepting the right kidney, which was not larger than a pigeon's egg.

Tubercular Peritonitis; Tubercular Pericarditis, with Universal Adhesion, and great Hypertrophy of the Heart; Lungs quite Healthy; large solitary Hydatid in the Liver, containing multitudes of Echinococci.—By Dr. Russell.

Charles Beesley, aged 35, married; nightman. He died January 25th, 1851.

Sectio-cadaveris fifty hours after death.—Body not much emaciated; the serum in the cellular membrane tinged with bile. *Abdomen:* The intestines closely adherent to the wall of the abdomen, and completely packed into one mass by firm adhesions, which contained abundance of tubercular spots, many of the diameter of a split pea. The liver adhered closely to the diaphragm and to the stomach; it was healthy, except that the lobulus quadratus was entirely converted into a *large tumour*, which advanced in front beyond the acute margin, so as to have been felt during life, and reached behind nearly to the obtuse margin of the organ. The gall-bladder was healthy, and contained some brownish thick bile. Unfortunately the ductus communis was lost in the difficult dissection. The tumour was found to be an immense cyst, occupied by a single large hydatid, containing twelve ounces of fluid. The cyst was perfectly closed; it was lined by a dry hard layer of inspissated bile; it was very dense. The hydatid was composed of a sac, an eighth of an inch thick, and in appearance and tenacity closely resembling coagulated white of egg. The fluid of the hydatid was perfectly limpid; it contained a very large number of small round white bodies, like small poppy seeds, which fell to the bottom in a thick layer, some, however, adhering to the side of the bottle with considerable tenacity. The fluid had a specific gravity of 1008, was neutral, and unchanged by heat and nitric acid combined. The round bodies were found by the microscope to be groups of a large number of echinococci, connected together by a distinct substance. In some groups I counted twenty-three individuals. The parasites all had their spines retracted, and at the lower extremity of the body of some was a kind of pedicle, rather broad but short, and of very loose texture. length of echinococcus 1-125th of an inch. The general tissue of the liver was dark, very compressed, and with an unusual distinctness of the white elements, which seemed thick and hypertrophied. Spleen diffluent. Kidneys and pancreas healthy. Between the cardiac extremity of the stomach and the spleen, was a large cavity enclosed in the peritoneal processes, containing pus; it extended down to the pancreas, which, however, was quite uninjured. This cavity was covered internally by pellets of a yellow cheesy substance. The great omentum was completely gathered up in a dense thick mass of very firm consistence, but its section displayed the fat pellets, and without a trace of tubercle. The interior of the stomach was coarse, and dark coloured; towards the cardia were patches of dark vascularity. Unfortunately we were unable to stop to dissect the intestines, so that they and the mesenteric glands were unexplored. *Chest:* The pericardium was enormously thickened. It adhered to the heart at every point; the adhesions admitted of being torn through; they were very abundant, in parts reticulated, but tolerably soft. In front (chiefly) they enclosed tubercular spots in abundance. At the base of the heart the bronchial glands were, many of them, much enlarged, and converted into a cheesy matter. In opening the left auricle an extensive deposit of caseous matter was exposed, lying apparently in an extensive thin patch between the false membrane and the auricle. The heart was enormously hypertrophied, and very considerably dilated. The lining membrane of the cavities was healthy. Valves healthy; the mitral hypertrophied. The tricuspid orifice admitted four fingers abreast; the mitral three. The tissue of the heart was very pale and flabby. The lungs healthy throughout, except that their tissue was much congested, and of a florid tinge, but it crepitated. We could not discover *a single tubercle* in their tissue. They were perfectly free from adhesions, except that the right lung was attached to the pericardium by not very firm lymph.

By the microscope.—The pericardial adhesions contained an abundance of fat in vesicles of various sizes, dotting the bands of fibrin, and apparently connected with them, as comparatively few floated free. The thickened omentum presented abundance of healthy adipose tissue. The pellets from the interior of the abscess near the stomach, no fat, not entirely composed of granular matter, some of which had the appearance of very small cells. The liver-cells small, very dense, and contained fat, and a good deal of darker matter in irregular globules, apparantly of a fatty character. Heart-fibres healthy.

History.—He came under my care December 13th, 1850, having been under Mr. Welch since Nov. 10th. I found him deeply jaundiced; his urine greatly loaded with bile; he had a little pain in the abdomen; he had suffered severely from this pain especially in the hepatic region, but this had subsided; in the situation of the right lobe of the liver was a hard prominence, occasioned by the tumour.

From his history I learnt that he had not been well for nearly two years, but he dated his present illness to the beginning of the year. He had previously suffered a good deal from pain in his abdomen. At the beginning of the year jaundice came on. He then was under the care of Coffin, the herb doctor, and was dosed with cayenne pepper for four months. His bowels were very loose, and he had frequent pain in his epigastrium. At the end of the four months he called in Mr. Field. He was then salivated, but the jaundice did not subside at first. He subsequently got better, and returned to his work for twelve weeks, the jaundice having subsided. At the end of that time he again became ill, the jaundice returned, and he procured a dispensary ticket. When Mr. Welch first visited him there was a considerable quantity of fluid in his abdomen; this had become absorbed under the influence of mercury cautiously administered. He was a fine-made man, and considering the length of his illness, in tolerable condition. The further history does not present much matter for observation; neither by his history nor by his symptoms was the least suspicion excited of the extensive thoracic and abdominal disease, beyond the presence of the tumour in the liver and evident enlargement of the heart, though from what cause I could not discover. He had never had rheumatism. On two occasions only had he even irregularity of the pulse. On the 14th of January I found him considerably exhausted; I found that he had been bleeding at the anus for a week, and the last two or three days very profusely. The hæmorrhage did not, however, return, but in its place a fresh symptom arose—most profuse perspirations night and day, and continued to the time of his death, unchecked by full doses of sulphuric acid.

On the 25th, on visiting him, I found him suffering from collapse, with extreme dyspnœa. No more hæmorrhage had occurred. His chest-sounds unaltered. He died the same evening. He did not inherit consumption.

The entire absence of any symptom in his history leading my attention, either to the chest or the abdomen, except the diarrhœa which had long since ceased, and might have been caused by Coffin's medicine, and the presence of undoubted disease in the liver, rendered a suspicion of the extensive disease found after death impossible. The healthiness of the lungs, too, prevented any hint being afforded from their condition. The perfect absence of any sign of cachexia in his appearance, (for he was even in good flesh,) would almost have neutralised any suspicion tending to the disease, and combined with the pain and tenderness described, and the diffused feel of the tumour, confirmed my belief of the inflammatory nature of the hepatic disease, against which the absence of gastric derangement was the only sign.

That all this disease should have occurred without any symptoms sufficiently prominent to impress his memory is extraordinary, more especially as from the softness of the cardiac adhesions, they could not have been of long standing. His habits, from his own account, were not very intemperate, and doubtless the exposure involved in his trade, had a powerful influence in originating the cardiac and intestinal disease.

A peculiar growth of Fibrous character from a small portion of the interior of the Dura Mater, in an Epileptic Patient.—By Mr. Burbury.

The patient, a male, after suffering for some time from headache, became the subject of epilepsy, about a year and a half ago. On January 24th, he fell, his forehead coming in contact with a corner of the table; he was soon after seized with convulsions, which continued with slight intermission till his death.

January 29th.—The deposit corresponded to the left frontal eminence; the cerebral tissue around and beneath, was softened and diffluent; the arachnoid over the hemisphere were opaque; and there were about two ounces of fluid at the base of the brain. The dura mater, at the part mentioned, presented externally roughness and some increased vascularity; internally, a diseased surface of irregular shape, but about two inches in extent, longitudinally and transversely; the appearance of the diseased patch, was just that of a mucous membrane grown upon the dura mater; the surface was smooth and glossy, and had just the aspect of the intestinal mucous membrane thickened. At the circumference the disease terminated in elevated irregular granulations, some of considerable size—about that of a horsebean; the thickened circumference was partly separated from the dura mater, but the deposit could not be raised further. Towards the edge the diseased patch presented streaks of vascularity, and was of a rosy hue. On dividing the diseased portion, it was shown to consist of a thickening of the dura mater; it was about a line and a half thick; it cut very firmly and the section showed identity of tissue with the subjacent fibrous membrane. The glossy inner surface seemed due to a less fibrous layer, which, however, could not be raised, and which, by scraping, lost a scanty portion of rather pulpy matter, not unlike mucus. The granulations were very hard and crisp; when divided, they displayed a semitransparent fibrous tissue, not very vascular, containing distinctly defined portions of yellowish white, not unlike tubercle in appearance, but as hard and crisp as the rest. The impression received from the first sight of the portion, was that it was of fungoid nature, it closely resembled such a growth, though not sufficiently vascular; its firmness, and above all its microscopic characters, contradicted the assertion. The microscope proved the diseased structure to have a strictly fibrous character—like the tissue of fibrous tumours. The arachnoid membrane had disappeared in the part corresponding to the disease, the diseased portion being in contact with the brain, which, as described above, was disorganized in that part.

Foreign Department.

FRANCE.

PROCEEDINGS OF THE FRENCH ACADEMIES.

ACADEMIE DE MEDECINE.

The sittings of this learned body for the present year commenced with the demonstration by Dr. De Courtz, of Montpellier, of a new instrument for the extraction of certain foreign bodies from the bladder, with a lengthened account of its uses, which has subsequently been published in the February number of the *Archives Générales*. It is not possible to describe this instrument with accuracy without the aid of the plate by which the essay is accompanied, but it appears to consist of a canula, through which passes a sound, having a hook at the end, by means of which certain bodies, as pins, &c., are drawn into the canula, and extracted. The plate figures a large pin which was thus extracted from the bladder of a soldier.

Two reports were produced at the next meeting, one "On a Case of *Urethral Fistula* in a Female," by Dr. Colson, the other "On the *Treatment of Hydrocele by the Injection of Ammoniacal Gas*," by M. Bonnafont. M. Robert, who read the paper, noticed that the pain of the injection is severe, but the inflammatory symptoms are mild and transitory. In eight cases thus treated, all seemed at first to be successful, but relapses took place in six. Comparing the gaseous injections with those of iodine, which are so generally successful, and so rarely followed by untoward consequences, M. Robert does not hesitate to pronounce in favour of the latter.

M. Lesauvage narrated a case in which he divided the tendo-Achillis for reduction of a fractured astragalus.

M. Chailly-Honore read a "Memoir on *Premature Birth, and the means of Reducing the bulk of the Fœtus at the full Term.*" In this paper he discusses the comparative value of premature delivery, and a debilitating regimen, with repeated bleedings, for the purpose of stinting the growth of the fœtus. He decides that the latter project is irrational and uncertain.

M. Lepelletier presented an "Essay on the *Physiological and Pathological Effects of Brucine.*" Among the former the author notices various nervous symptoms, resembling electric shocks, affecting chiefly the muscles of the extremities. There is also great wakefulness, headache, loss of sight, &c. The therapeutic effects are shown in paralysis not depending upon myelitis.

ACADEMIE DES SCIENCES.

This Academy has been chiefly occupied with the consideration of anæsthetic agents, and more particularly of one called by the French *Ether Chlorohydrique Chlorèe*, the Dutch liquid with excess of chlorine. This has been found extremely useful as a local anæsthetic, chloroform being all but inadmissable for that purpose, on account of the burning sensation which its contact with the skin induces. M. Fleurens has instituted experiments with this fluid, and M. Aran has also recorded his observations referring to local anæsthesia. The result is, that he has found the use of this fluid of immense service "in every case in which there is acute pain, whether the pain itself constitutes the disease, or whether it is only a symptom." The diseases in which he has chiefly employed it are, articular rheumatism, neuralgia, colic, &c.

This preparation is made by an excess of chlorine in hydrochloric ether. It has a sweet fruity flavour and smell, does not act on turnesole paper, and is inflammable. It is sprinkled on lint, and applied to the painful spot, covered with oiled silk. It may also be used as ointment, one part to two and a half of lard.

Among other memoirs presented during the month of January, we may mention — 1. An essay by M. Arneth, "On the *Method of Preventing Puerperal Fever in use at the Maternité of Vienna*," which consists in making all the pupils and attendants wash their hands in a solution of chloride of lime. 2. A memoir "On *Puerperal Fever*," by M. Devilliers. 3. A "Case of Hemiplegia induced by Bleeding."

Nature of Chorea.

Dr. Botrel, in his inaugural thesis, has adopted the opinion that chorea is essentially of rheumatic origin, or rather a variety of rheumatism attacking the nervous centres. He has had the candour to admit that the same ideas were previously made public by M. See, but does not seem to be aware that the rheumatic nature of chorea has been some time since recognized by British writers.

Hydropathic Treatment of Anæmia.

M. Fleury, (*Archiv. Generales,*) who, unlike the tribe of "water doctors" who infest this quack-fancying country, appears to make a really scientific use of the therapeutic powers of cold water, informs us that all forms of anæmia are rapidly cured by the cold douche. The cases in which he is successful are those in which the lymphatic temperament originally predominates; cases of chlorosis which have resisted steel and other appropriate measures; anæmia from loss of blood, unwholesome occupations, marsh miasms, &c. We can readily believe M. Fleury that in the majority of such cases little is required beyond plenty of fresh air, wholesome food, exercise, and a cheerful tone of mind. The cold douche will doubtless, by aiding and fortifying the capillary circulation, materially assist the other ingredients in the regimen.

On Primary Amputation in Gun-shot Wounds.

M. Rastelle, (*Annali de Medicina,*) one of the surgeons of the Sardinian army, after a close analysis of the surgical practice during the last campaign, confirms the opinion generally held by military surgeons, that primary amputations are much to be preferred to secondary operations in gunshot wounds. By primary amputa-

tions he means amputation performed within six and thirty hours of the injury. He refers to twenty-six operations of this kind, twenty of which were successful. Of these, ten were amputations of the upper arm, one of which died; fourteen of the thigh, with five deaths. On the contrary, of twenty consecutive operations fourteen died. Thus in primary operations it appears that the mortality is twenty-four per cent., while in consecutive amputations it is as great as seventy per cent.

GERMANY.

Borax as an application to Gangrenous Buboes.

We find that Dr. Effenberger (*Journ. für Kinder Krankheiten* stated at a meeting of the Vienna Medical Society, that he had applied a solution of borax, in the proportion of from one to two drachms in a pint of water, to a large number of patients who suffered from gangrenous bubo, with great success. He had had fifty cases in one year; not one had died, although there were several very severe cases, and in one the femoral vessels were laid bare. The solution was applied by means of charpie, so as to cover the edges of the sore. It was very essential that the charpie should be very frequently renewed by night and day, and to the neglect of this precaution he thinks is to be attributed the failure of this practice in the hands of other surgeons.

General Retrospect.

ANATOMY AND PHYSIOLOGY.

On the Parovarium of the Female, the Analogue of the Epididymis in the Male.—By Professor Kobelt.

The *Wolffian* bodies are generally believed to be peculiar to intra uterine life, and to disappear in both sexes without leaving any trace of their existence. The author, however, affirms that it is possible to demonstrate anatomically, that these organs in both sexes, generally regarded as temporary, continue throughout life, and that they do not begin to waste until after the cessation of the generative functions. The following paragraphs contain the pith of this interesting essay:—

1. In the earliest periods of intra-uterine life there is no distinction of sex, the elements of both sexes in fact existing in every individual.

2. The "generative gland" may become either a testicle or an ovary.

3. By means of the excretory ducts of this gland, that is to say, by the *Canal of Müller* in the female, and the excretory duct of the *Wolffian body* in the male, each embryo assumes the attributes of one or the other sex.

4. The sexual difference consists in the development of one of these ducts, and the arrest of development in the other.

5. In the male, the Wolffian body does not disappear entirely, but it constitutes in chief part, the epididymis; its cul de sac forming the *coni vasculosi* of the epididymis.

8. The superior culs de sac of the excretory duct of the Wolffian body become effaced, or converted into hydated vesicles. The inferior culs de sac also disappear, or are converted into *vasa aberrantia Halleri.*

7. The excretory duct of the Wolffian body forms the canal of the epididymis and vas deferens.

8. In the female the Wolffian body never entirely disappears, but it contributes to the formation of a new body, discovered by Kobelt, and called by him the *parovarium.* This body is placed between the ovary and the fallopian tube.

9. The culs de sac disappear or become *coni vasculosi* as in the male, others become the vesicles so often observed in the fringes of the fallopian tube; others, again, the inferior ones, disappear altogether.

10. The excretory duct of the Wolffian body is arrested in its development. The duct of Müller becomes the fallopian tube.

11. Hermaphrodism is caused by the persistence of all the elements of the generative tissues.

[In connexion with the above we may append the conclusions respecting the Wolffian body extracted from an inaugural thesis, by Dr. Follier.]

The Wolffian bodies are developed in two distinct portions on each side of the spine, originating in special organic cellules, and not as an expansion of either of the allantois or of the vesicula umbilicalis. The generative gland (either ovary or testicle, as the case may be) is formed quite independently of the Wolffian bodies. These bodies are formed of tubes, at first straight, but afterwards becoming tortuous, and ending in an excretory duct. The excretory duct of the generative gland is developed independently of that of the Wolffian bodies, which bodies are not completely effaced at birth. In the female they persist partly in the form of small canals situated in the broad ligament, near the ovary, and in some instances appear in small cysts. In the male the remains of the body are found near the head of the epididymis, and consist of small diverticular canals, the *vasa aberrantia Halleri*, and the hydatid of Morgagni. The author denies that, as Kobelt asserts, the canicules of the Wolffian body forms the vasa efferentia of the testicle.—*Recherches sur les Corps de Wolf*, 1850.

MEDICINE.

Treatment of Organic Disease of the Heart.—By Dr. Scott Alison.

The principles upon which Dr. Alison treats organic disease of the heart are these:—1st. The abatement of inflammatory action when present by leeches and counter-irritation. 2nd. The abatement of inordinate action by harmless sedatives, as hyoscyamus, conium, and lactucarium. When quieting was required at the same time that a tonic was necessary, hop was found of advantage. When vigor was wanted, and there was no extreme irritability, iron was found to afford lasting benefit.

When congestion occurred, the secretions of the organ affected were solicited, if a secreting organ; if the head or lungs were affected, blood was taken locally. When violent palpitation occurred, with pain and dyspnœa, morphia was called for, and acted well. Dropsy demanded much attention; when due to direct cardiac obstruction, saline purgatives and diuretics were administered; when it was due to debility, as in advanced cases, more stimulating diuretics were demanded.

In these cases where the dropsy depended on secondary visceral congestion, the removal of the latter is to be attempted by leeches and mercurials. Tapping and puncturing are resorted to under special circumstances. The author prefers small incisions to punctures in anasarca.

When œdema of the lungs is threatened, the combination of squills and blue pill is found most serviceable. The author has found urine to be copiously secreted as soon as mercurial action is established, though all forms of diuretics have previously failed.

The stomach presents some disorders for rectification. Irritability and vomiting required treatment. When ordinary remedies failed, ices were had recourse to with extraordinary benefit. It is considered by the author to be highly important to keep the heart in a state of good muscular tone, for this purpose he recommends a liberal diet, pure air, tonics, and especially the preparations of iron. The recumbent posture should also be frequently assumed, in order to lighten the labours of the weakened organ.—*London Journal of Medicine*, April, 1851.

Diagnosis of Hæmatemesis.—By M. Valleix.

1. *Distinctive signs of hæmatemesis and epistaxis.*—

Hæmatemesis.	*Epistaxis.*
Symptoms referable to the disturbance of the digestive organs.	No such symptoms.
Vomiting of blood not preceded by nasal hæmorrhage.	Nasal hæmorrhage precedes the vomiting of blood.
No traces of blood in the nasal fossæ.	Traces of blood, either fluid or clots, in the nostrils.

2. *Distinctive signs between hæmatemesis and hæmoptysis.*—

Hæmatemesis.	*Hæmoptysis.*
Black blood in soft or broken clots.	Blood commonly red and frothy.
Blood rejected by vomiting after nausea, epigastric weight, &c.	Blood rejected by coughing.
Dulness of the epigastric region.	No dulness in this region.
Food mixed with the blood.	Blood pure or mixed with other expectoration.
Fœtid dark stools follow the vomiting of blood.	Natural stools.
No sub-crepitant râle.	Sub-crepitant râles.

3. *Distinctive signs between idiopathic and symptomatic hæmatemesis.*—

Idiopathic hæmatemesis.	*Symptomatic hæmatemesis.*
Digestion not disturbed.	Prolonged disturbance of the digestion.
No obvious emaciation.	Extreme emaciation.
No epigastric tumour.	Epigastric tumour

4. *Signs that the hæmorrhage continues after vomiting has ceased.*—Weight, fluctuation, and pain in the epigastric region; coldness of extremities, rigors, cold sweats; sinking and faintness; small thready pulse.—*British and Foreign Medico-Chirurgical Review*, April 1851.

On the treatment of Disease in the Aged.—By Dr. Nichols, U.S.

The following remarks occur in an address to the New Jersey Medical Society. They are worthy of remembrance:—In the treatment of disease in the aged, we must keep in view certain principles, founded upon the pathological conditions alluded to in another part of this essay. If this period of life be marked by a decrease of vital energy, less resistance will be offered to the assault of the disease; inflammatory affections will be found to be more rapid in their course, and if severe in character, have a fatal issue. Therefore remedial means, to promise success, must be employed early. Again, these remedial agents, if calculated to lower the powers of life, must be employed cautiously, lest the resistance offered by the vital forces be rendered still more feeble, if not entirely extinguished, by means appropriate in themselves, but injudiciously used. In the aged, particular regard must be had to peculiarities of temperament, previous habits, constitutional infirmities, condition in life, and the effect of other known causes which influence disease. But, as a general rule, in this class of persons depletion must be cautiously employed; and under this term I include not only bloodletting, but all those remedies calculated to lower the vital forces, whether in the nervous or circulatory systems. When venesection is carried to any considerable extent, its effects should be carefully watched, lest fatal exhaustion should ensue; and if cathartics are employed, it may be proper to exhibit them in combination with some aromatic or stimulant, and closely observe their action, lest it be too energetic or too protracted. In the use of all such remedies, due precaution should be observed, lest in our endeavours to eliminate disease we waste all the constitutional energy necessary for its successful resistance! The young and inexperienced practitioner who attacks the maladies of the aged heroically with the indiscriminate use of the lancet, antimony and calomel, may have the misfortune of witnessing his patients arriving at their allotted boundary, as it is called, in a much shorter period than if left to the care of nature and a judicious nurse. The strength of the aged patient must be sustained, in some cases, by a restorative regimen, and by nutritious aliment; by a due attention to warmth, both of clothing and apartment; and in convalescence, by the judicious use of agreeable tonics and cordials. In this stage of life, the depressing passions exercise a strong control

over disease; it becomes, therefore, our duty to guard against them. Youth is proverbially buoyant and full of hope; manhood is too much absorbed in its pursuits and plans to yield its hold on life without a vigorous struggle; but old age is apt to be despondent, and oppressed with the conviction that each assault of disease is a new summons, bidding him prepare to obey the inevitable law of his being. While the truth is not to be withheld where the issue is evident, in all doubtful cases and especially where the aspect is favourable, powerful auxiliaries will be found in all those encouragements and assurances, calculated not only to produce calmness and cheerfulness, but also inspire hope and confidence.—*Boston Medical Journal*, Feb. 1.

SURGERY.

On Post-Aural Tumours.—By Mr. Wilde.

Tumours behind the ear, and in any way connected with the mastoid region, demand the immediate and special attention of the practitioner. The author specifies five kinds of post-aural tumours, the situation and characters of which every surgeon should be acquainted with, as some of them may prove fatal in either the acute or chronic form. There is a small gland lying upon the mastoid process immediately above the insertion of the sterno-mastoid muscle, and on a level with the tube of the ear, which sometimes enlarges to the size of an almond; it becomes highly irritable and painful to the touch, so as occasionally to resemble a neuroma. It generally occurs in young females. The author mentions one such case which he attended some years ago along with Dr. Graves, and it was so painful that the lady could not bear to have it touched. The external application of iodine, and the internal exhibition of tonics, particularly iron, will in time remove these glands, but they are always very tedious. The second form of tumour is also glandular; it is simply a suppurating gland, and is not unfrequently met with in young children during dentition. It generally appears in scrofulous constitutions, and very often in persons who have suffered from some inflammatory action in the middle ear or the external meatus. The author states that he never saw one of these suppurating glands, the great bulk of which was not below the level of the external meatus, and this is a diagnostic of some importance, as a very formidable and often fatal swelling, which sometimes occurs behind the auricle, is always seated higher up. The third form of tumour he has only seen upon two occasions; it is a chronic abscess, very similar to lumbar abscess, and is, like it, generally connected with diseased bone. He alluded to a little boy at the hospital, about three years ago, who laboured under this disease upon both sides. Each tumour was about the size of half an hen-egg, fluctuating, painless, and occupying all the space behind the auricle; the skin nearly of the natural colour, but traversed by several blue veins. These tumours were opened, and from each of which poured a quantity of the usual scrofulous curdy matter. Almost the entire of the surface of each mastoid process was denuded, and rough. The abscesses filled several times, the child's health gave way, hectic ensued, and it died with cerebral symptoms. The fourth form of tumour is the result of acute inflammation, either arising from periostitis of the post-aural, and often extending over the entire parietal region, or caused by accumulations of matter in connexion with disease of the mastoid process, the result of tympanitis spreading from the middle ear, or from chronic inflammation and otorrhœa producing caries, which extends into the mastoid cells; and with this external manifestation we sometimes have diseased action of a sudden and fatal nature going forward within the cranium, in the inner table of the skull, the membranes of, and even the brain itself. The fifth tumour which occurs in this region is a malignant fungus, of which the author has seen three cases: one in a boy aged 10, the others in adults who had passed 50. —*Medical Times*, April 12.

Mr. Wakley's New Instrument for Stricture.

Here is another proof of the adage, that "there is nothing new under the sun." Mr. Courtenay writes to the *Medical Times*, to state that he some time since had devised instruments similar to those advertised by Mr. Wakley, as original. He says:—

"Many years since I had a silver catheter made, with a removeable thumbscrew attached to it, and a directing rod to screw on to the external extremity of the catheter after its introduction to the bladder, and both solid and flexible tubes, for the purpose of passing them along the directing-rod and catheter through the strictures to the bladder, and thus to dilate the contracted urethra. Immediately on the first appearance of the account of the supposed new instruments in your journal, I went down to Messrs. Weiss, and requested to be shown them, stating that I thought, from the description, they resembled mine. On seeing them, I found the catheter and its apparatus perfectly similar. The flexible tubes were the same, but the silver were much better made than those which I had used. I at once returned home, had a search for my instrument, and having found the above described catheter and its apparatus, with a flexible tube, I went again to Messrs. Weiss and submitted them to their inspection, when they at once acknowledged the resemblance between the instruments, and expressed their regret. This was on Saturday, the day of publication. On the next day, (Sunday,) I called on Mr. T. Wakley for the purpose of showing him my instruments. I did not, however, see him. On the same day I had to call upon Professor Furgusson on another matter, and I took the opportunity of showing them to him. A day or two after this I wrote to Mr. Thomas Wakley to inform him of the object of my visit on the Sunday, and at the same time to offer to show him my instruments, if he liked to call upon me. After an interval of nearly a week, I received an acknowledgement from him of the receipt of my communication; but, as he did not or would not appear to understand the object of my letter, I wrote him a second distinctly telling him I had long since, in all essentials, forestalled his idea and instruments. To

his communication I have never received any reply. Since this Mr. Gay has seen my instruments, and was perfectly astonished at the entire similarity of Mr. Thos. Wakley's catheter."

To this letter the Editor of the *Medical Times* appends a note to the effect, that neither Mr. Wakley nor Mr. Courtenay are entitled to the merit of originality, the claim, in fact, resting with Dr. Buchanan of Glasgow.

Spontaneous Collapse of the Antrum.—By W. White Cooper, Esq., F.R.C.S.

This rare case occurred in the person of a robust female, aged 25. Her appearance was remarkable; there was a deep purple depression between the side of the nose and the malar bone on the left side, looking precisely as if a portion of the maxillary bone had been removed. The depression was bounded above by the inferior margin of the orbit which partook of the depression, inferiorly by the alveolar process and malar bone, and in the centre by the nose. The distance from the bridge of the nose to the bottom of the depression, was an inch and four-tenths.

Until seven years previously her face had been symmetrical, but about that time she perceived a dusky mark beneath the left eye, unattended with pain. This mark gradually extended, and some flattening of the cheek became perceptible; this gradually increased until the face assumed its present appearance. A week ago some stillicidium lachrymarum ensued.

Her teeth were *in situ*, but greatly decayed, and the gums were in an unhealthy state, but the alveolar process was sound.

Mr. Cooper has failed to find any account of this singular affection in the records of surgery, the only approach to a reference to it being in Otto's "Compendium of Pathological Anatomy." Nothing is suggested to remedy it by Mr. Cooper or Mr. Fergusson, who saw the case.—*London Journal of Medicine*, April, 1851.

TOXICOLOGY.

Poisoning by Chloroform taken Internally.—By Alfred Taylor, M.D.

A young man, aged 22, entered a shop at 2 P.M. and fell asleep. No notice was taken of him for two hours, when, as he could not be roused, a surgeon was sent for. Mr. Gleadale, who attended, found him comatose, cold, with insensible pupils, small pulse, and breath strongly impregnated with chloroform. An empty four-ounce bottle was found in his pocket.

Mr. Gleadale introduced the stomach pump, and washed out the stomach very freely with warm water in the first place, and then with brandy and water, and finally introduced one drachm of compound spirit of ammonia, which was in a short time vomited, together with a quantity of food which had been taken in the early part of the day.

The coma now became more profound, the breathing stertorous and puffing, the skin cold, pulse imperceptible, and there were general convulsions.

He was removed to the hospital of the poorhouse, and about 11 P.M. was seen by the surgeon, Mr. Skinner, who found him in an extreme state of collapse, comatose, and very pale; skin cold; the pupils acting very, irregularly, sometimes much dilated, at others much contracted; breathing stertorous and puffing, and a frothy expectoration was expelled convulsively; sibilant rhonchus over the *whole* of the chest; pulse not more than 50, very feeble, and compressible; slight convulsive shiverings; the breath strongly impregnated with chloroform.

He was placed in bed, wrapped in blankets, and surrounded with tins of hot water. A large sinapism was applied to the chest, and a blister to the nape of the neck. He gradually recovered, and about two A.M., became sensible. A mixture of ammonia was ordered.

On the next morning, at 11 o'clock, he was complaining greatly of pain in the head; the conjunctivæ very much congested; the skin hot; respiration easy; pulse 90, soft; tongue red, and the papillæ raised. A slight sibilant rhonchus was detected over the whole extent of the chest, and the heart-sounds were roughened. He was ordered to take the powder of chalk, mercury, and rhubarb, and the saline mixture.

On Sunday much improved; the abnormal sound of lungs and heart gone.

On Monday he was much better, and on Tuesday he was discharged.

From the account given by him, it appeared that about 1 o'clock on Friday, he drank four ounces of chloroform, which he had taken from his master's surgery, (an ounce bottle of hydrocyanic acid was found in his pocket,) and from that time he had no recollection of anything until he found himself in the hospital of the poorhouse, not even of having gone into the barber's shop.

Correspondence.

ON THE STYPTIC POWERS OF MATICO, &c.

To the Editor of the Provincial Medical and Surgical Journal.

Sir,—On reading the remarks of Mr. Giraud, on the styptic qualities of matico, in connexion with uterine hæmorrhage, I find that he states that "his attention was first directed to the styptic powers of matico some years ago, by Mr. Hoare," &c. From this observation I conclude he has not seen the pamphlet of Dr. Jeffrey, of Liverpool, published some years since; and who was the first, I believe, to bring this powerful vegetable astringent prominently before the profession. If so, I would beg to direct Mr. Giraud's attention to Dr. Jeffrey's remarks; and I am sure he will find much useful and valuable suggestions from the perusal of his pamphlet. Very much depends upon a careful selection of the plant, as there are many spurious specimens offered for sale, as well as samples of a very inferior

quality. I have always found the *yellow green*, with a *fresh pungent smell*, the most powerful in its astringent effects, and that to be alone relied on. Many persons I know, have been frequently disappointed in the trial of this remedy from this circumstance, and on asking them the nature of the sample, have decribed it "as without much smell, and of a *dark green* colour."

I have employed matico to a considerable extent for some years, and can bear testimony with Dr. Jeffrey and Mr. Giraud to its invaluable assistance in *all* cases of hæmorrhage. I have used it very frequently, and I may say extensively, in passive hæmorrhagea, in cases of flooding after labour and miscarrying, also in hæmoptysis and epistaxis, in minor cases of obstinate and tedious bleeding from leech-bites, extraction of teeth, &c., in leucorrhœa, and chronic cases of gleet. In all these I have rarely seen it fail, and in many of them the effect has been almost instantaneous. I could cite many interesting cases, where matico has succeeded in excessive uterine hæmorrhage, after the trial of very many other powerful styptics. The method of administering it has been most frequently with me in the shape of infusion—an ounce or more to the pint; giving two or three table spoonfuls every one, two, or three hours, according to the severity of the case. In some cases of hæmoptysis, the patient has carried some leaves in his waistcoat pocket, and on perceiving the taste of blood in his mouth he took a pinch, and masticated it well, swallowing the expressed juice with the saliva. This plan has answered exceedingly well, and entirely checked an attack. To quote the words of the patient, "I never, Sir, should feel safe without some of this remedy in my pocket. The powder, *recently* pulverized, in doses of a scruple to half a drachm, I have found succeed where the ergot has failed in exciting uterine contraction; and from repeated trials of its efficacy in this respect, I feel convinced that many of my professional brethren would do well to try the powder of matico when they have failed to induce uterine effort from other remedies; and in cases of hæmorrhage I would rely most confidently upon the administration of this remedy. These remarks I have made with the same view as that of Mr. Giraud, and to add somewhat in assisting each other to arrest formidable attacks of hæmorrhage, which call forth all our promptitude and knowledge, producing no slight solicitude for our patients, and alike placing them in imminent peril. It is our duty to communicate, and place before our medical brethren the successful trial of any remedy which may assist them in the management of perplexing cases; and I am persuaded that if we were more unreserved and frank in this respect to one another we should do much benefit.

I am, Sir, yours faithfully,
PHILIP R. SLEEMAN.

Bristol, April 5, 1851.

THE APPRENTICESHIP SYSTEM.

To the Editor of the Provincial Medical and Surgical Journal.

Sir,—A communication in your last number respecting the present state of the medical profession, reminds me of a subject upon which I have frequently thought of addressing you, and some remarks made in the course of a review of a recent surgical work in the columns of the *Times*, renders a notice of the matter more urgent and necessary.

Your sexagenarian correspondent stands up boldly for the Apothecaries' Company, and in many of his remarks I most fully concur; as, for example, the good service which the company has done in advancing the education of surgeons, a service which ought to be appreciated more by the public than is the case, and the necessity which exists in the country districts of a medical man dispensing his own medicines, without charging for anything beyond his attendance.

I wish to say a few words upon a somewhat similar topic, viz: the apprenticeship system, decried by most of the London surgeons and the Council of the College, possibly because it is upheld by the Apothecaries' Company; and very strongly deprecated by Mr. Skey and his very flattering reviewer in that lengthy advertisement inserted some days ago in the *Times*.

Having had a good deal of experience in the education of young men for the profession, I beg to state my distinct conviction of the great advantages of an apprenticeship. I do not mean a servitude in a shop for five years, but an apprenticeship to a surgeon in the country or in town; if the former, and there is no recognized hospital or school sufficiently near, it should be with the understanding that the last two or three years be spent in attendance upon lectures, &c., at whatever school may be chosen, and this the Apothecaries' Company very liberally allow. I consider the advantages to be the following:—Being bound legally to serve his master, he is kept under his eye for a greater or less time, and has opportunities of learning many things of the greatest importance which hospital practice can never teach. There is a vast difference between hospital and private practice, and, in fact, the slight cases and operations which a young practitioner has to undertake, are seldom seen in the wards of a hospital. The master, moreover, would consider himself bound to teach his apprentice the *business* part of his profession, which is very necessary, and which a mere hospital pupil can never learn; the apprentice will have now and then to see some of his master's patients in his absence, and will be made do many things which it is very necessary to learn; he will have to assist at operations in private, and will learn to be a quiet and handy assistant; to sew up a body neatly at a private *post-mortem* examination; to bleed and cup expertly; and all the minutiæ which in the aggregate make up the practice of a surgeon just beginning his career. How few, in ordinary practice, except hospital surgeons, are required to perform capital operations; and yet these attract the greatest part of the attention of the students in the wards of the hospitals. Where, again, in a hospital is there any opportunity to watch the progress of ordinary cases of small pox or measles?

Having had myself the privilege of being an apprentice to a surgeon of high standing as a private practitioner, who did not dispense medicines nor require any menial servitude, but gave me private instruction, whilst I attended lectures and hospital practice, I can safely declare that I derived the greatest and most lasting advantages from the suggestions then received.

If the Apothecaries' Company resign their power of granting a license to practice to the hands of the College of Physicians, I hope that something tantamount to an apprenticeship will still be required; and I think that nothing short of the legal power of an indenture for three, four, or five years will answer the purpose.

In conclusion, I wish to express my opinion that the Council of the College of Surgeons are utterly ignorant of the condition of surgeons in the country, (I ignore the term "General Practitioner,") especially of those in large provincial towns, where, with the exception of attending midwifery cases, they are as much "*pure*" surgeons as the members of the Council themselves.

I remain, Sir, your obedient servant,

F.R.C.S.

ON THE COMMUNICATION FROM A "SEXAGENARIAN."

To the Editor of the Provincial Medical and Surgical Journal.

Sir,—Without wishing to claim from yourself or your readers any credit for excessive sympathetic sensibility, I must beg permission to condole with you most sincerely with regard to your obligation to publish *such* "Sexagenarian Thoughts on the present state of the Profession." I would suggest, for your own sake, that you should cause all those who peruse the *Journal* to understand that the constitution of the Association *compels* you to insert whatever trash a member may be pleased to send, and that you are, therefore, not responsible for the fatuity of your correspondents. But, I would also suggest, that you should, in future, be debarred from the exercise of discretionary power, *only* on the condition that the *names* of those contributors who indulge in attacks against the entire diplomacy of surgery and medicine, should be appended or prefixed to the documents committed to the press. It is not my intention to specify the absurdities that prevail in the paper to which allusion has been made, because *one* edition of that paper is enough; nor is it my wish to be severe in remarking on the mental and moral infirmities of an aged man; my only object is seriously to propose that some measure should be adopted which may enable you to use your Editorial discrimination, and thereby reserve the pages of the periodical over which you preside for communications which bear the impress either of sanity, courtesy, or talent.

I remain Sir, yours faithfully,

One whose Reputation is not "European."

May 5, 1851.

[The communication alluded to is privately authenticated by the signature of one of the most respectable members of our Association, and however we may differ from him in many of his opinions, we think he had a right to expect the insertion of them in the *Journal*.—Ed. J.]

Medical Intelligence.

ANNIVERSARY MEETING, 1851.

We have authority from the Council to state that the next Anniversary Meeting of the Provincial Medical and Surgical Association will be held at Brighton, on Wednesday and Thursday, the 13th and 14th of August. Further particulars will appear in a future number.

BRISTOL MEDICAL SCHOOL.

The annual distribution of prizes took place at the Medical School, Old Park, Bristol, on Thursday morning, May 1. After an interesting and appropriate address to the students, Mr. Clark, Lecturer on Surgery, awarded the prizes to the following successful candidates:—For proficiency in the studies of the third academical year, a prize to Mr. G. L. Poole, and a certificate of honour to Mr. E. A. Hadow; for proficiency in the studies of the second year, the first prize to Mr. James A. Ellis, the second to Mr. W. H. Day, and a certificate of honour to Mr. H. H. Cox. These prizes are quite distinct from the clinical prizes annually awarded at the Bristol Royal Infirmary.

UNIVERSITY COLLEGE.

The annual distribution of prizes in the Faculty of Medicine in this Institution, took place on Saturday last; H. C. Robinson, Esq., in the absence of Sir James Graham, presided. The Dean of the Faculty, Mr. Graham, having read a report setting forth the position of the school during the preceding session, the chairman proceeded to distribute the prizes to the several competitors, and then concluded the proceedings by some observations suitable to the occasion. The following is a list of the gentlemen to whom the prizes were awarded:—*Chemistry:* Gold medal, J. Z. Lawrence; 1st silver, Wm. Roberts; 2nd silver, J. Footman. Certificates—4, J. C. Thorowgood; 5, Wm. Mushet; 6, S. J. Deck; 7, C. Follen; 8, W. Harriss; 9, P. J. Worsley. Birbeck Laboratory Students—Gold medal, P. Duffy; silver, James Smith. Certificates—3, H. Lawes; 4, A. W. Willis; 5, James Bell. —*Botany* (summer, 1850): Gold medal, J. W. de Tunzleman; silver, Thomas Hillier. Certificates—3, G. Buchanan; 4, John Dee; 5, W. B. Ramsbotham; 6, James Ekin; Wm. B. Mushet; 7, F. W. Sayer.—*Pathological Anatomy* (summer, 1850): Gold medal, Henry Thompson. Certificate—2, J. S. Gamgee.—*Anatomy and Physiology:* Gold medal, W. H. Flower. 1st silver, R. Grundy; 2nd silver, T. Hillier. Certificates—4, R. B. Smart; 5, St. John Edwards, A. Dupuy; 7, J. Gamgee, G. Buchanan; 9, W. Mushet; 10, D. D. Davis.—*Anatomy:* Gold medal, J. S. Gamgee. 1st silver, T. Hillier; 2nd silver, W. Roberts. Certificate—4, St. John Edwards; 5, J. Z. Lawrence; 6, W. Mushet; 7, A. Ingham; 8, A. Dupuy; 9, D. D. Davis—Junior class, silver medal, W. B. Rams-

botham. Certificate — 2, F. T. Bond; 3, H. W. Kiallmark; 4, S. J. Deck; 5, J. Merryweather; 6, J. E. Havard.—*Comparative Anatomy:* Gold medal, Jos. Lister.—*Medical Jurisprudence* (summer 1850): Prize, S. W. Sibley. Certificates—2, F. Marcin; 3, R. R. Banbury; 4, R. Bowman.—*Medicine:* Gold medal, S. W. Sibley. 1st silver, John Beddoe; 2nd silver, Jos. Lister. Certificates—4, W. G. Bacot; 5, A. Dupuy; 6, J. H. Bartleet, G. Buchanan; 8, S. Wright, A. Ingham; 10, W. H. Adam; 11, F. Martin; 12, A. Trousdale.—*Materia Medica* (summer, 1850): Gold medal, W. Roberts. 1st silver, J. W. De Tunzelmann; 2nd silver, J. Turle. Certificates—4, R. Grundy; 5, J. D. Weaver; 6, T. Hillier, J. M. E. Long.—*Surgery*: Gold medal, J. S. Gamgee; 1st silver, S. W. Sibley; 2nd silver, Joseph Lister. Certificates—4, J. C. Agnis; 5, S. Wright; 6, H. M. Greenhow; 7, A. Trousdale; 8, A. Dupuy, 9, Amos Ingham; 10, J. H. Bartlett.—*Midwifery* (summer, 1850): Gold medal, T. G. Fitzgerald; 1st silver, T. A. Bottomley; 2nd silver, W. P. Jones. Certificates—4, R. Grundy; 5, G. Buchanan; 6, J. Ekin; 7, J. Turle, F. W. Sayer; 8, J. M. E. Long; 9, A. Dupuy; 10, A. Trousdale; 11, R. Banbury; 12, A. Ingham; 13, E. A. Kirby.—*Dental Surgery:* Silver medal, John Caldcleugh.—Fellows' clinical medals: Summer term, 1850—Gold, T. G. Fitzgerald; silver, R. Bowman. Winter term, 1851—Gold, Wm. George Bacot.

COMPLIMENT TO MR. WAKLEY, M.P.

At a meeting of the Committee of the London and Provincial Medical Protection and Benevolent Society, held April 21st, Mr. Wakley, M.P., was unanimously elected an honorary member.

INFECTION FROM DRIED SKINS.

According to the Vienna journals, five persons have already died in Genoa of a disease communicated by infected dried skins imported into that city.

ROYAL COLLEGE OF SURGEONS.

The following gentlemen were admitted members on Friday, the 25th ultimo:—Henry Cracker, Launceston, Cornwall; Francis P. Cupiss, Diss, Norfolk; Joseph Thomas Holt Dunn, Whitstable, Kent; Thomas Henry Taylor, Hanbury, Gloucestershire; John Turle, Holloway; John Edward Tuson, Harley Street; Herbert John Walker, Sheffield, Yorkshire; Henry Osborn, Southampton.

The following gentlemen were also admitted members on Friday, the 2nd instant:—Francis Allday, Merthyr Tydvil, Glamorganshire; Joseph Byron Blackett, Green Street, Park Lane; Richard Carter, Toronto; James Balfour Cockburn, Guernsey; John George Darlington, Prees, Salop; William Jackson, Bolton-le-Sands, Lancashire; John Skinner, Exeter; William Bray Stephens, Plymouth; Charles Whatmough, Whitchurch, Salop.

SOCIETY OF APOTHECARIES.

Gentlemen admitted members on Thursday, April 24th, 1851:—Sydney Alder, Wakefield, Yorkshire; George Forster Burder, Clifton, Gloucestershire; John Page Burke, Royal Navy; Edmund Thomas Higgins, Gloucester; David Thomas Morris, Carmarthen; Cornelius Clark Rutherford, Doncaster; James Spark, Newcastle-under-Lyne; John Burchall Peren, South Petherton; John Williams, Cardiff.

Gentlemen admitted members on Thursday, May 1, 1851:—John Ansell Brown, London; George Bull, Lewes; Thomas Wilson Caird, Exeter; Peter Ambrose Cotterell, Birmingham; William Garrard, Clifton; Thomas Lowe, Edgbaston; Robert Leach, Martoch; Vincent Litchfield, Twickenham; Henry S. Leverton, Truro, Cornwall; Philip Vincent, Camborne, Cornwall; Henry John Wilkin.

THE NORTH WALES BRANCH.

The Annual Meeting of the North Wales Branch of the Provincial Medical and Surgical Association will be held at the Crown Inn, Denbigh, on Tuesday, the 17th day of June next. The chair will be taken at twelve o'clock, when the business of the meeting will immediately commence.

It is earnestly hoped that Members will attend the ensuing meeting, and contribute papers, cases, &c., for discussion; and it will facilitate the business of the day if due notice of such intentions be given to either Secretary.

As the Journal of the Association is open to receive any papers, and publish them in full, it is considered expedient that in the more extended communication a *vivâ voce* abstract only shall be received at the meeting.

Dinner on the table at four o'clock.

EDWARD WILLIAMS,
D. KENT JONES, } Hon. Secs.

PROVINCIAL MEDICAL AND SURGICAL ASSOCIATION.

NOTICE TO MEMBERS.

Gentlemen who have not yet paid their subscriptions for the current year, or who are in arrears, are requested to forward the amount due either to the Secretary of the district in which they reside, or to the Treasurer or Secretary of the Association at Worcester.

The attention of Members is particularly requested to the following resolution, unanimously agreed to at the Anniversary Meeting, held at Hull on the 7th and 8th of August, 1850:—

"But if any Member's subscription remain unpaid twelve months after it shall become due, the *Medical Journal* and other publications of the Society, shall be withheld from such Member till his arrears be paid; and when any Member has been in arrears of subscription for the *space of three years*, application shall be made for the same by the General Secretary, and if the arrears be not paid in *three months* the name of that Member shall be omitted from the list of Subscribers; but the omission shall not be deemed, either in honour or equity, as releasing any gentleman from the subscription owing during his Membership."

JAMES P. SHEPPARD, Secretary.

TO CORRESPONDENTS.

Communications have been received from Dr. Radford, M., Dr. Tilt, Mr. Hewitt, Mr. Toynbee, Mr. Newson, and Mr. Lord.

ON THE

MANAGEMENT OF WOMEN AT, AND AFTER THE CESSATION OF, MENSTRUATION.

By E. J. TILT, M.D.,

Senior-Physician to the Paddington Free Dispensary for Diseases of Women and Children, and Physician to the Farringdon General Dispensary and Lying-in Charity.

Amidst the whole range of created beings it would be difficult to find one more worthy of the medical philosopher's deepest meditations than woman, in whom so many peculiar functions are grafted on those common to both sexes, and who thus admirably exemplifies the elasticity of that vital force which enables her constitution to bear up against the numerous derangements of the menstrual functions, against the complicated phenomena of childbearing and lactation, and then altogether to cast aside habits to which it has been wedded for so many years, in order to remodel the organism upon a new plan—a plan somewhat resembling that of man.

Having shown by what means the derangements of the menstrual function may be prevented, I have now to treat of the management of women during the last of the many revolutions by which their lives may be chequered, for it stands to reason that habits which have lasted more than thirty years, cannot be set aside without frequently entailing very serious ill health. Popular prejudice has termed *critical* the period of life characterized by this change, a term warranted by the experience of past ages, bearing the test of daily observation, and which gives peculiar importance to this inquiry. In asserting that this period of life is critical, I do not mean, however, to maintain with the older authors that more women than men die between the ages of 45 and 55, (for Duparcieux and Benoist de Chateauneuf have by statistical inquiry, proved the contrary to be the case,) but that the cessation of menstruation in women is followed by a greater amount of suffering and disease than is the lot of men during the corresponding portion of their career.

Admitting the cessation of menstruation to be a crisis in the life of women, it behoves us to know by what evils it may be attended and the remedies by which they may be alleviated or prevented; but I deem it necessary to preface my remarks by a pathological sketch of a subject, deriving additional importance from its intricacy and extreme obscurity; for in the little that authors say on the subject, they generally copy each other, giving no satisfactory account of the diseases to which women are peculiarly subject at this time, much less any well combined plan of treatment, only to be deduced from sound pathological views. No better idea can be given of the different modes of termination of the menstrual function and of the subsequent disorders thence entailed, than by analyzing 100 instances, wherein I have carefully noted the phenomena of its cesssation, and of the patient's subsequent state of health:—

With respect to the quantity of the menstrual flow, it terminated gradually in ... ... 35 per cent.
,, by a succession of floodings in 15 ,,
,, by a terminal flooding in ... 12 ,,
,, by alternations of a little and considerable flow in ... 7 ,,
,, by a sudden stoppage in ... 16 ,,

With respect to the periods of its occurrence the flow appeared at irregularly protracted intervals in ... ... 13 per cent.
,, irregularly contracted periods in ... ... 2 ,,

The gradual termination, then, is the most frequent, and as it is attended by a less disturbance of health, we should favour this mode of termination as far as lies in our power by the adoption of the remedies and regimen by-and-by to be recommended, and here I may remark, that the frequency of flooding, amounting to 27 per cent., seems to indicate bleeding as the best imitation of the process by which nature seeks to work out the remodelling of the female constitution. A terminal flooding has no doubt been sometimes taken for a miscarriage, and *vice versâ*, but in both cases as the same plan of treatment will be adopted, no danger can ensue. The sudden stoppage of the function claims more attention, for it occurs more frequently than is supposed at an early period of life; it may be then considered to be merely a temporary suppression and lead to the use of forcing medicines, and to serious mischief, of which an example will presently be given. This mode of cessation is not unfrequently mistaken for pregnancy in women married late in life or in those who have long ceased to bear children, a mistake the more easily made if cessation coincides with some amount of swelling of the abdomen and breasts, and other sympathetic disturbance, and of which time only shows the fallacy. The converse may occur, and pregnancy be mistaken for cessation, and the imprudent employment of purgatives or forcing medicines may bring on a miscarriage. It should never be forgotten that pregnancy happening towards the 50th year has been too often considered to be an ovarian tumour and treated as such, to the detriment of both mother and child.

I know of a very sad case wherein this happened to a lady who had been married twelve years, without family, and in whom menstruation suddenly ceased at 48. The lady believed herself to be pregnant, but the absence of previous conception, her advanced age, and her state of emaciation, led a very distinguished country practitioner to believe her to be afflicted with an ovarian tumour. The lady came to town to consult an eminent obstetric physician, and receiving the confirmation of the former opinion, used a bandage and applied mercurial ointment to the abdomen, but at the ninth month after she first supposed herself pregnant, she was delivered of a dead child. The Fabian policy is that best calculated to prevent such painful consequences: *cunctando restituere rem* should be the motto of the medical adviser.

After a long period of cessation the flow may reappear and return regularly for months or years, without,

however, indicating the return of procreative power. Amongst numerous instances related by authors, one of the most singular is that given by Meissner,* of a woman who first menstruated at 20, her first child was born at 47, and the last of seven other children at 60. Menstruation ceased and reappeared at 75, continuing until 98, then stopped for five years, again to return at the advanced age of 104, when (in 1812) she was still alive. Evidently confounding this occurrence with cases of flooding caused by organic uterine disease, Meissner and others attribute a host of evils to this reappearance of the periodic flow, whereas it is perfectly harmless, and should rather be considered as a salutary effort of nature to prevent serious disease in certain constitutions. All women should therefore be aware of the possibility of this occurrence, so that they may not forcibly repress the flow; but they should likewise be aware, that in such cases it is necessary for the medical man to make a very careful investigation, in order to ascertain whether the loss of blood does not depend on cancer of the womb, or on some organic disease of this organ, susceptible of being cured.

Case.—F. Webb applied for relief at the Paddington Free Dispensary, July, 1, 1850. She was 46 years of age, of sanguine temperament, and of middle stature. She was a washerwoman by occupation. First menstruating at 17, she continued regularly to do so, and that very abundantly, for seven days every month. She married at 21, and had nine children, the last at 44. The last was a bad labour, and she has suffered ever since from pain in the back. Two months previous to her admission, instead of menstruating as usual, she had a *show* every day; a fortnight before she applied for relief she had a sanious discharge, and on the day of her admission she had suddenly lost about a pint of blood. I looked on these phenomena as indicating cessation. A few days after this she was taken with intense flooding, and in the space of sixteen hours she had lost from three to four quarts of blood. Having been called to attend a patient some miles from town, Mr. —— kindly visited her during my absence, and on my return I found her reduced to the greatest state of debility. There was a very weak pulse, fainting and jactitation. As the flooding still continued, I passed a lump of ice up the vagina, ordering it to be replaced by another as soon as the first was melted. I also applied ice to the hypogastric region, and a bandage as to a woman recently confined. The flooding soon stopped, and was followed by a muco-sanious discharge. A digital examination made during the flooding, convinced me that there was serious organic disease of the womb, and from the irregularity of the internal surface of the neck of the womb, into which the finger easily plunged, and from the hardness of the tissues I considered the disease to be cancer, but on making a specular examination a fortnight after, I found the orifice of the neck of the womb surrounded by lobules about the size of a large pea, and the inner surface of its neck highly vascular, in some portions ulcerated, and the whole of the organ much engorged. Being convinced from ocular inspection that the disease was of a purely inflammatory nature, I adopted the treatment which I have found the most useful in such cases. I touched the surface with the solid nitrate of silver, and a week after I gently applied the Potassa Fusa c Calce to the same surface, when the swelling diminished, and the structures put on a healthy aspect. Six subsequent applications of nitrate of silver cured one of the most frightful examples of uterine disease I have ever met with. The patient soon recovered her strength, but menstruation remained irregular. Dec. 12, she came to the dispensary because the menstrual flow had lately remained on her for a fortnight, and had been very profuse. On examination, the womb, however, was found perfectly sound; and so it was a few days ago when I last saw the patient.

Few cases can be more instructive than the above. If the symptoms of uterine disease following the last confinement had been attended to, the patient would not have been placed at death's door by flooding. By means of the speculum alone was it possible to ascertain that the disease was not cancer but inflammation. It was only by the use of the same instrument that I was also able to cure so serious a disease in a few weeks, and to restore the patient to the laborious duties on which she depends for the maintenance of her children.

Few departments of pathology have given rise to so much confusion as that which treats of the diseases of women at the critical time; while some, with Dewees and Meissner, deny that women are then more liable to disease; others, with Gardanne,* seem to consider, as diseases of the critical time, all those which may afflict a woman after she has passed her 50th year, a position evidently incorrect, for many diseases attack women at that period not because they are women, but on account of their being advanced in years; such as diseases of the heart or the larger vessels, and softening of the brain, which are diseases of old age.

Diseases of the critical time may be divided,—1st, into those which are of very frequent occurrence, and may be foreseen; 2nd, those which seldom occur cannot be calculated, and can only be explained by the well-known fact, that the impetus of morbid action tells most forcibly on the weakest organ, for we must be cautious not to consider as disease of the critical time that which would have been long before discovered if looked for, as in the case just related of Frances Webb. However, those diseases which, although previously developed, proceed with increased activity after that time, may fairly be considered as the result of an alteration in the constitution, brought about by the change of life.

1st.—Having carefully noted the morbid phenomena which occurred at cessation in 100 women, it seems to me that some of the most frequent symptoms may be referred to the cerebro-spinal system, and others to the ganglionic system of nerves.

* Almanach für Aerzteund Nichtarzte veuf das Jahy, 117. Rostock und Leipzig.

* Avis aux femmes qui entrent daus l'age critique. Paris. 1816.

Cerebral Symptoms.

Headache, sick-headache, hysteria, and pseudo-narcotism existed in	64	per cent.
They were augmented in ...	36	,,
,, remained the same in ...	18	,,
,, were less in	10	,,
,, did not exist in ...	36	,,
	100	

Thus, when the habitual derivation from the sanguineous mass is no longer regularly performed every month, the cerebral functions become impaired in 64 per cent. In addition to other head symptoms, the patients complain, to a varying amount, of drowsiness, of a heavy stupid headache, of vertigo, and have sometimes the physiognomy and the tottering gait of intoxication, and many other peculiarities that space will not permit me to enumerate, and which have led me to introduce the term *pseudo-narcotism*, to express a state of the nervous functions which, although noticed by Ashwell, Gardanne, Meissner, and others, has never received sufficient consideration from the profession, being only partially alluded to by those who have written on hysteria and cephalagia, and which will never be sufficiently studied until, distinguished by a *name*, it receives a local habitation amongst recorded facts.

Spinal Symptoms.

Spinal or dorsal pains existed in ...	70	per cent.
They were augmented in ...	46	,,
,, the same in ...	17	,,
,, less in	7	,,
,, did not exist in	30	,,
	100	
Hypogastric pains of a bearing down character, referred by women to the womb and ovaries, existed in...	51	per cent.
They were augmented in ...	30	,,
,, the same in	12	,,
,, less in	9	,,
There were none in	49	,,
	100	

Thus the nervous influence which used to direct a regular discharge is still in force, a fact proved by the persistence of the spinal pains in 70, and of the hypogastric in 51 per cent. They sometimes appear regularly every month, not unfrequently determining leucorrhœa and diarrhœa in some severe cases.

Ganglionic Symptoms.

Am I wrong in referring the following symptoms more particularly to that nervous system, the filaments of which, like a web, envelop each arterial vessel in their inextricable mazes?

Faintness, exhaustion and sinking, (often referred to the epigastric region,) existed in	26	per cent.
Heats and flushes were noticed in	38	,,
Perspirations in	30	,,
Sweats in	16	,,

These symptoms, little dwelt on by pathologists, derive great importance from their frequency, and also from the insight they afford into the means by which nature relieves the system of the fluids that are no longer discharged every month; for when the periodical secretions from the uterine and the intestinal surfaces are checked, it seems as if the mass of fluids were thrown on the extensive surface of the skin, which is so frequently found to stand in antagonistic relation to these surfaces; thence arise the heats, the flushes, the gentle perspirations, by which, in the generality of cases, further mischief is prevented. It is not surprising that it should be so, for long ago Sanctorius established that—"Insensible perspiration alone, discharges much more than all the sensible evacuations put together."—Sec. I., *Aph.* iv.

It will be remarked, however, that in 16 per cent. the cutaneous exhalation by its amount became itself a disease, and without relieving the patients, as well as the more moderate exhalation, which would not be understood were it not for the uncontradicted remarks of the same accurate observer:—"That perspiration, which is beneficial and most clears the body of superflous matter, is not what goes off with sweat, but that insensible steam or vapour which in winter time exhales to about the quantity of 50 ounces in the space of one natural day."—Sec. I., *Aph.* xxi. "Sweat is always from some violent cause, and as such (as Static experiments demonstrate) it hinders the insensible exhalation of the digested perspirable matter."—Sec. V., *Aph.* iii.

The drenching perspirations seldom last very long, but the heats, the flushes, the gentle perspirations, often continue to appear several times a day ten or sixteen years after the cessation of menstruation. The salutary effects to be derived from this agency, the value of which has been too little understood, are well exemplified by the following singular case:—

Jane Ayre, aged 40, with dark hair, grey eyes, of small stature, nervous constitution, and slender make, was admitted at the Farringdon Dispensary on February 8th last. After having frequently suffered for two years with violent headache and giddiness, she menstruated for the first time between 15 and 16; was regular from the first, and continued so and very abundantly during seven days every month. She married at 16, became pregnant immediately, had seven children, the last in her 26th year; was always poorly until she quickened, and in three pregnancies she menstruated regularly up to the period of parturition. Last summer she was treated, at the Royal Free Hospital, for rheumatic fever, and after having been confined to her bed for three weeks, she returned to her domestic duties, merely complaining of some slight pain, extending from the left hip to the great toe. Menstruation proceeded regularly during the patient's stay at the hospital, appeared four times after her return home, and then stopped; a circumstance which made her believe she was pregnant. The patient complained of an intolerable increase of the pain in the left lower limb, and on examination I found that pressure on the spine did not

increase or cause the pain. To all appearances the left limb was as sound as the right, and the pain was said to arise from before the great trochanter, and to gain the back of the limb, following the course of the bones to the toes. The patient was not strong; the pulse weak; the urine clear, and of the usual colour. I ordered a blister to the spot which was the most painful, pills of compound colocynth, and a sedative mixture. The blister did not relieve the excruciating pain. Turpentine embrocations were added, the other measures continued, and the blister repeated, without the least benefit.

March 8th.—The patient said that she no longer thought herself pregnant, and she suggested that her pains might have been caused by the sudden cessation of menstruation, five months back. On learning that she had lately had flushes and night perspirations that she had never had before, I adopted the patient's view of her case, and ordered, as an emetic, Ipecac, scr. j; Ant. Pot. Tart., gr. j. I continued the mixture and pills, and ordered a teaspoonful of flower of sulphur to be taken on going to bed at night, in milk.

15th.—The heats and perspirations had increased; the pains had much abated. I ordered another emetic, and continued the other measures.

29th.—The pain is very trifling, and the heats, flushes, and perspirations are more frequent, coming on not only on exertion, but in bed, at night and in the morning.

April 6th.—I ordered the following powder:—Sul. Sublim, oz. ij.; Sodæ Sesquicarb, dr. ij.; Pulv. Ipecac., gr. x., a teaspoonful at bed-time.

19th.—The patient is much better; she has no continued pain, but feels a *sensation* as when one has suffered from toothache and another attack is coming on. Two or three times a week the pain shoots down the limb and lasts about a minute. The heats, flushes, and gentle perspirations continue. It is now more than seven months since she menstruated.

Jane Ayre has not suffered in any other way from the cessation of menstruation; and when we consider that she was subject to a copious discharge every month, we can understand that she should suffer from a sudden cessation; and, further, when we remember that in her constitution there was a great predominance of the nervous system, it is not surprising that this system bore the brunt of the sudden shock, particularly that portion of it which was predisposed to illness by the previous attack of rheumatism.

Amongst other diseases occurring frequently at the cessation of menstruation, I must first notice those which implicate that organ which has attained the last stage of its functional activity—the womb.

I have already shown that flooding occurred, under various circumstances, in 27 per cent. An increased mucous secretion from the generative intestine is also a very frequent circumstance, for I found

Leucorrhœa existed in	58	per cent.
Was augmented in	44	"
" stationary in	8	"
" diminished in	6	"
Inflammatory diseases of the womb occurred in	4	"

It has happened that I have not met with a single case of cancer; but it is too well known that women are at the change of life more than ever, and more than man, liable to that terrible infliction.

It is not difficult to understand that the local plethora should often seek to find a vent on a surface intimately associated with the uterine; and accordingly it was found that

Hæmorrhoids existed to various extent in	20	per cent.
They appeared for the first time after cessation in	12	"
They did not bleed in	4	"
" were bleeding in	8	"
" were considerably increased after cessation in	4	"
" remained the same in	2	"
" diminished at cessation in ...	2	"
Intestinal hæmorrhage existed in ...	2	"

In some cases, either because the intestinal plethora was less considerable, or because the nervous impulse was less, there was an increased mucous discharge from the intestines.

Diarrhœa existed in	12	per cent.
It was irregular in	8	"
" regular by coming on every month in	4	"

Such is the long list of infirmities which seem to me evidently dependent on the change; but to prevent an erroneous impression respecting the dangers of this crisis, we should observe that many of these diseases existed in the same patient, and that their repeated occurrence was spread over a space of time varying from one to ten years. The perusal of this list is sufficient to convince any medical man that the unavoidable diseases of cessation are more annoying than dangerous, and that the most frequent have attracted the least attention, while undue consideration has been given to those of less frequent occurrence.

2nd. With regard to the numerous other diseases which have been set down by some authors as those of cessation, I can only repeat that their appearance depends on some constitutional peculiarity, and is governed by no other law except that which directs the impetus of any morbid action to the weakest organ. Frequently, however, this explanation will not hold good. Thus, a lady consulted me very lately. For the last ten years since cessation she had been more or less troubled with water-brash, although previously to that epoch she had never even suffered from indigestion. The following is a good illustration of the same fact:—

Case.—Maria Baker, aged 50, first menstruated between her 18th and 19th years, with little previous disturbance, and continued regular until 20 years of age, when she married. She has had nine children, the last when 44 years of age. At 48 she had several floodings, but without much increase of pains in the head. The catamenia ceased at 49; this was followed by no disturbance of health, except by a severe attack of nettle-rash, three months after, on the chest and body, which disappeared on the proper medicine

being administered; twice, however, it has recurred at irregular periods, and on the 28th of March last she applied for relief at the Farringdon Dispensary for a fourth well-marked attack of the disease on the lower part of the body and thighs.

As this patient had never before had the slightest rash, and as this nettle rash has appeared four times in the year which has elapsed since cessation, I believe it to have been caused by this crisis, as in the case cited by Tissot, of erysipelas of the face occurring fifteen times during the two first years after cessation, less frequently during the two next years, and only once during the fifth year. I do not mention these cases to prove that skin diseases frequently happen at this time, (for they only form six per cent. of mine,) but merely to give an example of what I understand by diseases of the critical time.

It will be easy for any one to fill up the deficiencies of this paper, for I have only been able to sketch broadly the principal outlines of an interesting subject. My object has been to attempt to elucidate from more careful investigations some general rules of treatment, and the conclusion to which I have been led is—*that the regulation of the circulating and of the nervous systems* is the guiding principle of action, to be constantly kept in mind to promote the cure of, or at least to guard against, the diseases brought on by the change of life, and this can only be effected by combining a judicious regimen with various therapeutical means.

Regimen.

What has already been said upon this subject, applies with equal force to women who have arrived at the turning point of life; but to derive benefit from the best advice, it is necessary to believe in the evils it is intended to avert. Women should, therefore, be impressed with the conviction of the dangers that await them, while, at the same time, they should be convinced that those which they really have to fear depend upon causes almost entirely under their own control. Unfortunately, it too often happens that women are not made aware of the necessity of taking precautions till the function has entirely ceased; whereas these should be taken as soon as nature shows its intention to effect a change by repeated irregularities in the *amount* of the accustomed discharge, as well as in the time of its appearance.

For practical purposes, women at the change of life may be divided into—

1st.—Those who are endowed with a strong constitution, who are, generally speaking, of a sanguine temperament.

2nd.—Those who are of a weak constitution, either on account of their having been gifted with too great a predominance of the lymphatic or of the nervous temperament, or from long-continued ill health.

In general, those who are of a lymphatic temperament, suffer least at the change of life, and they often become more sanguine, muscular, and subsequently robust.

The nervous, on the contrary, are often liable to repeated floodings, and suffer considerably from the different varieties of head symptoms which I have enumerated. The sanguine are those on whom the change of life tells most forcibly, and this may necessitate for many years the most prudent use of many things previously enjoyed with perfect impunity. Descending from generalities into practical details, I shall observe, that while the lymphatic and the nervous need make no change in their mode of living, the sanguine—those who are of a full habit—would do well to put themselves on Lenten fare, to dine off the lighter kinds of fish two or three times a week; and it is better to make the principal meal at the fashionable lunch hour of two o'clock, in order that the last meal may be a very light one, which can well be managed, even if the duties of society should require a lady's presence at a seven o'clock dinner table. The strongly constituted, as well as the weak, often suffer from most annoying sensations of internal sinking, exhaustion, and faintness; but it is dangerous to seek to relieve such feelings with wine, cordials, and spirits, by which a temporary support can only be obtained at the expense of an increase in the faintness, flushes, perspirations, and nervous symptoms. Is it necessary to mention that these symptoms will be increased by the frequenting of balls, routs, operas, &c., when, in addition to the numerous stimuli to be encountered, hot and impure air must be breathed? But if the late-hour exercises of civilized life are dangerous to all, particularly to the sanguine; gentle, regular, and long-continued exercise in the cool of the day is equally beneficial. It prevents the congestion of internal organs by diverting the blood to the muscles and the skin, the secretions of which vast surface are thus greatly increased; and it also has an incontestable good effect on the nervous functions, exhausting those redundant energies, which, however little understood, when unemployed, produce the fidgets, nervousness, temper, hysteria—a sliding scale which imperatively leads to more serious mental disorders. My observations apply more particularly to walking exercise; driving in an open carriage is likewise good, but horse exercise should be left off when menstruation is ceasing, for its utility in favouring menstruation sufficiently points to the discontinuance of the practice at cessation.

It must not be forgotten that sleep is verily "great nature's second course," and therefore should not be too freely indulged in by those who are of a full habit—they should rise early; the nervous, on the contrary, may be encouraged to take as much sleep as nature will give them, as it is for them the best restorative, and an anti-spasmodic of heroic force.

One word respecting dress, although I feel that it is one of those subjects of which the poet says that—

"Fools rush in where angels fear to tread."

At the cessation of menstruation the vicarious functions of the skin are so important as to require its being covered as much as possible, even if good sense did not whisper the impossibility of competing with complexions animated by younger blood. Tight lacing, hurtful at all times, is perhaps most so at the cessation of menstrua-

tion, as it favours the congestion of internal organs, but I do not deny the necessity of supporting, by well-contrived stays, those organs which have lost the resiliency of youth.

Another very important observance to all is the proper cultivation of the healthiness of the skin. We have seen how frequently this vast surface is vicariously entrusted with most of the labour which the womb now refuses to accomplish, and thus we obtain an insight into the utility of frequent ablutions at this period of life. By ablutions I do not mean washing with a sponge or towel, but real ablution in a bath. It is surprising of how much effete matter a skin, which even looks clean, is deprived, by the body being allowed to soak in hot water for half an hour or more. The habitual use of the bath was found so useful by the Greeks and Romans, and is now in such constant use in neighbouring countries enjoying a climate similar to our own, that it is surprising that so few amongst our women, of whatever grade of society, have recourse to bathing, except, perhaps, for a few weeks of the year at the sea-side. The practice of bathing is not only to be advocated on the plea of cleanliness, and facilitating the removal of the excretions from the body, but it has a direct sedative influence on the nervous system; it seems to absorb that morbid irritability arising from an undue development of the mind at the expense of the body, and leaves a feeling of comfort and repose not wholly to be attributed to the consciousness of being clean. The bath should be used at least every week by those who are at the change of life, and more often by those who suffer much from profuse perspirations. The water should be sufficiently warm to impart a grateful sensation—from 94° to 98°,—the patient should remain in it half an hour, or an hour, and the head can be sponged with cold water, if the first impression of the bath is to cause headache. When employed while the function has not ceased, the time of the flow should not be chosen to take the bath, for it might produce flooding.

What I have said respecting the management of the skin reminds me that it may be usefully influenced by friction, moderately and gently performed by a practised hand. While watching in eastern countries the long-continued and gentle rubbing of the limbs and feet of the rich by their attendants, I could not help thinking that the process might perhaps be less due to the mechanical friction than to some kind of influence of friction on the nervous expansions, with which the skin is so abundantly supplied. Rubbing until the skin glows, or the actual grooming of the human skin, may be very useful to improve the health of scrofulous children or chlorotic girls, but it is not adapted for women at this late period of life.

My former reflections on the moral and mental management of women are now equally applicable. The full conviction that age has stamped them with its irrevocable seal may indeed cast a momentary gloom over the imagination, but in a well-trained mind it must soon be dispelled, if not by the consciousness of a well-performed career, at least by the knowledge that this epoch proclaims an immunity from the perils of child-bearing and the tedious annoyances of a monthly restraint; that it may even promise them a length of life and a strength of constitution superior in general to that of the opposite sex similarly advanced in years. This period of freedom has been employed by many eminent women in literary pursuits, or in governing with great discretion that circle of society—limited or extensive—in which they have been placed; becoming the guides, the supports, and the mainstays of both sexes in the difficulties of life. It is well that those who have suffered much at every month should know that there is every reason to believe that their "constitution will then at last settle" into permanent good health.

Solomon asserted "there is a time for all things,"* and he would have added, particularly for marriage, if he had found it necessary to give us the benefit of his vast experience in the management of a sex he understood so well. Early marriages generally ruin a woman's constitution, and late marriages—those which take place towards the critical time—are often attended by consequences which justify the ridicule thrown over such alliances. *Ridendo castigat mores.* Widows towards the evening of life should not be tempted by the happiness of a former union to risk another, and should seek the less tumultuous satisfaction to be derived from the affection of children, and their advancement in the battle-field of life. Those who have attained their sunset without having been granted the anxious yet desirable vicissitudes of wedded life should thenceforth be content to remain in single blessedness: and surely the most destitute of relatives—the most unfortunate in friendships, can still find in the various forms of unmerited affliction which fill our country cottages or the hovels of our populous cities that whereon to expend a warmth of feeling—an energy of self-sacrifice, which the sophisticated state of society has not permitted to flow into their natural and more grateful channels.

Much less should any vain and desperate attempts be made to stay the inexorable hand of time by protracting the re-appearance of the sign of womanhood. The use (the abuse of) emmenagogues or forcing medicines at this period of life would be a subject alike interesting and painful to the medical moralist; but it is better to drop the curtain on many of the wounds to which we are often asked to admister relief, and I shall close the subject by a case which exemplifies what has been done.

Some years ago I was consulted by Mrs. ———, aged 48, with dark hair and eyes. First menstruating at 14, she had continued regularly to do so, and without much pain, during all her life. When about 25 she formed an attachment in every way suitable, but family circumstances prevented an union from taking place. This attachment was kept up with a perseverance that

* Ecclesiastes, chap. III., verse 1, "There is a time to every purpose." Verse 17; chap. VIII., verse 6; chap. III., verse 2, "A time to be born, and a time to die; a time to plant, and a time to pluck up that which is planted," &c.

would grace a novel, till fortune smiled upon them, and in her 45th year the lady married. Menstruation had proceeded regularly as to time, quantity, and symptoms, up to the period of marriage, but subsequently it never re-appeared. As this sudden cessation coincided with gastric symptoms, a tympanitic tension of the abdomen, and, above all, a great anxiety for children, the patient was considered pregnant, and carefully watched for many months. When the illusion was destroyed, the lady became disconsolate; and punctilious in her notions respecting honour, she brooded over the possibility of her husband supposing that the courses had already stopped previous to her marriage. She consulted me, and was ready to submit to any operation. After a minute investigation of the case, I intimated my conviction that she was in perfect health, and that menstruation had ceased in an unusual manner. The patient would, I think, have given all she possessed to have been able to obtain another interpretation to the absence of menstruation, and left me unsatisfied. About a year after, I was asked to see the same patient, and learned, that having consulted some one else, she had taken steel, purgatives, and strong medicines, port wine and meat twice a day, without effect for the first few months, but then she had a terrific flooding. She had subsequently had continued sanguinoid discharge for several months, which had induced a state of great emaciation, and the usual symptoms of uterine disease. On examination I found a general painful swelling of the womb, with granulations on both lips. Leeches to the seat of the disorder, and the repeated application of nitrate of silver, cured these local diseases, but her nervous system never recovered the effect of an ill-advised treatment, and to use the mildest term, she is at all times in a highly hysterical state.

This sad case, and the foregoing hints, will suggest to a medical man the advice necessary to be given to women passing through this critical epoch, and with this I feel inclined to conclude a subject already perhaps irksome to many, but as women at that time are affected with so many indispositions and diseases pertinacious, complicated, and shrouded in such misty confusion, I shall redeem a former pledge by adverting, in a concluding paper, to the treatment of those diseases, and for the sake of brevity I shall embody what I have to say under the heads—bloodletting, sedatives, purgatives, and local treatment.

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CASES IN MIDWIFERY.

By THOMAS RADFORD, M.D., F.R.C.P., Edin., &c., &c., &c.

Consulting Physician to the Manchester and Salford Lying-in Hospital.

The relation of cases in every department of medicine is highly important to the profession, and in none is it more so than in midwifery. It is, however, the duty of the practitioner truthfully to register his unsuccessful cases, as well as those which terminate successfully; any other course is culpable. The value of cases does not consist in a selection from the case book of those only which tend to the greatest *eclât* of the writer; this may feed his vanity, but it deceives the profession. If a full and candid statement is made of all, then the aggregate will furnish data from which correct statistical tables can be drawn out. Every medical practitioner ought to have sufficient moral courage to stand against both professional and popular opinion, and be guided by a higher principle in the discharge of his duty. It is no less desirable that Christian charity should abound in us as a body, which would lead, and indeed make each and all of us always ready to allow for the want of success in others.

Case I.

Cæsarean Section.—*(Unsuccessful.)*

On Tuesday evening, Feb. 21, 1841, Mr. Dunn, surgeon, of Manchester, and Mr. Goolden, of Stockport, called upon me to request my opinion on the case of Mary Forrest, who resided at Stockport. She was the patient of the latter named gentleman, from whom I learned the following particulars:—He had visited her at 1 o'clock, P.M., the day before (Monday.) She was at the full period of gestation, and had violent and regular pains in the back. Mr. Goolden made a vaginal examination, and found the pelvis very much distorted; he thought she could not be delivered unless by the Cæsarean section. A grain of opium was ordered to be taken every two or three hours, until the pains abated, which happened after six doses had been taken. When Mr. Goolden visited her on Tuesday morning he found her nearly free from pain. Her bowels being constipated, some pills, composed of aloes and calomel, were prescribed. He again examined her per vaginam, and concluded that her delivery was impossible, except by the means already stated. He further said on the evening of this day, (Tuesday,) when at my house, that she was now entirely free from pain, and on inquiry said he did not think that labour had commenced. The object of his coming over to Manchester was to request me to visit the patient the following day, and examine the pelvis, so that clear and definite views might be had, and what course should be adopted when labour came on. On Wednesday I accompanied Mr. Dunn to Stockport. We found Mary Forrest in bed, and so helpless as to be unable to turn herself. Her countenance was short and inexpressive; her lips thick; her eyes blue; on the cornea of the right eye there was a considerable opacity, the result of an injury from having been struck by a shuttle. She had been employed as a power-loom weaver in a cotton factory. Her age was 38 years. This was her third pregnancy, though an unmarried woman. Her first labour, which was natural, happened nineteen years since, and the child was a boy. About eighteen months before her present labour she became pregnant a second time, and aborted at the end of two months. She had suffered during the last five or six years violent rheu-

matic pains, but otherwise her health had been good until within the last few months. Her stature had become considerably less, and her legs and thighs were very œdematous. She said she felt the movements of the infant, which on first placing my hand on the abdomen, I thought I perceived; but keeping it steadily applied, I soon found that it was only slight contraction of the uterus. The stethoscope was used, but gave us no evidence of its being alive. The abdominal parietes were extremely thin, and felt very flabby. The uterus projected very much forward, and lay over the symphysis pubis to such a degree, that when the patient was placed in a sitting position in bed its anterior surface rested on her thighs. Her breech was gibbous, and her thighs approximated considerably more than natural. The discharge from the vagina was of a dark colour, and had a putrid smell. Her constitutional condition was very bad; pulse 140; tongue furred; great thirst; continual vomiting; great abdominal tenderness and tension; bowels not moved for two days.

By a vaginal examination the pelvis was found to be considerably distorted, the outlet was so much diminished as to render it difficult to pass the hand, in order to ascertain as precisely as possible the measurement of its several parts. The arch of the pubes was nearly destroyed by the near approximation of the rami of the ischia and pubes, there being only a narrow slit which just admitted the point of the finger. Between the tuberosities of the ischia I could barely place three fingers. The coccyx was considerably incurvated upwards and forwards. The brim was tripartite in figure, or composed of three divisions. This altered shape was produced by the upper portion of the sacrum, and the last lumbar vertebræ standing so very much forwards and downwards, inclining a little more to the right side, and by the body of the ossa pubis and ischii being forced backwards and inwards, and the rami and symphysis pubis jutting forwards. On the right side I could just place the point of the index finger, and on the left I could pass two fingers, one lying partially over the other. Neither the presentation of the child or the os uteri could be felt.

Although my attendance was specially requested to explore the pelvis in anticipation of labour, and conclude on the measures which must be adopted when it supervened, we were compelled now to decide on her delivery, as she was, and had been, in labour since Monday, when the membranes must have ruptured, as I ascertained she had a dribbling watery discharge afterwards. We unanimously agreed that she could only be delivered by the Cæsarean section. When we apprized this poor creature of our decision, she readily consented to submit to any plan we considered necessary. An enema was administered, but it did not act. The catheter was passed, and about an ounce of urine withdrawn; afterwards I placed the hand on the abdomen, and found still a fluctuating tumour, which induced me to pass a longer catheter, and by a careful manipulation it was carried higher, and succeeded in further removing a considerable quantity of urine.

In the first place we arranged the duty which each gentleman had to perform. Mr. Cheetham and Mr. Pigott joined us to witness the operation. I commenced to make the incision a little above the umbilicus on the left side of the linea alba, and extended it downwards towards the pubes, so as to be about six inches in length. In consequence of the very attenuated state of the abdominal parietes the uterus was at once exposed, and its tissue partially cut. It was necessary to raise the deflected uterus upwards before the external incision was made. About a pint of water with a large portion of intestine now escaped. This portion of bowel, which had been dangerously exposed to be wounded, being effectively drawn aside by Mr. Dunn, I fully divided the uterus in the line of the wound first made into it. The placenta was now exposed, the greater part of which lay more towards the right side of the incision, and maintained its adherence, whilst that on the left (the smaller division) was separated by the contraction of the uterus. Mr. Dunn immediately passed his right hand in search for the feet of the infant, and his left along the body to guard its neck from being spasmodically seized during its abstraction (a caution given to him by me) having in a previous case met with this disaster. Having gained firm hold of the feet of the infant, he very cautiously and expeditiously drew the body forth, until the neck came to pass, which was then firmly grasped by the uterus, and the head thereby detained. The womb had an appearance as if it was indented, and strongly reminded us of its condition in hour-glass contraction. The difficulty at last overcome, the infant (dead and partially putrid) was completely removed. The adherent portion of placenta was detached, and wholly extracted. Not more than a few ounces of blood were lost. The intestines were much distended with air, and were difficult to keep in position during the operation, and could not be replaced or retained after it until the wound was contracted by sutures. Their peritoneal coat was highly inflamed. The edges of the wound were brought together by interrupted sutures, and maintained by straps of adhesive plaster, and supported by a bandage placed round the patient. She bore the operation with great fortitude, and indeed scarcely made a complaint during its performance. Afterwards she said she had not suffered so much pain as she had felt from some of the unavailing parturient pains. She now expressed herself as being very comfortable.

Nine o'clock P.M.—Considerably worse; pulse 140; tongue furred; great thirst; vomits continually; surface cool; countenance anxious; great tenderness of the belly; clyster not returned; had no sleep; a little urine passed; ordered to take Morph. Acet., gr. j.

Thursday 23rd.—Two o'clock A.M.—Mr. Goolden visited her; pulse 160; vomiting unabated; matter rejected of a dark colour; skin rather warmer; breathing quick; belly very tender; had no sleep; bowels still constipated. Ordered Morph. Acet., gr. j.

Nine o'clock A.M.—Mr. Goolden and Mr. Cheetham reported that she continued to vomit the same fluid; skin warmer; pulse less frequent and countenance less

anxious; bowels moved; passed urine; lochial discharge; abdomen tense and sore. To take Morph. Acet., gr. j., and saline effervescing mixture.

Half-past one o'clock P.M.—Mr. Goolden was urgently summoned; it was stated she was dying; he found her very drowsy or lethargic; had great difficulty to rouse her; pulse 140; countenance flushed and rather bluish in colour; no vomiting; abdomen distended.

Two o'clock P.M.—Present — Dr. Radford, Mr. Goolden, Mr. Dunn, and Mr. Piggott. She still continues very drowsy; pulse 140 and very tremulous; skin bedewed with a cold perspiration; her countenance is sunken, and her cheeks are of a purplish colour; her breathing very hurried, with mucous râle; does not vomit; belly tympanitic; bowels not moved. Ordered an enema with Sp. Terebinth., &c.

The symptoms continued to grow worse until seven o'clock (*vespere*), when she expired, having lived about twenty-seven hours after the operation.

Body examined twenty hours after death, by Mr. Dunn and Mr. Gaskell, in the presence of Dr. Radford, Mr. Goolden, Mr. Piggott, and Mr. H. Winterbottom. General tumefaction of the abdomen; its parietes being extremely thin. The edges of the external wound were nearly altogether adherent; adhesion of the peritoneal surfaces of the intestines and that of the abdominal parietes. On breaking through these adhesions, about a pint of bloody serum was discharged. The convolutions of the bowels were firmly united, and effused lymph was seen on their surfaces. The colon adhered to the uterus. We were particularly struck by the very remarkable pallidity of the tissue of the intestines when compared with their highly injected vascular state seen during the operation. The uterus stood obliquely; the wound in this organ was three and a half inches long; its edges were flabby and gaping; the os was very patulous and its lips ragged and gangrenous. The lower portion of the cervix was very soft and dark coloured. The internal surface of the uterus was softer and darker in colour than usual. The gall bladder large and full; spleen healthy; the left kidney externally natural, its pelvis large, and it contained a creamy coloured fluid; right kidney smaller than usual and contained a similar fluid; the legs very œdematous. Pelvis removed, found an excessive quantity of fat about the pelvis and back.

Pelvis.—Brim tripartite in shape.

From upper edge of the 5th lumbar vertebra to the inner surface of the symphysis pubis 2 6/8 inches.

From side of the said vertebra to the ilium behind the acetabulum on the left side 5/8 of an inch.

From side of the said vertebra to the ilium behind the acetabulum on the right side 1 1/8 inch.

From the inner surface of the pubes anteriorly, to the acetabulum on the right side 3 7/8 inches.

From the inner surface of the pubes anteriorly, to the acetabulum on the left side, 3 1/2 inches.

Cross measure of the widest portion of the anterior slit 5/8 of an inch.

Cross measure at the point of anterior slit 2/8 of an inch.

Outlet.—From the point of the coccyx to the lower edge of the symphysis pubis 2 5/8 inches.

From the widest part of the anterior slit to the coccyx 1 2/8 of an inch.

Depth of the anterior slit 2 inches.

Between the anterior edges of the tubera ischii 1 6/8 of an inch.

Between the posterior edges of the tubera ischii 2 1/2 inches.

From the right spine of ischium to the coccyx 6/8 of an inch.

From the left spine of ischium to the coccyx 5/8 of an inch.

Depth of the fore part of the pelvis 3 5/8 inches.
,, lateral part of the pelvis 3 6/8 ,,
,, posterior part of pelvis 3 ,,

Distance externally between the bottoms of the acetabula 1 7/8 of an inch.

Distance internal measurement 1 3/8 of an inch.

Distance between the superior spinous processes of the ilia 7 1/2 inches.

Distance between the inferior spinous process of the ilia 4 7/8 inches.

Distance between the centre of the crests of the ilia 10 inches.

Distance from the upper edge of the 4th lumbar vertebra to the inferior spinous process of right ilium 1 6/8 inch.

Distance from the upper edge of 4th lumbar vertebra to the inferior spinous process of right ilium, 2 6/8 of an inch.

Remarks.—Mollities ossium, under which this woman suffered, usually commences during pregnancy, but in her case it most likely begun at the time she first complained of pains in the back and hips. The disease most probably made little progress until her second pregnancy, when no doubt it was much aggravated, but its ravages on the pelvic bones were chiefly made during her last gestation. Some of her relations had suffered from rheumatism, and it was said that she had laboured under the same complaint, but for anything I know to the contrary, they (her relations) might have had the disease now under consideration. The predisposition then (most likely hereditary,) remained comparatively undisturbed, until roused into activity by those changes which are produced on the vascular and absorbent system by impregnation. Her occupation as a weaver no doubt greatly contributed to increase the degree of pelvic distortion. The projection of the promontory of the sacrum and lumbar vertebræ mechanically impeded the passage of the fæces into the rectum, which in such cases is always an additional cause of constipation, and which almost invariably occurs, to a greater or less degree, in ordinary pregnancies.

The enema apparatus should have a long flexible tube, (like that which is passed into the stomach to throw fluids into it,) so that its point can be carried beyond the altered pelvic brim. An ordinary female

catheter is too short to answer its purpose in cases of this sort, it should be equal in length to that of the male. By the deflected state of the uterus the bladder is forced forwards and downwards, whereby its cervix is lengthened and compressed upon the pubes. This altered position of the bladder requires a different method to pass the instrument. The point being introduced into the meatus, (which lies in the upper part of the anterior pelvic slit, and a little behind the lower part of the symphysis pubes,) the hand part must then be depressed and carried backwards towards the extremity of the coccyx, and the instrument must afterwards be cautiously moved on into the bladder.

The stethoscope affords us information of two kinds—positive and negative; in its application here we only derived the latter kind. The pulsations of the infant's heart could not be heard, and from the absence of its sound, coupled with the odour of the vaginal discharge, we concluded it was dead. The functions of the placenta had long ceased, and therefore no *soufflet placentaire* was audible, so as to point out to us the location of this organ. If it had been otherwise, I might, and indeed ought, as far as possible, to have made the incision into the uterus, so as to avoid cutting on and into the placenta. The importance of such a procedure I had stated, before the operation, to Mr. Dunn, and requested that he would, as expeditiously as possible, extract the infant, and at the same time pass one hand to guard its neck from spasmodic seizure by the uterus, if perchance I should unfortunately cut upon the placenta. I have elsewhere (*Edin. Med. and Surg. Journ.*, Vol. 60, p. 67,) ventured to state this, (the incision and consequent partial separation of the placenta,) as the cause of this irregular contraction of the uterus. If the child had been alive, most likely such a grasp would have destroyed it before it could have been extricated.

It is to be lamented that the existence of labour had not been earlier known, as perhaps a different termination would have taken place. To wait for the changes which usually occur in the os uteri, during the first stage of normal labour, is a great mistake in those cases in which there exists extreme pelvic distortion. This part of the uterus is not often to be felt, and when it is accessible it is found a little open, its full dilatation having been prevented by the vicious conformation of the brim of the pelvis. The evil arising from this procrastination ought to be a beacon to us in future, and guard us against vainly waiting for such a change. The highly inflamed state of the bowels which existed before the operation, and their pathological condition after death, together with that of the os and cervix uteri, &c., afford indisputable evidence of the mischief which had been inflicted during her protracted labour.

The term protraction should be relatively considered; a woman (as in this case) in a bad state of health cannot safely endure the same degree of pain, or for the same length of time as one who is well; nor will the os and cervix uteri bear pressure very long, without structural injury.

Surely there is here sufficient proof of the necessity of the Cæsarean section, for neither the presentation of the infant nor the os uteri could be touched. Independently of these circumstances I am bold to assert, the delivery could not have been performed by the perforator and crotchet, even if assisted by the marvellous power of the osteotomist, provided the implements were used by the most experienced and celebrated anti-Cæsareanists. No practitioner, then, however warped his opinions are, will presume to attribute the death of this poor creature to the operation; but on the contrary, will place the case in the catalogue (already too great) of those in which death has happened in consequence of having too long deferred its performance.

ON

GOUTY INFLAMMATION ATTACKING THE STRUCTURES OF THE EAR.

By WM. HARVEY, Esq., M.R.C.S.L.,

SURGEON TO THE ROYAL DISPENSARY FOR DISEASES OF THE EAR.

Gouty inflammation of the ear, whether it attacks the external or internal part of the ear, always appertains to the uncertain class of suspicious diseases, for if the patient be really re-established in health, still he is never secure from relapses. The prognosis is most favourable when the inflammation is seated in the external part of the ear, when the individual is young and strong, and is in such a state that everything necessary for his cure can be applied. It is less favourable if the patient is very weak and sensitive, is advanced in years, or of a cachectic habit, and has been frequently exposed to attacks of gout; changes have then taken place in the meatus and membrana tympani, whereby the nutrition of these parts, as well as the function of hearing, becomes injured. The internal gouty inflammation of the ear yields an unfavourable prognosis, for in it such disturbances and total changes of the tissues and structures take place, are followed, if not by complete deafness, at least by an extreme degree of hardness of hearing.

In the treatment of gouty inflammation of the ear, the first care of the surgeon should be to see that the patient is withdrawn from the noxious influences which first occasioned the disease, and that the inflammation is checked. In order to attain this end, every action of cold damp air, and above all, of everything which might promote or add to the congestion of blood in the head and ears, must be avoided; on the contrary, living in a dry, temperate air, spare diet, food easy of digestion, and perfect rest of mind and body, are recommended. It is easy to see that in the commencement the so-called antiarthritics, which in general belong to the class of the exciting medicines, are not applicable, and that only an appropriate antiphlogistic mode of treatment is admissible. In this case one must be directed partly by the age and constitution of the patient, partly by the seat and degree of the inflammation, as well as by the

violence of the accompanying fever. If the inflammation of the meatus be slight, no blood-letting is required, but if it present a violent character in all its phenomena, it should be reduced by local blood-letting,—by means of leeches placed around the ear. But if the inflammation has seized on the internal ear, and has attained considerable intensity, then, in case the patient is strong, plethoric, and not advanced in years, the practitioner may employ a proportionately copious venesection; he should, according to the violence of the local symptoms, place a greater or less number of leeches around the ear, and apply the cupping glasses to the nape of the neck, to the shoulders, and the spine. In weak and elderly individuals, and where the inflammation is not violent, or is chronic, leeches or cupping-glasses suffice. Internally we should prescribe mild antiphlogistic aperients in such cases, so as to produce copious evacuations by stool, and a derivation from the head and ear as quickly as possible. After the inflammation has been moderated, it is very easy to remove it entirely from the ear. Together with careful attention to the bowels, remedies which moderately promote the cutaneous transpiration are subservient to this end, accordingly I have found the continued administration of guaiacum, combined with alkalies and colchicum, or ammonia, the most efficient remedies; at the same time we should not neglect repeatedly to employ cutaneous irritants which derive powerfully, namely, acrid foot-baths, sinapisms, and blistering plasters to the nape of the neck, and to the shoulders. Should the inflammation of the ear be a consequence of a suddenly suppressed action in any joint whatever, we should apply here a cutaneous irritant, which may act rapidly. In less urgent cases we may employ frictions of croton oil, or tartar emetic ointment, over the region of the mastoid process, and on the nape of the neck, blisters to be kept open, issues on the upper part of the arm, and setons in the neck. If by the internal treatment the inflammation is crushed, and one has now to do only with the after-consequences of the same, then we should direct our efforts against the gouty disposition, and seek to ward off relapses; we should, accordingly in the first place, prescribe an appropriate dietetic line of conduct, recommend the use of food simple and easy of digestion, forbid strong bear, acid and heavy wines, liquors and other such drinks, as well as all heating, flatulent, fat, salted, and highly-seasoned food. The patient should take sufficient bodily exercise, not tarry too long in bed, clothe himself sufficiently warm, in order to protect himself from catching cold, cover the head with a warm cap, and use friction carefully over his body.

In order to remove the disturbance in digestion, the acid formation of mucus, obstruction, &c., those resolvent and bitter remedies so frequently celebrated in gout, will be found serviceable, as the infusions, decoctions, and extracts of taraxacum. Several aperient and diuretic mineral waters act very beneficially, more especially in the case of congestions in the head. To act on the lymphatic system and the excretions generally, sulphur will be found useful. With respect to the local treatment of arthritic inflammation of the ear, whether the external or the internal parts of the ear be affected, nothing further is to be done at first except to cover the ear and the entire side of the head affected with warm dry cloths and the like. Every moist application is carefully to be avoided, as neither the lesser nor the greater degree of arthritic inflammation of the ear will admit of any such. In order to remove the morbid sensibility of the nerves of the ear, we may rub into the parts surrounding the ear the fluid ointment mixed with opium or extract of belladonna, or allow a solution of one grain of morphia in half an ounce of olive oil to be dropped in. In case of abscess forming in the meatus, and suppuration in the cavity of the tympanum, much relief will be afforded by a free liberation of the integuments covering the mastoid process, and kept discharging by a sponge tent in the wound for some time after; soothing and anodyne vapour and poultices are to be employed. Should a purulent discharge have established itself, the meatus must be carefully dried and covered with a compress or the like. Obstinate ulcers in the meatus should be treated with the tinctura opii camph., and even with the lapis infernalis. Should any affection of the mucous membrane set in, it is to be treated in the same way as in the case of the common catarrhal otitis. In order once more to awaken the sensibility of the ear, which has been changed by inflammation with respect to impressions coming from without, benefit will be derived from frictions with the volatile liniment, opodeldoc, oleum cajeput, &c.

2, Soho Square.

[To be continued.]

ON THE

TREATMENT OF THE VARIOUS FORMS OF HERNIA

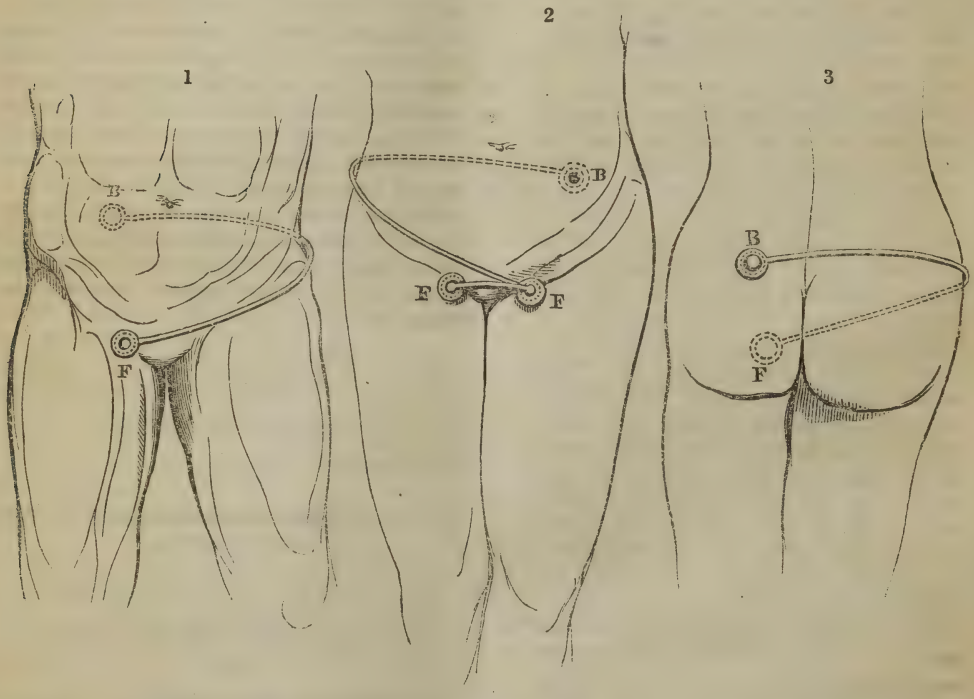
BY NEWSON'S PATENT WIRE TRUSS.

By FREDERICK H. HEWITT, M.R.C.S.

Of all the diseases and infirmities that flesh is heir to, there is probably not one as widely prevalent as hernia. Upon the most moderate calculation there must be at least 100,000 ruptured persons in the metropolis; and in some parts of the country the proportion is said to be much greater. When we reflect that all, or nearly all, such persons come sooner or later under the notice of a surgeon, it does certainly seem strange that there should be so little unanimity among the profession as to the best way of relieving and, when practicable, of curing the complaint by mechanical means. Perhaps the explanation of this apparent anomaly is to be found partly in the great and perplexing variety in trusses, and partly in the limited number of cases which come annually under the observation of most practitioners, who are glad enough to

simplify the matter by recommending one particular kind of truss (as Egg's, Coles', or Salmon's,) in every case; or by leaving it to the truss-maker to construct the truss in any way he may think best. My object in the following remarks is to introduce to the notice of the profession an instrument already very favourably known to several leading physicians and surgeons in London under the name of "Newson's Patent Wire Truss." My own experience of it comprises at least one hundred cases, including every variety of hernia to which a truss is applicable; and without claiming for it anything like infallibility, or even universal applicability, I believe it will be found to combine comfort and efficiency, together with the minor qualities of lightness and simplicity, in a higher degree than any other instrument of the kind, especially in difficult cases.

A glance at the drawings will at once explain its construction. It consists of two pads, one resting upon the hernia, the other upon the opposite point at the back of the pelvis, connected by a round or wire spring, which passes round the hip *opposite* to the hernia. That part of the spring which crosses the spinous processes is always curved just enough to leave an interval of one-eighth to one-fourth of an inch between it and them, and is on a plane higher than than that which crosses the middle line in front. Even the double truss passes round one hip only; in fact, it differs from the single one only in the addition of the little supplemental spring F F, which is generally so adjusted that the pressure upon the pad at its extremity shall be rather less than that exercised by the one at the end of the longer, or mainspring. In *fig.* 2 the left hernia is supposed to require the greater pressure. The pads are made of various shapes—round, oval, pear-shaped, &c.; but for ordinary purposes the round ones are found to answer perfectly well.



The apparent resemblance to Salmon's truss is so obvious, (except as regards the double truss,) that I cannot better describe the principle of its action than by noticing very briefly the particulars in which they differ. They have in reality only one feature in common, viz., the opposite sided mode of application:—

1. The pads are fixed, instead of being connected to the spring by ball and socket joints. It has always appeared to me that the substitution of a moveable for a fixed pad was rather a *disimprovement* than otherwise. It increases the self-adjusting power of the instrument, but it renders the pressure shifting and uncertain, by enabling any part of the circumference of the pad to yield to any sudden impulse from within, instead of resisting it. Hence a much stronger spring is required, especially for a bad hernia, than if the pads were fixed. The most powerful truss I have ever seen was one constructed on Salmon's principle for a large entero-epiplocele. It had caused severe ulceration from the groin to the hip, but had never retained the rupture for many hours together. In the "wire truss" the ends of the spring are left soft enough to admit of their being bent or twisted by a moderate force in any direction. In this way the plane of the pad's surface may be adjusted with the greatest nicety, so that either the pressure may be equally distributed, or, if required, may be concentrated upon any particular point; as over the internal ring if the hernia is recent, over the external ring and inguinal canal if it is direct, whether originally or from neglect or mismanagement.

2. The spring is a round or wire spring instead of a flat one. The advantage of this is, that its diameter being the same in every direction it can be moved with almost equal facility in every direction. Thus the pads can be moved, not only towards or from each other, (like a pair of sugar tongs,) but if one be fixed the other can be moved up or down, or even in a circle. And, accordingly, when the truss is carefully applied, the back pad may be moved up or down to the extent of two inches, or even more, without disturbing at all the front pad in the groin; and it is found that it is always the back pad which is affected by any sudden movement of the body. This substitution, therefore, of a round, for a flat spring, confers an amount of self-adjusting power, sufficient to render any joint between the spring and the pads unnecessary.

3rd. There is no pressure upon or within two inches of the spinous processes. And not only is this avoided by slightly curving the posterior half of the instrument, but by thus crossing the median line both before and behind it, it obtains so firm a hold upon the pelvis as to render any strap or fastening between the two ends of the spring unnecessary, except in cases of extreme emaciation.

4. Even the double truss, as already stated, leaves one hip free.

It should have been stated that pressure upon the abdomen is as scrupulously avoided as upon the spine, the curve of the anterior half of the instrument being carefully adapted to the shape of the wearer, and the more powerful the pressure required, the more loosely is the truss made to fit round the pelvis; in this respect it is just the reverse of the majority of trusses, in which the pressure is increased by tightenimg the straps and compressing all the parts surrounded by the instrument.

The following cases will I think suffice in the way of illustration:—

Case 1.—H. Langford, aged 73, became the subject of a left inguinal hernia, thirty-five years ago, neglected it, and it soon descended into the scrotum. Has had trusses from every society in London, some of them very powerful, and with every variety of straps and fastenings, but for the last thirty years it has been constantly in the scrotum, except at night. When he first applied to me, it was of great size, completely filling half the scrotum, and had become to all intents and purposes direct; the points of two fingers could be passed through the ring apparently straight into the abdomen. There was also a small right inguinal hernia. He has now worn one of Newson's double trusses for nearly two years, and it has been only upon some very unusual exertion, in unloading vans, &c., that his hernia has escaped. The most violent coughing seldom or never produces any effect. The parts, too, have so contracted, that the hernia cannot now be made to descend to anything like the same extent as at first, even when the truss is removed.

Case 2.—Anne Sallaway, aged 45, has had a femoral hernia for the last eight years; it was small at first, but soon increased in size. She had two trusses from the society in Hatton Garden; neither, however, were of the slightest use. Four years ago it became strangulated, and she was operated upon in Guy's Hospital by Mr. Bransby Cooper. After the operation it became larger than ever, and after repeated attempts to obtain an efficient truss from the two well-known instrument makers at the west end, she gave it up in despair. When I first saw her the hernia was of the size of a small apple, and the crural aperture admitted the point of my thumb for nearly an inch. The only difficulty met with was in avoiding pressure upon the hip, owing to a peculiarity in the shape of her pelvis. The hernia was completely retained from the first, and is now so much reduced in size as to require but very slight pressure.

Case 3.—J. G., aged 46, admitted into University College Hospital under Mr. Quain for hydrocele. The following was the report on his admission:—"Scrotum as large as a full-sized hat, twenty-one inches in circumference, and at its upper part the hydrocele is covered largely with bowel in a hernial sac." He was tapped three times. At the first operation seven, at the second four pints, and at the third one pint, were drawn off. The following was the report when he was discharged:—"There is no deformity; the scrotum on the whole is larger than natural," &c., &c.; "the bowel, which had been almost constantly during several years in the scrotum, is now retained in the abdomen with one of Newson's wire spring-trusses." When this man was first sent to Mr. Newson by Mr. Quain, his case was unusually embarrassing, owing, not only to the great size of the ring, but the distortion of the parts, which had not yet subsided.

Clapham, Surrey, May 3, 1851.

ON THE AFRICAN FEVER.

By HENRY LANDOR, Esq.,

LATE COLONIAL SURGEON TO THE GOLD COAST.

The opinions of nearly all medical men who have practised in hot countries seem to be against the contagion of fever, whether it be called plague, or cholera, or yellow fever, or the African variety of the disease. These opinions, and the practical results to which they lead, are admirably condensed in the "Report on Quarantine," issued by the Board of Health, and printed by the authority of Parliament.

It seems, also, to be the general opinion that there is only one fever poison, and that local or atmospherical circumstances determine the type the disease will assume in each epidemic. In the present state of our knowledge it is impossible to determine what these local circumstances are with sufficient exactitude to guide the sanitary practitioner; but it is somewhat easier to find out what they are not; and the considera-

tion of the negative may eventually lead us to the knowledge of the positive. We all admit the influence of dirt, famine, and want of ventilation in increasing the virulence of every epidemic. We likewise have an impression that fevers of the intermittent variety, in particular, owe their severity, if not their origin, to decaying vegetation. It is my object to bring forward some facts to show that this is by no means the case, and that if decaying vegetation encourages the ravages of the epidemic, it is exactly in the same manner that filth, famine, and want of ventilation do the same, and not as the cause of its origin. The poison of fever arises from some general cause not yet known. The circumstances that favour its distribution are more within our present means of observation, and when these are accurately determined, the true origin of the disease will be more easily discovered.

I purpose in this paper to give some account of the African fever as it is known on the west coast. It prevails within the warmer latitudes from the desert on the north to the borders of the Cape Colony. It is as fatal in the Gambia, at Sierra Leone, as at Cape Coast Castle, or at Bagagry; yet the physical circumstances of the country widely differ at all these points. From Cape Palmas to Cape St. Paul, which includes the Gold Coast, the geological formation is the primitive, stratified, the usual formation of gold deposits. This formation is necessarily the driest of all the geological series, for it is exceedingly porous, and hardly capable of retaining water on its surface. In countries of this formation, if situated in warm latitudes, the rivers rarely, if ever, run all the year. The rivers are mere surface drains, and carry off only the surplus of excessive rains; consequently, when the wet season departs, general dryness prevails. Now this is the state of things from Cape Palmas to Cape St. Paul. There are no rivers broader than the Thames at Windsor, no extensive marshes, no mangrove swamps, and yet the African fever prevails as extensively and is quite as fatal as it is in the wettest part of the coast. No decomposing vegetation exceeding that of the average of DRY tropical countries prevails to countenance the opinion that such is the origin of the disease. On the contrary, the surface of the country is not covered with thick herbage or decaying leaves, nor is the soil of that deep loamy character, resulting from vegetation, which characterizes the interior of the Brazils; yet the latter is free from fever, while the former is infected with it. On the Gold Coast the disease generally puts on the intermittent character markedly, yet in what are called bad seasons it becomes remittent, and in most of the rapidly fatal cases is continued; and occasionally even it assumes the appearance of yellow fever, with the coffee-coloured vomit and a yellow skin, and a fatal termination in three or five days. It is supposed to be extremely fatal once in seven years, when the mortality is generally 50 per cent., often more, while in ordinary years it seldom exceeds 25 per cent. However, it is not my object to describe the fever, but to show that it is not dependent on vegetation. The mortality on the Gold Coast is not exceeded on any part of the coast; it is not greater at the Gambia, where vegetation is denser, nor at Sierra Leone, where the Bulam shore, a region of swamps, is supposed to cause it, nor at that part of the coast from Cape St. Paul to the Calabar, which includes the whole delta of the Niger. Now surely this ought not to be if the general opinion were the correct one.

Moreover, when I was at the Cape de Verdes in 1841, the islands were suffering severely from fever of this very African type, consequent on a famine of great severity, such as, but more than that, which now prevails in the island of San Nicolas amongst the same group. But mark! the famine was caused by a drought of many months' duration, and the fever accompanied this state of things; but if decaying vegetation were the cause, it should have arisen after an extremely wet season, not a dry one. In the whole island of St. Jago there was not herbage enough to feed the miserable lot of cattle and goats that had survived the drought, and the inhabitants were keeping them alive on the succulent stems of the plantain. The island is a mass of volcanic scoria, with a few cocoa-nut and tamarind trees, and bananas in the valleys; and I was taken to a valley to see one poor wretched stream of water, about a yard across, which was exhibited as a curiosity, and which, after running a mile or two, lost itself in the scoria. Surely this is not the state of country generally supposed to cause fever, but the reverse. The acting Consul, (the Consul himself having the fever, and having gone to a more westerly island for improvement,) told me that his father had removed to be farther from the African coast, the proximity of which he supposed had caused the fever in St. Jago; but this is obviously a mistake, as the opinion of every medical man employed in the squadron is, that forty miles from the coast of Africa the crews do not become infected with fever, and this opinion caused Sir Charles Hotham to order his vessels to keep about that distance at sea. (*See his evidence.*) The most easterly of the Cape de Verdes is many hundreds of miles from Africa, and I am convinced that Africa had no more to do with the origin of fever in those islands than England had; in fact the fever-poison, however, that may arise, found in the islands themselves favourable circumstances for its development, and fever succeeded, as it always does succeed, famine and privation, whether in the Cape de Verdes or in Ireland. The local circumstances of the islands favoured it, as no place exceeds Porto Peaga in filth; indeed, bad houses, dirt, and bad feeding, were common to the whole island, and are the characteristics of Portuguese habitations in Africa and in the Brazils. The wonder is, not that fever prevails, but that it is ever absent. No one acquainted with African towns can fail to perceive the abundance of dirt within them; no drains, abundance of cess-pools, no privies, and crowded habitations, and probably, more than all, the pernicious custom of burying the dead under their houses, are all most suitable provocations of pestilence. Every African family bury their dead beneath the lower floor of the family house. If church yards are evils in a city, what would be the condition if the dead of each

house were superficially buried beneath the kitchen floor?

The circumstances here detailed—the prevalence of fever in dry countries equally as in wet—prove, I think, that whatever may be its source, decomposing vegetation is not that source, and show that, although decomposition may be favourable to its development, it is so in just the same manner as dirt, famine, or want of ventilation.

Time may make us acquainted with the changes in the atmosphere produced by electricity and other subtle agents, and explain to us the laws of such changes, then we may see the reason of the periodicity of fatal seasons at present concealed from us. Our knowledge is not sufficiently advanced to enable us to discern these things now; but it is much and useful, as I said at the commencement, to find out what is not correct, for displacing an erroneous opinion is a great step towards attaining a true one.

I may add as a corroboration, that in Western Australia large and extensive swamps abound, and much mangrove muddy country, yet no one ever heard of a virulent fever; and Europeans are constantly in the habit of sleeping near such swamps, but they never have fever.

Heigham Retreat, Norwich,
May 10, 1851.

CURIOUS TRAIN OF SYMPTOMS CONNECTED WITH A CLOT IN THE MIDDLE LOBE OF THE CEREBRUM.

By HENRY COOPER, Esq., Lond.,
PHYSICIAN TO THE GENERAL INFIRMARY, HULL.

To the Editor of the Provincial Medical and Surgical Journal.

Sir,—The following case has been one of great interest to the medical men in charge of it during its long and painful progress; if you think it will be so considered by your readers, it is very much at your service. The case is remarkable as shewing the variety and importance of diseased actions which may result apparently from the same cause, such diseases, though varying in seat and intensity, still maintaining the same general congestive character.

The subject was a lady, 35 years of age, of spare habit, active, intelligent, and of exciteable temperament. She had borne several children, and enjoyed good health, but for the last few years had undergone much anxiety and fatigue in nursing. In the winter of 1848-9 she was knocked down by a carriage and sustained some injury of the head. In the autumn of 1848, she had a severe attack of the malignant cholera then fatally prevalent. She rallied from the congestive stage of this disease and made a satisfactory convalescence. An attack of epistaxis occurred in Jauuary, 1850. In the spring of 1850 she was suddenly attacked with epileptic coma, while still subject to much harass of mind and body. The seizures which I witnessed at a later period of the illness, commenced with convulsion, coming on much as in ordinary epilepsy, generally with little or no warning; they continued three to five hours, and were so violent and long continued as to threaten to destroy life either by asphyxia or exhaustion of vital power. The means used exercised little control over the paroxysm till its usual term of five hours had expired, when the patient sunk into a deep and unrousable torper. In twelve to twenty-four hours this state was succeeded by delirium of a wild character, not unlike delirium tremens, accompanied with wakeful nights; after which a long deep sleep put an end to the attack, and extreme prostration and partial amaurosis of the right eye alone remained. The whole attack would last four or five days. The paroxysms occurred at variable periods of three or four weeks.

In November, 1850, this lady's life was further placed in jeopardy by epistaxis, which had gone on to a frightful extent before assistance arrived. Plugging of the posterior nares and the most careful restorative measures brought her through this danger, and it was hoped that an immunity had thus been ensured against the cerebral attacks.

In the early part of December we were surprised by another seizure equally violent and sudden with those which had preceded, but in a totally different seat. This was spasmodic asthma with intense dyspnœa, deep congestion, and sudden œdema of the superior extremities. From this desperate condition she again rallied, but there remained some dyspnœa, copious expectoration which became rusty, frequent spasmodic gasps in the breathing, and a dull impermeable patch in the back of left lung. During the whole of this time her intellect remained clear, though she manifested irritability and peculiarities of temper not natural to her.

We now come to the last phase of this long course of suffering. While slowly recruiting from the congestive attack on the lungs, she had one evening a convulsive paroxysm, of much less than usual severity, and in the morning was found paralytic of the right side. From this state she also slowly recovered, but the powers of life were now worn out with the long struggle; her mind became fatuous, with occasional maniacal delirium, and she died seven days after the last attack, and eleven months after the first epileptic seizure.

The *post-mortem* examination showed very great congestion of the external vessels, of the scalp, and of the scull and its membranes. The blood was fluid, and ran from the incisions in a stream. The brain was firm and healthy, and not unnaturally vascular; nor did it present any unusual appearance till the middle lobe was sliced, when a solid, firm, palish, fibrinous clot, surrounded with a discoloured margin, was found imbedded in the white matter under the thalamus of the left side; it was of an irregular oval shape, one inch long, by somewhat less than half an inch broad, its long axis looking upwards and forwards. There was little fluid in the ventricles. The plexus was pale, but the arteries at the base of the brain was somewhat thickened. The lungs were somewhat œdematous. The heart was

large, and the left ventricle was thickened distinctly, but not excessively.

In reviewing the incidents of this case, the question naturally suggests itself, in what manner are the *post-mortem* appearances connected with the singular series of changes exhibited in the history of the disease. The first epileptic seizure was probably directly consequent on the effusion of the clot, and this again may be fairly attributed to the impetus of the hypertrophied heart, and the changed mechanical properties of the vessels of the brain, which so commonly accompany that disease. The appearance of the clot favoured this view of its date and history. In this case it is obvious that the clot acted as a predisposing cause only in the subsequent abnormal movements of the nervous system, the proximate cause being temporary congestion, either produced by the overactive heart, or by sympathy with other organs in a disordered state.* The diseases throughout assumed a *marked congestive* character. The abdominal viscera, the brain, the lungs, and the heart, becoming each in its turn the seat of this congestion.

I may add, that depleting measures were principally resorted to, the violence of the attacks prohibiting temporizing measures. Opium produced no effect. Cupping, with or without the scarificator and purgatives, were found the most effectual means.

I remain, Sir,

Your obedient servant,

HENRY COOPER, M.D., Lond.

Hull, March 1, 1851.

* Dr. Bright, in his "Reports of Medical Cases," gives a case of convulsions with apoplexy in which the clot was in the cineritious substance, (p. 280, Vol. i.,) and several cases of epilepsy with coma, (p. 198,) which he attributes to congestion in the cineritious matter; probably the latter condition may in this case have supervened at the time of the epileptic seizures.

Provincial Medical & Surgical Journal.

WEDNESDAY, MAY 28, 1851.

In our advertising columns will be found a prospectus of a "Provincial Medical Collegiate Institution," which is intended to be established by Dr. Brindley, of Tarvin Hall School, near Chester, as soon as he can make the necessary arrangements, and, if thought desirable, under the sanction of this Association. The object of this proposed establishment is to afford that preparatory education for boys who are about to enter the medical profession, which is now rendered imperatively necessary by the requirements of the University of London, of the College of Surgeons, and of the Apothecaries' Company, and still more by the increasing competition in the ranks of the profession itself.

Our readers are aware, that at the Northampton meeting in 1844, it was proposed by Mr. Martin to establish a school for the sons of medical men, and a Committee was appointed for the furtherance of the object, which was unanimously considered by the meeting a highly desirable one. The Committee presented the following report in the year 1845:—

"That, so far as the attention of the medical public has been directed to the subject, and opinions expressed on the plan proposed, the latter have for the most part been decidedly favourable.

"On one point only has any objection of importance been offered, and that is, as to the required uniformity of religious instruction in the first proposed school: but the Committee are of opinion that a diversity on this most important subject would be quite incompatible with the harmonious operation of any schlolastic establishment of the kind contemplated.

"They feel assured also, and have no doubt of the concurrence of this meeting, that whatever legislative measures may be adopted with respect to the medical profession, an improved classical and general education will be absolutely required of those youths who are desirous of entering the profession.

"The Committee are further of opinion, that the plan, of which a mere outline only has been offered, is perfectly practicable—is worthy of the support of the profession; and having that support, with united action only, might assuredly be fully realized.

"But, notwithstanding its apparent desirableness, and the favour with which the suggestion was first received, subscriptions to the amoant of £1610 only have been promised.

"They therefore request a more efficient patronage of the plan, now that, for a time at least, there will be less occasion for discussion on the public affairs of the profession. Time will thus be afforded for cool and deliberate thought, on the subject of the preliminary education of the sons of medical men, whether they are destined for the profession of their fathers, or for any other profession.

"The Committee, for the present, rest in the confident hope for a more efficient support of their plan, that they may be enabled, by a proper amount of subscriptions, to invite a meeting of the subscribers, for the purpose of further proceedings.

"Joseph Hodgson, Chairman.
"Thomas Martin, Secretary."

The proposal was, indeed, taken up most warmly by every one who was interested in the education of the rising generation, and only failed for want of funds, the subscriptions which were promised never amounting to more than £1625, whilst £10,000 were considered necessary to start a single school for 200 boys; and at the meeting held at Norwich in 1846, the Committee sent in a report to the effect that the object was unattainable, concluding in the following words:—

"For many months past not a single application for shares has been made, and no new donations have been offered, so that the Committee have at last been compelled most reluctantly to come to the conclusion that the scheme has failed, and must be abandoned. So soon as they have returned the few pounds which have been paid into their hands, which they propose to do forthwith, they will consider their labours completed, and their functions as a Committee at an end. While reporting this result, however, the Committee are still deeply impressed with the great value and importance of the object they sought to attain. They think the project worthy of a better fate than it has met with at the hands of the medical profession, and they still hope that it may at some future day be revived under happier auspices and with a better result.

"JOHN FORBES, Chairman.
"THOMAS MARTIN, Secretary."

It will thus be evident that Dr. BRINDLEY offers to supply a pressing want, which has long been felt, and which has only been unrelieved from the deficiency of support in the shape of pecuniary responsibility. It is of vast importance that something should be speedily done; the stringent nature of the present examinations will prevent all but well-educated young men from passing, unless they devote the time which should be spent in the dissecting room or hospital to the acquisition of that elementary knowledge which a properly organized school can well afford. It is a question whether such a school should be made to supersede the apprenticeship system, or whether it should be only preparatory to that ordeal, and we shall be happy to receive the opinions of our readers on this subject. But whether it displaces the apprenticeship, or is made subsidiary to it, there can be no doubt that there are many subjects, such as the French and German languages, chemistry, botany, elementary mathematics, comparative anatomy, &c., which may be taught most efficiently at such a school, especially if the pupils are left to the age of 18, as is proposed by Dr. BRINDLEY.

It is, however, quite unnecessary to dilate upon the advantages of such a course—they have been long acknowledged; and it will only be for the Association, assembled at Brighton, to consider the propriety of affording their superintending control and support to Dr. BRINDLEY in his new undertaking. There are many advantages in his proposal, some of which are the following:—

1st. An immediate supply of an acknowledged want, without risk or responsibility.

2nd. The guarantee (of previous success in a similar undertaking) that the contemplated plan will be efficiently carried out.

3rd. The offer by Dr. BRINDLEY to engage himself to hand over the school, when fully established, to the Provincial Association, if they desire it.

4th. The proposal to submit all his arrangements to the superintendence of the Council of the Association, or a Committee appointed by them.

It appears to us that the contemplated arrangement would be highly advantageous to the Association; but as it is so completely in its infancy, it is impossible to form more than a general opinion of the probability of its success. Much certainly depends on the energy, ability, and principles of its projector; and here, although we have had no experience of Dr. BRINDLEY as a teacher, we can speak most highly, from long personal knowledge, of his character as a man of indomitable perseverance, great ability, and extensive information on general subjects.

THE attraction of the Crystal Palace is so universally felt, that it is necessary to remind our readers that in making their engagements to see its contents, they should not forget the ANNIVERSARY MEETING OF THE ASSOCIATION, to be held at Brighton, on the 13th and 14th of August next. To those who can only leave home for a limited period, we would observe that the two objects may easily be combined, as Brighton is now reached from London in a couple of hours.

Reviews.

Observations on the Art and Science of Medicine. By WILLIAM WEGG, M.D., Cantab. London: Churchill, 1851.

THE present time is full of startling paradoxes no less in medicine than in politics. Once emerged from the mistaken notions of therapeutical activity, under the dominion of which, sound pathology was compelled to succumb to a pharmakolatry almost amounting to blind superstition, it is now to be feared lest we rush into the opposite and equally mischievous extreme; and led away by the "Will o' the wisp" doctrines of *Young Physic*, trust all to the "natural tendency to recovery," of which it prates,

and so be induced to sacrifice to a phantasm, a wholesome reliance on the medicinal agents, which an all-wise Providence, we may be assured, did not call into being without a definite and a benificent object. Legitimate medicine has of late received great discouragement, not only by the countenance afforded to the fashionable quackeries of the day, but what is worse still, by the sceptical writings of those who should have been her defenders, and who, before they condemned the use of drugs, might well have inquired whether their failure did not arise from inability on their part to wield them effectually, rather than from the intrinsic worthlessness of the agents themselves.

Books like the present are for this reason much wanted at this juncture, as antidotes to the poison of medical infidelity now so widely disseminated, and Dr. Wegg has our thanks for his praiseworthy exertions as a pioneer in the good work. The chief barrier to the onward march of medical science is the want of careful and philosophical inquiries into the action of medicines. In this point we are far in the rear of the other departments of professional study. We can lay our finger with certainty upon a diseased portion of lung no larger than it will cover; we can follow after death the mysterious causes of dissolution beyond the ken of natural vision; but we are bound to confess that a logical intepretation of the action of medicines is yet a desideratum. We will not say that Dr. Wegg's volume altogether supplies this want; to confer so great a benefit on our science, requires many years and many labourers; but he has taken a step in the right direction, and a step which, if actively followed up by himself and others, cannot fail to be productive of the most valuable results.

Saying thus much we shall take leave of Dr. Wegg's volume. We might quote largely and advantageously from his observations, but we prefer recommending them to deliberate perusal. They are written in a thoughtful spirit, and deserve better attention than would be given to a few extracts however judiciously selected.

A Child's First Hour, with suggestions for some alterations in the Management of New Born Infants. Addressed to Young Mothers. By a PHYSICIAN. London. 12mo. 1851.

A MOST useful little book, which should be in the hands of every mother whether actual or in prospect. It is admirably calculated to banish for ever the mischievous practices of the self-opiniated tribe, of which Dickens's Mrs. Gamp is no overdrawn portrait, and may perhaps suggest even to the accoucheur a thing or two which have not before occurred to his mind.

Urinary Deposits; their Diagnosis, Pathology, and Therapeutical Indications. By GOLDING BIRD, M.A., M.D., Assistant Physician to Guy's Hospital. London: Churchill. Third Edition. 8vo.

WHEN a medical work reaches a third edition, it may safely be concluded that it has merited as well as obtained the favourable opinions of the profession. Praise is as uncalled for as unfavourable criticism would be absurd. We shall only therefore state that the present edition bears the marks of having been carefully rewritten, and shews that the author has not allowed the most recent information on the subject to escape his notice.

Proceedings of Societies.

EPIDEMIOLOGICAL SOCIETY.

SMALL POX AND VACCINATION.

THE following questions have been put into circulation by the Epidemiological Society, and we insert them at the request of Sir Charles Hastings, who hopes that the members of the Provincial Medical and Surgical Association will forward their replies before the 1st of July, to the Honorary Secretaries, 38, Berners Street, London.

EPIDEMIOLOGICAL SOCIETY, OR SOCIETY FOR THE INVESTIGATION OF EPIDEMIC DISEASES.

President.—Benjamin Guy Babington, M.D., F.R.S,

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Honorary Secretaries.—J. O. McWilliam, M.D., *R.N.*, F.R.S., and J. H. Tucker, Esq.

(Circular.)

Dear Sir,—A Committee of this Society is now engaged in investigating the important facts connected with Small Pox and vaccination, and they are desirous of obtaining information from every authentic source. It will be in your power to render them most valuable assistance if you will kindly furnish them with answers to any or all of the following questions; and I beg to assure you that the information you thus afford will not only be most thankfully received, but will be carefully acknowledged in the Report which it is the intention of the Society to publish. I hope that it will be convenient to you to return this paper before the first of July next.

I am, dear, Sir,
Your obedient Servant,
B. G. Babington, President.

1.—Have you any record of the cases of Small Pox, which have fallen under your observation whether,
a, Natural;
b, After a previous attack of Small Pox, or
c, After Vaccination,
and if so would you state the number of each kind and any particulars you may be acquainted with, especially with regard to the ages of the patients and the character of the attack in each class of cases.

2.—What has been the mortality in each class that you have specified, and in how many cases, *especially in those after Vaccination*, could the death be fairly ascribed to Small Pox, or to previous, coincident, or superadded disease?

3.—In each case of Small Pox after Vaccination, how long a period had elapsed since the peformance of the Vaccination?

4.—In cases of Small Pox, presumed to be after Vaccination, what was the evidence of the Vaccination having been effective?

5.—Have you any facts to show that the protective or modifying power of Vaccination bears any relation to the *number* of genuine cicatrices left by the operation?

6.—Have you *seen* the Vaccine Disease, and subsequently Small Pox, occur in the same individual, and if so, in how many cases?

7.—Have you ever had an opportunity of watching an Epidemic of Small Pox from its outbreak to its termination, and would you favour the Society with the result of your observations? The Committee are desirous of being informed whether the disease first appeared among the resident inhabitants of the district, or whether it was imported, or produced *by Inoculation?*

8.—Have you any evidence of the spread of Small Pox from the improper exposure of persons labouring under the disease?

9.—In what manner are you in the habit of performing the operation of vaccination? How many punctures or incisions do you make? In a person whom you have vaccinated, what are the tests which satisfy you that the vaccination has been effective?

10.—Are you in the habit of omitting to vaccinate in the winter, and, if so, for what reasons?

CONVENTION OF POOR-LAW MEDICAL OFFICERS.

A third audit of the treasurer's account necessarily leads to a review of the past exertions of the committee, and calls for a notice of the position and prospects of the Convention.

The energy and co-operation which characterized the early efforts of the Association have in a measure flagged under discouragement and hope deferred.

The committee for some time past have felt that the period was approaching for them for awhile to suspend their meetings, if not to resign their trust to the great body of the union surgeons, by whom, in 1847, they were authorized to act. Though the labours of the committee have been nobly seconded by a few of the union surgeons in the provinces, they have not been able to realize anything tangible, chiefly because they have been only partially supported from without, and have wanted the steady perseverance and united personal exertion of the many, which alone can conquer such diffused and deep-rooted evils as the Convention was formed to overcome. The contributions to the funds have been few, if we except the sums subscribed in 1849, when an impulse was given at the meeting over which Lord Ashley presided.

On the 21st April, the treasurer wrote,—"We have over-expended to the amount of £7. 11s. 1d.," and added, with his habitual consideration and liberality,—"This sum I shall be happy, if I may be allowed, to present to the committee." The committee gratefully record this generous offer, but they feel that it cannot be the will of their constituents that it be accepted.

In looking over the list of the names of those who have contributed to the funds of the association, it is matter for surprise and humiliation to see that not more than about 400 out of a profession of 15,000, and only 404 out of the 3,000 union surgeons have come forward in aid of a cause in which the profession generally, and the union medical staff more especially, are concerned.

Whatever feeling of timidity, apathy, or hopelessness may have existed amongst the majority of the profession, the committee, on recurring to the small list of free-hearted contributors to their finances, and of manly coadjutors in their operations, cannot but congratulate those gentlemen on the efforts which they have made to overcome a system so oppressive and unjust as that through which medical relief is administered under the domination of the guardians of the Poor-Law Board. They entertain unshaken confidence in the goodness of their cause, and a full conviction that judicious and well-supported efforts will yet obtain for the union

surgeons the redress to which they are so eminently entitled. At the same time they feel it their duty to urge the Poor-Law Medical Officers, and the profession in general, to consider how much the redress which is sought, and for which so large a sacrifice of money, exertion, and time, has been made by some of their brethren, is within their voluntary grasp, but that it can never be hoped for, so long as the degrading and ill-paid appointments are not merely accepted, but made the objects of eager competition.

During the past three years frequent attempts have been made to call the attention of the Government, and also of the public, to the subject. Earnest applications have been addressed, in writing and by deputation, to parties of influence in the Colleges and the Hall—to the Poor-law Board, to the Home Secretary, and to the First Lord of the Treasury. Petitions have been again and again addressed to the House of Commons; the public has been appealed to by advertisements, by addresses, and by reports, which have been seconded by leading articles in many of the most influential journals. These varied efforts cannot have failed to prepare the country for amended legislation; and the speeches of Lord Ashley (in Feb. 1849), and of General Sir De Lacy Evans and Dr. J. Arthur Wilson, at the recent interview with Lord John Russell, are proofs of the cordial and stirring sympathy already awakened.

Under the present political aspect, the Committee have thought right to suspend their meetings until some special circumstance may determine the time for resuming their exertions. They have consequently discontinued the expenses which secured the services of their assistant-secretary. Through the liberal consideration of the Council of the National Institute of Medicine, who all along have placed at the disposal of the Committee their eligible rooms in Hanover Square, they have been saved a considerable outlay for offices. This courteous assistance has been specially noticed by a vote of thanks from the Committee, which they have pleasure in thus publicly recording. The cordial thanks of the Committee have likewise been voted to their excellent treasurer, Thomas Martin, Esq., whose numerous engagements have obliged him to resign the office.

Contributions in aid of past and future expenses, for printing, advertisements, &c., (charges inseparable from the operations of the committee,) are solicited, and may be sent by post-office order to Mr. Lord, who, on the resignation of Mr. Martin, obligingly consented to unite the treasurer's duties with those of the honorary secretary.

The Treasurer's Report of Receipts and Disbursements from the 19th February, 1849, to the 17th April, 1851.

Receipts.	£.	s.	d.
Amount of subscriptions received from 404 contributors	247	14	1
Balance due to the Treasurer	7	11	1
	£255	5	4

Disbursements.	£.	s.	d.
Balance due to the Treasurer, as per last account	22	17	9
Printing	63	0	11
Stationary	7	15	11
Postages	28	18	0
Advertisements	47	17	6
Room and incidental expenses for deputations	3	11	0
Messrs. Fuller & Saltwell's fee	1	1	0
Salary of the Assistant-Secretary	65	0	0
Miscellaneous expenses	15	3	3
	£255	5	4

We, the undersigned, having examined the foregoing accounts with the vouchers, do find the same correct, and that the balance due to the treasurer is seven pounds eleven shillings and one penny.

John Propert,
George James Squibb, } Auditors.

By order of the committe,
Thos. Hodgkin, Chairman.
Chas. F. James Lord, Hon. Sec.

Note.—It is requested that all communications be addressed to the honorary secretary, Charles. F. James Lord, Hampstead, and that post-office orders may be made payable to that gentleman, at the post-office, Hampstead.

Foreign Department.

FRANCE.

On the Urine in Delirium Tremens.

M. Michea has remarked, that in delirium tremens the reaction of the urine differs widely from that of health. In the healthy state, on the admixture of caustic ammonia, the urine becomes milky and opaque, and deposits the phosphate of ammonia. With oxalic acid an abundant precipitate of the oxalate of lime is formed. In cases of delirium tremens no such phenomena occur. So long as the cerebral disturbance continues, neither of the above reagents cause any opacity in the urine, but as soon as convalescence commences, precipitates appear. From these data he establishes the two following propositions.—1. The phosphates are diminished in delirium tremens. 2. The return to the normal condition of the urine as regards the phosphates, is one of the critical signs of the disease.

M. Michea asks whether these facts throw any light on the etiology of delirium tremens, but at present does not reply to the question. He thinks, however, that the facts may offer some indication for treatment, in the suggestion of allowing animal food as the chief source of the phosphates. The absence of these principles from the brain, he explains by the fact that drunkards have habitually bad appetites, and that when delirium ensues they frequently abstain from food, and especially animal food, for days. They thus deprive themselves of the source whence the phosphatic elements of the urine are derived.—*Revue Med. Chirurg.*

[It is but justice to Dr. Bence Jones to state, that he has long anticipated the observations of M. Michea as regards delirium tremens; but he has shown as far as our memory serves us that a deficiency of phosphates in the urine, is also observed in other diseases of the nervous system, which, if correct, would militate against M. Michea's theory of the cause of their deficiency.—Ed. P. J.]

The Syphon Douche.

This instrument, which has lately been brought forward by Mr. Jones, as an original invention, but which was, in reality, devised by Leroy d'Etiolles as

long ago as 1825, has been much improved upon by M. Blatin, by the addition of an ovoid expansion of the larger tube, by pressure of which the contained air is expelled, and the water from the receptacle introduced. In Mr. Jones's instrument the exhaustion is effected by suction, and unless adroitly done, the patient stands a good chance of having a general, instead of a local, shower-bath. By M. Blatin's modification all difficulty is abolished. In the engraving which accompanies the notice of this instrument (*Gazette Médicale,*) the similarity of the original to that which Mr. Jones has appropriated, is at once evident.

A new plan of Reducing Paraphymosis.

In spite of the many proceedings occasionally adopted for the reduction of paraphymosis, the operation is at all times painful to the patient, and disagreeable to the surgeon; M. Mercier, therefore, thinks he is doing the profession a service in promulgating the following plan:—In all operations for paraphymosis, the great obstacle to reduction arises from the fact, that the manipulations, while they compress the glans in one direction, expand it laterally, so that there is equally an obstacle for the contracted and infiltrated prepuce to overcome. Although the infiltration is greater on the inferior aspect of the penis than elsewhere, it is not there that the difficulty lies, but above, on the upper aspect, where the corona glandis rises perpendicularly. M. Mercier's idea is to render the reduction of the prepuce more easy by converting this perpendicular elevation into an inclined plane, in the following manner:—He stands on the right of the patient, placing the index and middle finger lengthwise under the penis and the thumb above, thus making pressure, and at the same time forcing his thumb-nail beneath the constriction. With the left hand he then makes circular pressure over the tumefied prepuce and the fingers below it, at the same time drawing the constricting band further on to the thumb-nail, and causing the glans to glide backwards over the pulp of the thumb. The reduction is thus effected.

On Uterine Engorgements.

In a paper published in the *Presse Médicale,* M. Thiry admits three varieties of uterine engorgement—the congestive, the inflammatory, and the hypertrophied. In the first variety the congestion may precede or follow an inflammatory condition. It consists in more or less afflux of blood to the vessels of the organ, and may be divided into three sub-varieties. It is *active* when it arises from direct stimulation, as from violence, excessive intercourse, or the use of pessaries. It may also be induced by the menstrual nisus. *Passive* engorgement is observed as a consequence of labour, and of abdominal congestions. The local and general reaction in this variety is less obvious; the colour of the cervix is bluish instead of vividly red as in active congestion. *Mechanical* engorgement resembles the latter, it is caused by interruption to the uterine circulation, as by tumours or displacement of the organ itself.

The second variety of engorgement is inflammatory, being a step beyond that of active congestion. It may be produced by the same causes.

The hypertrophic engorgement is the consequence of prolonged irritation or chronic inflammation, or by deposit of additional tissue, either simple or heteromorphous. It may be of various consistence, according to the nature of the deposit and may induce certain secondary lesions as ulceration, granulations &c., The different diatheses as the scrofulous and rheumatic, as well as the syphilitic cachexia, may affect the uterus, and induce the variety of engorgement placed under this section.

GERMANY.

Skoda's Therapeutics.

Skoda is, as our readers are aware, an Austrian physician of extended repute; his mode of treating certain diseases may therefore prove interesting. It may be premised that his pharmacopœia is very limited; he swears by quinine, Dover's powder, and nitrate of silver; everything else he discards, or uses in a secondary sense. We extract from the *Gazette Mèdicale de Strasbourg* the following:—

In *pneumonia* he maintains that tartar emetic has no special action, and is useful only as an emetic when the bronchial tubes are clogged with secretion. In two severe cases of double pneumonia noticed by the narrator his treatment was bichloride of mercury; this he gave, without conviction of its utility, in doses of a quarter of a grain every four hours; one grain of Dover's powder at the same interval; and opium at night, if the patient was sleepless. The duration of his treatment was twenty-eight days. He never uses blistering.

In *pleurisy* he depends on digitalis. No blistering or cupping; occasional doses of Dover's powder.

In *typhus* he is guided by the symptoms. Mild purgatives if required, Dover's powder, and cold to the head.

Purpura is successfully treated by yeast.

Acute rheumatism is treated on the *methode expectante.* Dover's powder is generally the only medicine given.

So also in bronchitis Dover's powder is the chief medicine, either alone or combined with ipecacuanha.

Condition of the Internal Ear in Typhous Patients.

All writers on typhus fever have noticed the ringing of the ears and deafness which almost invariably accompany severe cases of that disease, and most physicians are disposed to regard these symptoms as nervous. M. Passavant, (*Zeitschrift für Rat. Medizin.,*) on the other hand, has examined the internal ear in a great number of patients cut off by typhus fever, and he has always found certain pathological lesions corresponding to the symptoms observed during life. The petrous portion of the temporal bone is congested, and the congestion extends to the internal parts, except those of most solidity. The transparency of the tympanum has disappeared; the membrane is thickened, red, and its epithelium peels off with great readiness.

This injection of the membrana tympani extends some way along the external auditory canal, and in some cases small spots of ecchymosis are found between the injected vessels. The cavity of the tympanum contains a thick viscid mucus, which is also found in the Eustachian tube, and in the cells of the mastoid process. The mucous lining of the middle ear is congested likewise, of a rose or bluish red colour. The labyrinth does not present any constant alteration, though some points of injection are occasionally observed. M. Passavant has not found the above described lesions in bodies of persons cut off by other diseases, not even in cases of inflammation of the ear. He therefore regards them as peculiar to typhus fever.—*Medical Times.*

Absence of the Sternum in a Child aged Eleven Years.

An instance of this rare deformity is related in the *Zeitschrift für die Gesammte Médécin.*, by Dr. Louis Benjamin. The sternum was replaced by two long narrow cartilaginous bands, commencing at the clavicle, and extending to the level of the seventh pair of ribs. Between the two bands was a space occupied solely by the soft parts, and which was perceptibly elevated at each systole of the heart. The child's health was remarkably good, and the respiratory functions were performed as in health.

General Retrospect.

PRACTICAL MEDICINE AND PATHOLOGY.

On the Pathology of Cerebral Softenings, as elucidated by the Microscope.—By Dr. Hughes Bennett.

[The nature of cerebral softening has been much disputed, a difficulty always existing as to their dependence on inflammatory action, or on a process analogous to senile gangrene. The following remarks are calculated to throw light on this obscure subject. Dr. Bennett says:—]

From a careful analysis of thirty-two cases of softening of the nervous centres, which were published in 1842-3, it may be concluded that two varieties of softening undoubtedly occur. In the one, the products of inflammatory exudation may be detected; in the other, these are not present. It is necessary to determine, with exactitude, the distinguishing characters of these two kinds of softening, which may be denominated inflammatory and non-inflammatory softenings.

Inflammatory softening always contains numerous granules and granular corpuscles, which are more numerous according to the degree of softening. The nervous tubes and normal structures are always, when the softening is great, more or less broken up. The nature of inflammatory softening of the brain, like all such lesions, depends upon the exudation of blood plasma, the development of granular corpuscles, and the subsequent breaking down of the latter.

If chronic, it may be considered a fatty degeneration of the brain. When recent, the serum poured out also assists in producing the softening.

In non-inflammatory softening, on the other hand, we find the cylindrical and varicose tubes of the part are rendered more soft and easily separable from each other. They have more or less lost their natural firmness and consistence, are readily torn across, the varicosities are easily enlarged by pressure, and, when separated or broken off, assume a globular form. The tubes also are more or less broken into fragments, and no exudation granules, masses, or granular corpuscles are to be detected.

The nature of non-inflammatory softening varies according to circumstances. It would seem to arise from four causes:—1st. From mechanical violence in exposing the nervous centres. 2nd. From a mechanical breaking up of the nervous tissue, by hæmorrhagic extravasations, whether in mass or when infiltrated in small isolated points, constitutiug capillary apoplexy. 3rd. From the mere imbibition of effused serum, which loosens the connection between the nervous tubes, and diminishes the consistence of the nervous tissue. 4th. From the process of putrefaction.

As regards the difference supposed by some to exist between the softening in adults and that in more aged persons, the author fully agrees with M. Durand-Fardel, when he says:—"Cerebral ramollissement is the same malady in old persons as in other adults; that it presents no other differences than the modifications which a variation in age always produces, connected only with the form, and not with the nature, of the lesion."

As for the opinion that softening of the brain is a lesion *sui generis*, due to diminution of nutrition, to gangrene, or obstruction of arteries, the author's observations has convinced him, that all such explanations are hypothetical in the highest degree, and have no real existence.

The cases which the author has recorded also indicate that different symptoms were present in such cases as were inflammatory, and in such as were non-inflammatory. Thus, in twenty-four cases carefully examined and analyzed, in which cerebral softening was observed, granular corpuscles were present in eighteen, whilst in six no traces of these bodies could be found. On analyzing the symptoms of these cases, we shall find a marked difference between those accompanying the one lesion or the other. Thus in the cases where *only* inflammatory softening was present, well-marked symptoms invariably existed, such as loss of consciousness, preceded or followed by dulness of intellect, contraction, and rigidity of the extremities, or paralysis. On the other hand, in the six cases of non-inflammatory softening, there was no paralysis or contraction, and no dulness or disturbance of the intellect. Again, in the four cases were both lesions were present, symptoms could always be observed in the sides opposite the inflammatory softening, while none existed opposite the non-inflammatory. An analysis of these twenty-four cases, therefore, leads to the conclusion, that the two kinds of softening are alike distinguishable, both by

their intimate structure, and by the symptoms accompanying them during life.—*Edinburgh Monthly Journ.*

MEDICINE.

On Coup de Soleil.—By Drs. Pepper and Condie.

Dr. Pepper believes that very erroneous notions respecting the nature of this affection prevail. Twenty patients have been admitted on account of it into the Philadelphia Hospital in seven years, of whom seven recovered, ten died, and three continued to suffer from chronic disease of the brain,—all these persons having been bled prior to admission. The prominent symptoms are violent convulsions, with muscular tremors in the intervals; a small, thready, irregular pulse, and dilated pupil. He has of late had the opportunity of witnessing four autopsies (from six to eight hours after death), at which there was found no congestion or other unusual appearance of the brain; but in all the heart was pallid, flaccid, and softened, though the other muscles were florid and firm. Its lining membrane (and that of the blood-vessels) was of a dark purple colour; its cavities contained little blood, and no coagulum. Similar appearances are described by Louis as occurring in typhoid fever that proves rapidly fatal. Apoplexy may occasionally, as it is too generally supposed to do, result from insolation; but the cases usually met with in hot summers bear no resemblance to it, and require stimuli instead of depletion. In all the fatal cases Dr. Pepper has met with, death occurred in six hours, and in the others recovery was slow, the mind continuing long in a confused state, and the case sometimes passing into one of insanity. The accident usually occurs to persons laboriously employed, while exposed to the sun's rays. Muscular exertion and excessive heat combine to stimulate the heart to morbid activity; copious perspiration and fatigue ensue; the organ becomes exhausted, and a passive congestion of the capillaries of the body occurs. It is a disease of nervous exhaustion, to be carefully distinguished from the cerebral congestion occasionally arising from the same cause. Of five cases treated by stimuli, three recovered and two died.

Dr. Condie observed, that the cases thus described are of common occurrence during hot summers, in persons engaged in laborious occupations, while exposed to the sun, and especially in those of intemperate habits. There is, however, another class of cases due to the same cause, in which the head, and often the entire surface, is intensely hot, the eyes are injected, the pupils contracted, the pulse small, quick, and corded, and the tongue red and dry. Such patients are delirious, morose, or constantly agitated; and if the acute meningitis, upon which these symptoms depend, is not treated by depletion, they die comatose.—*American Journal of Medical Science*, and *British and Foreign Medico-Chirurg. Review.*

Traumatic Tetanus; Treatment by Mercury; Recovery. By Dr. Elliot, West Indies.

A negress ran a piece of bamboo into the foot, on the 20th of Nov., 1850. Tetanic symptoms appeared on the 2nd of December. Was seen by the author on the 7th; she was then labouring under tetanus in an aggravated degree. She took powders every four hours, containing eight grains of quinine, with one scruple of calomel. On the 10th, ptyalism commenced, and on the 12th it was profuse. Next day the spasm had ceased.

[It is not easy to say in this case whether or not the *post hoc* was the *propter hoc*, most cases of tetanus which do not die before the 5th day, recover under various modes of treatment. The Hippocratic aphorism has been confirmed by modern observation.—Ed. P. J.]

SURGERY.

Communication of Gonorrhœa independently of Sexual Intercourse.—By Dr. Burke Ryan.

A case of considerable importance in a medico-legal, as well as moral point of view, was mentioned by Dr. Ryan, at a recent meeting of the Medical Society of London. Dr. Ryan was called to examine two children (sisters) labouring under a profuse purulent discharge, of a fortnight's duration in the elder, nine days in the younger. There was great inflammation of the parts in both. The explanation was, that a servant girl, labouring under profuse gonorrhœal discharge, as the mother of the child saw by her linen, was observed washing herself in the same vessel used for washing the children, and using the same sponge to her private parts as was used for them.

Had there been but one child, Dr. Ryan remarked, he might have passed it over as an ordinary, yet aggravated, case of vaginal discharge in a child; but as there were two consecutively affected sisters, of this tender age, with the infection's cause so easily traceable, he thought it worthy of record, and endeavoured to make it as plain as possible by further inquiry. He therefore saw the young woman. She had gonorrhœa, under which she had laboured during the last two months, using no means for curing it. She said she *did* use the children's sponge, as mentioned, but thought it more probable that the eldest child having sat upon the same vessel as herself, to pass water, was thus infected, and that the second took it from the sponge used for both. Some of the discharge was taken from *each of the three*, and the valuable assistance of Mr. Quekett sought for. He examined them under a magnifying power of 500 diameters. In that from the children there was scarcely anything but pus globules, thick, and well-defined. The discharge from the young woman, in whom the disease had been wearing itself out during two months, was of a more sanious character. There was epithelium in abundance; a few mucous, and also pus globules, diffused, but occasionally more aggregated.

Mr. B. Ryan remarked on the paucity of well-recorded cases of this nature given by elementary writers. Indeed, some of our best authors say that gonorrhœa is communicated by impure connection, and there leave the matter. Beck, speaking of vaginal discharges in children, where strong suspicions were entertained by a third party, of the discharge being gonorrhœal

bestows not the least attention in pointing out how the disease may be contracted in the manner above related, and how, consequently, undeserved suspicion may attach to an innocent person, to be followed, perhaps, as heretofore, by punishment. And Taylor, in giving, as one of the four sources of evidence of rape, the existence of gonorrhœa, adds shortly after:—"If the child be labouring under syphilis or gonorrhœa, this is positive evidence of impure intercourse either with the ravisher or some other person."—*Medical Gazette*, April 25, 1851.

Obstruction of the Bowels from Swallowing a Leaden Bullet.—By Dr. CUMMING.

The following case occurred in the garrison at Vizagapatam:—A boy, aged 11, two days after swallowing a bullet, complained of pain a little below and to the left of the umbilicus. In the hope of expelling the bullet, castor oil, with a few drops of laudanum, were prescribed, and leeches were applied; next morning, although the bowels were relieved, the pain was increased. The oil was repeated, with the effect of again moving the bowels, but without further benefit. In two days the pain shifted to midway between the umbilicus and pubis, showing that the bullet had moved lower down, and slight fever appeared. Obstinate constipation now ensued, and for three days resisted the most powerful purgatives. There was now also irritability of the stomach, and in two days more symptoms of collapse set in, with cramps, so as to give rise to suspicion of lead poisoning. Sulphate of soda was therefore given in solution for two days, seemingly without benefit. Under the idea that the retention of the bullet might be caused by the impaction of hardened fæces below, the author passed O'Beirne's tube, and by injection obtained copious scybalous evacuations, but the bullet could not be found. This plan was repeated with the same effect, and from this time his recovery commenced. The foreign body was never found.—*Edinburgh Monthly Journal*, April, 1851.

MIDWIFERY.

Successful Case of Transfusion.—By G. MASFEN, Esq.

A female, aged 38, was seized with hæmorrhage antecedent to abortion at the second month, which was treated in the usual way, but without effect. The fœtus was expelled, without cessation of the bleeding, which continued until the patient became *in extremis*. It being now the opinion that transfusion offered the only prospect of life, the author performed the operation. As the operation proceeded, consciousness was roused, and the pulse became perceptible, but these favourable signs disappeared at the end of half an hour. Three ounces more blood being injected, a rally again occurred, and again the patient lapsed into insensibility. A third injection of the same quantity produced more permanent benefit, and the pulse gradually gained power, and the patient became fully conscious. The stomach, however, rejected everything. Next day, six A.M., the pulse was 150, and very much increased in strength; the tongue dark-brown, hard, and dry. Ordered three drops of creosote, in form of a pill. She vomited almost immediately after taking it, but did not throw up the pill, which from that time appeared to allay the sickness. She then took a table-spoonful of brandy-mixture every hour. In the evening she still complained of thirst, and was ordered the following mixture:—Sesquicarbonate of soda, two and a half drachms; sesquicarbonate of ammonia, half a drachm; compound tincture of cardamoms, two drachms; oil of lemon, six drops; distilled water to six ounces. Two table-spoonfuls to be taken every three or four hours in a state of effervescence, with twelve grains of citric acid. There was great extravasation of blood for six or eight inches above and below the elbow in both arms, probably the effect of the injection. Ordered warm-water dressing. From this time the recovery was much expedited by the medicinal action of iron.—*Lancet*, April 19.

Correspondence.

MANCHESTER MEDICO-ETHICAL ASSOCIATION.

To the Editor of the Provincial Medical and Surgical Journal.

SIR,—We are instructed by the Committee of the Manchester Medico-Ethical Association to forward to you the enclosed correspondence for publication in the columns of the *Provincial Medical and Surgical Journal*. We are further directed to state, that the plan developed in the memorial of the Committee, was suggested with the view of superseding the necessity for prosecution, but that its signal failure leaves them no alternative but to proceed actively with that project.

We are, Sir, your obedient servants,

JOHN AIKENHEAD,
W. C. WILLIAMSON, } Hon. Secs.

Manchester, May 19, 1851.

To the Registrar and Lecturers of the Pine Street (and Chatham Street) School of Medicine.

Gentlemen,—At the last annual meeting of the Manchester Medico-Ethical Association, held Jan. 15, 1851, it was unanimously resolved:—"That the important proposal of submitting to the Medical Officers of the Hospital, and Medical Schools of this town, the propriety of not allowing persons practising whilst unqualified, to attend the practice and lectures of those institutions, be submitted to the early consideration of the Committee, that they may take the necessary steps in the matter."

Increasing and wide-spread complaints are continually being made concerning the injurious effects upon the profession of students practising medicine with a view to emolument during their pupilage and attendance on lectures; and the committee of this Association believe that the complaints are well founded, and that the dissatisfaction engendered is just and reasonable.

Appointed to conserve the honour and interests of

the profession, the Committee believe that you as the Registrar of the Pine Street (Chatham Street) School of Medicine, will, with your colleagues, take this subject into your serious consideration.

It is, of course, well-known to you that a considerable number of students entering the schools of late years are at the time druggists, and practising medicine as a profession. The committee believe that many of these are actuated by the honourable and praiseworthy motive of qualifying themselves for examination, and of becoming legal and respectable practitioners. But the committee submit that while this should, to a certain extent, be encouraged, it should not be done at the expense, or to the detriment of the profession.

It is, therefore, respectfully suggested that, while every encouragement is given to the honourable and aspiring druggist, he should be required, on entering his curriculum of study, to confine himself strictly within the limits of his calling, and to pledge himself not to practise medicine. If this should occasionally be deemed a hardship, it will be an initiation into honourable and professional conduct, and even conducive to his future interests, when he finds that upon entering into practice legally, he is in turn equally protected.

So far the Committee speak of those who are actuated by the most commendable motives. It is a fact well known, however, that many enter the schools for the purpose of direct emolument. Certificates of lectures are exhibited as licenses and diplomas, and the ignorant are led to believe that their possessors are fully-qualified medical men. In some districts this has been attended with results which the lecturers of your school would be pained to learn; and the Committee feel assured that these are consequences of provincial medical schools which their spirited founders never contemplated, and would willingly remove. Of course it is not for a moment considered that the refusal of a pupil who would not pledge himself, or of a certificate to one who had violated his agreement, could be retrospective; but it is considered that it might with honour and advantage be carried out with all new students, and prospectively even with those who have only entered to single courses of lectures, or to a single session.

The Committee beg further to state, that this evil which they deplore and seek to remedy, has already received the attention of the Leeds School of Medicine, which has adopted a course somewhat similar to that now pressed upon your consideration.

In conclusion, the Committee desire that the subject may be taken up by the several institutions named in the resolution above referred to, in the spirit which has actuated the Medico-Ethical Association, believing that whilst it will be grateful to the profession generally, it will be more especially calculated to exalt the character and position of those institutions, by giving their alumni a higher character, and themselves an increasing usefulness and permanency.

Signed on behalf of the Medico-Ethical Association.

James Lomax Bardsley, M.D., President.
John Aikenhead, M.D., } Hon. Secs.
W. C. Williamson. }

Manchester, March 18, 1851.

A memorial, similar in effect to the above, was also addressed to the Medical Board of the Royal Infirmary.

To the President and Honorary Secretaries of the Medico-Ethical Association.

Gentlemen,—I have been requested to transmit to you the following resolution which was passed at a meeting of the Lecturers of the Manchester Royal School of Medicine and Surgery, held on March 28, 1851.

I am, Gentlemen,
Your obedient Servant,
R. T. Hunt, Hon. Sec.

Manchester, March 31, 1851.

Resolved—"That the receipt of a communication from the President and Honorary Secretaries of the Manchester Medico-Ethical Association, addressed to the Registrar and Lecturers of the Pine Street School of Medicine, and relating to the students of the school, be acknowledged."

To the President and Honorary Secretaries of the Medico-Ethical Society.

Gentlemen,—At the last meeting of the Lecturers of the Chatham Street School of Medicine, I presented your memorial, relating to the exaction of a pledge from the students on entering to the courses of lectures delivered in this place. After maturely considering your suggestion, the following sentiment was carried by a majority of those present at the meeting:—"The Lecturers of the Chatham Street School of Medicine beg to acknowledge the receipt of the memorial of the Medico-Ethical Society, and regret equally with them the faults alluded to; but they are of opinion that they would not be justified in pursuing the course pointed out to them by the Society.

I have the honor to remain, Gentlemen,
Yours very respectfully,
J. H. Watts.

Chatham Street School of Medicine,
April 11, 1851.

To the President of the Medico-Ethical Society.

Sir,—By order of the Medical Board I beg leave to send you extracts from the minutes of proceedings passed at the meeting held this morning.

I am, most respectfully, Sir,
Your obedient Servant,
J. Woodward, Secretary.

Royal Infirmary, Dispensary, &c.,
Manchester, April 24, 1851.

"Read a communication from the Medico-Ethical Society."

Resolved—"That the control of the Medical Board is limited to the conduct of the pupils within the wards of the Hospital, and they decline to entertain the proposal of the Medico-Ethical Society now submitted to them, and that a copy of this resolution be forwarded to the Medico-Ethical Society."

ON THE EXAMINATIONS AT THE COLLEGE AND HALL.

To the Editor of the Provincial Medical and Surgical Journal.

Sir,—Will you allow me a small space in your journal to correct an error into which your Sexagenarian correspondent has fallen, in common with numerous others.

Your correspondent asserts it as a fact, that the examination at "the Hall" is of a much "more stringent character," and is looked upon with more "apprehension, and a sense of dread," than that at the College of Surgeons.

There is not a more erroneous notion in existence in the profession. I have lately passed the examination at both, and also know the prevalent opinion amongst students, with regard to the relative severity of the two. I studied at one of the largest hospital schools in London, and I know that the students there generally look upon the examination at the College as the more stringent, and also as requiring more time to prepare for it. *A greater number of men are plucked at the College than at the Hall.* A year ago I passed the Hall; the same evening thirteen candidates presented themselves for examination, and *all passed*, and I know that for five examination days succeeding not a single candidate was rejected, although at each Court from eight to fourteen presented themselves. A few weeks afterwards I passed the College; fourteen candidates presented themselves, and *five were plucked*, and for several examination-days before and after that time from three to six men were rejected each time. These statements are *facts*, not speculations, and occurred about the same time that every examined candidate at the Hall passed; and I have no doubt but that during the whole year the number of rejected candidates would be in about the same proportion. Then, how can the examination at the Hall be the more stringent?

The College examiners never hold a court when there are less than twelve candidates to be examined, and sometimes there are sixteen or twenty, yet how seldom do we see twelve or sixteen names down in the pass-list for a single day; I have seen as few as *four*, so that *no less than eight* must have been rejected. I have no hesitation in stating, that so many are never rejected at the Hall. I cannot see how the two examinations can be compared; one requires a sound and extensive knowledge of but a few subjects, the other a mere superficial acquaintance with many; and the examiners themselves have not sufficient knowledge to go very deeply into any subject. One of the examiners told me that ammonia was formed by the *decomposition* of hydrogen and nitrogen!! Fancy two *simple elements* being *decomposed!* If the examiners are no better informed than this one, what is the examination worth? None of them are men known to science, or even to their own profession, except two or three have the reputation of being retired grinders. The examiners at the College are men thoroughly competent to test the candidates in the subjects they profess to examine in, viz., anatomy, physiology, and surgery. Many "Sexagenarians" have fallen into a great mistake when they suppose that students dread the Hall more than the College: the reverse is *almost always* the fact, and for a very obvious reason, it requires much less time and application to get a smattering knowledge of the multifarious subjects required by the wise sages at the Hall than it does to get a thorough knowledge of the three subjects for the College. The most idle and dissipated student can, by a few week's "grinding," acquire a sufficient acquaintance with the subjects for the Hall, while I doubt if he can know much anatomy without dissection.

But, without stating any more reasons, I think the facts I have given, viz., the proportion of rejected candidates at the two boards, are conclusive. I do not think the examinations either at the Hall or College are worthy of the name,—neither of them test the candidate's knowledge of the most ordinary cases occurring in practice. The examination at the University of London is the only one which can with propriety be called such.

One word with regard to the student having a "competent acquaintance with the French, German, and Italian languages." I heard a most distinguished physician—himself no mean scholar, and certainly the best clinical teacher in London—make the remark, that "a Frenchman would easily write a work in three folio volumes on a *flea's leg*." If this be the fact, would it not be a great waste of time to wade through so much verbiage for so trifling an object?

I am, Sir,

Your most obedient servant,

S.

May 19, 1851.

P.S. I have enclosed my card.

Medical Intelligence.

RESOLUTIONS UNANIMOUSLY ADOPTED BY THE ROYAL COLLEGE OF PHYSICIANS OF EDINBURGH, REGARDING PRACTITIONERS OF HOMŒOPATHY.

At Edinburgh, and within the College Hall there, the 9th day of May, 1851, an Extraordinary Meeting of the Royal College was held, pursuant to a resolution agreed to at the last Quarterly Meeting, and of which Extraordinary Meeting due notice was given. The President in the Chair.

The following resolutions were moved, seconded, and unanimously agreed to:—

1. That the Royal College of Physicians of Edinburgh did, several years ago, publicly express its opinion of homœopathy and homœopathic practitioners, by peremptorily declining to admit into its body a candidate for its Fellowship who belonged to that denomination; and, consequently, that no Fellow of the College can possibly be ignorant of the light in which all those who practice homœopathy are regarded by the College.
2. The College regrets that, notwithstanding this decided expression of its opinion, more than one of

its Fellows, after being admitted in a different character, have endangered the reputation of the College, by becoming homœopathic practitioners; and the College expresses an earnest hope that these Fellows, seeing they have thus virtually separated themselves from the College, will spontaneously sever their further connection with an Institution which repudiates them, and from which they can derive as merely nominal Fellows, nothing else than a false position and a spurious credit.

3. The College feels the more bound thus to express its opinion, seeing that those Fellows who have become homœopathists, and any other medical practitioners who follow homœopathy, must necessarily be aliens to the other Fellows, and to the profession at large; inasmuch as no Fellow of this College, or any other physician can, by any possibility, without derogating from his own honour, and from the honour of the profession, meet practitioners of homœopathy in consultation, or co-operate with them in the other common duties of professional life.

4. That, although the College has not thought it expedient hitherto to take any active steps for disclaiming those Fellows who have become homœopathic practitioners subsequently to their admission to the College, nevertheless, since it has the power of dealing summarily with those who act in a manner so unbecoming the character of a physician, it reserves its right to exercise that power when it shall be so advised.

Signed in name, and by authority, of the College,

J. Y. SIMPSON, President.

BRITISH MEDICAL FUND.

A meeting of the medical gentlemen of Worcester and the neighbourhood was held in the Council Room of the Worcestershire Natural History Society, on Monday, the 12th instant, for the purpose of receiving from Mr. Hawtayne, the Secretary of the the "British Medical Fund," a statement in reference to the objects of that institution. Amongst the gentlemen present were Dr. Malden, Messrs. Carden, J. H. Walsh, T. Walsh, Shelton, Jones, Davis, Jeffery, Busigny of Ombersley, &c. Dr. Malden was requested to take the chair, and having opened the proceedings by some lengthened and appropriate observations on the object of the meeting and on the advantages calculated to result from such an institution as that they were now called upon to support, the secretary at once proceeded to a detail of the various objects and benefits contemplated by the Society, and expressed his gratification that throughout his provincial visitation it had hitherto met with the warmest encouragement and support.

Several questions having been put to the secretary and answered satisfactorily, the following resolutions were proposed and carried unanimously:—

1st. "That this meeting highly approves of the principles and objects of the 'British Medical Fund,' and strongly recommends the Society to the profession at large for encouragement and support."

2nd. "That the best thanks of this meeting and of the profession generally, are due to Dr. Forbes and the Directors of the British Medical Fund, for their zealous and indefatigable exertions in establishing the institution."

3rd. "That the thanks of this meeting be given to Mr. Hawtayne, the Secretary of the British Medical Fund, for his satisfactory explanation of the nature of the Society."

A vote of thanks having been offered to Dr. Malden, for his very able and courteous conduct in the chair and for his kindness in presiding on this occasion the meeting separated.

We understand similar meetings are being held in various towns throughout the kingdom, in favour of this praiseworthy Institution.

EXAMINATIONS AT ABERDEEN.

A correspondent, having obtained the degree of M.D. at the last examination at King's College, Aberdeen, requests us to publish the following list of the chief subjects included in the examination to which he was subjected, as some guide to those who may go up hereafter for that dignity. He mentions, however, that the subjects of the examination of each candidate were different.

First Examiner: General physiology of secretion and nutrition; minute anatomy of liver; composition of bile; use in digestion; physiology of digestion; anatomy of intestinal canal; minute anatomy of kidney; secretion of urine; urinary deposits; different diatheses; composition of urea and uric acid; effects of urea in circulation; minute anatomy of testis, its secretion; anatomy of male organs of generation; physiology of respiration; asphyxia; respiration in lower animals; chemical condition of blood, arterial and venous, healthy and diseased; effect of tying renal vein, portal vein; fœtal circulation; placental circulation; origin of cerebral nerves; eighth pair; branches, distribution, &c.

Second Examiner: Differences between scarlatina and measles; symptoms; pathology; treatment of different forms of each; sequelæ of each, and treatment; diseased condition of urine; croup; objections to tracheotomy in it; spasmodic croup; peritonitis; acute and puerperal phlebitis; phlegmasia dolens; puerperal mania; erysipelas, all its forms and treatment; delirium tremens; cerebritis and meningitis; gaol fever; pleuritis and pneumonia; their stethoscopic signs and different stages, &c.

Third Examiner: Surgical diseases of head, and operations for injuries, especially fractures and concussion, dislocation and fractures; erysipelas after injuries; abscess; gangrene, &c.

Fourth Examiner: The preparations of iron in the Pharmacopœia; doses, strength, uses, &c.; mode of preparing the principal of them; preparations of mercury in Pharmacopœia; doses, uses, &c.; mode of preparing calomel and bichloride; tests for latter; effects and antidotes as a poison; treatment; ditto ditto for arsenic; chemistry of hydracids, hydrocarbons, hydrates, compounds of chlorine with oxygen, &c.; writing prescriptions in Latin, abbreviations, &c.—*Lancet.*

APOTHECARIES' HALL.

The Court of Examiners have resolved:—

"1. That a preliminary examination for junior students of the medical profession would be desirable, as an important auxiliary to their subsequent professional studies.

"2. That such examination should comprise an inquiry into the student's knowledge of the Latin and Greek languages, and of the elements of mathematics.

"3. That students should be admissible to such examination at any period from the date of their apprenticeship to the completion of the first winter session of their curriculum.

"4. That such examination should, in the first instance, include the following subjects, viz.:—

"1. The first book of Virgil's Æneid and Cicero's Oration for Milo.

"2. The Greek Testament to the end of the Acts of the Apostles; or, the first book of Xenophon's Anabasis, at the option of the candidate.

"3. Algebra, as far as Simple Equations.

"4. The first book of Euclid's Elements.

"5. That the student who passes this examination satisfactorily should not be subject to any subsequent examination in Latin, except the Pharmacopœia Londinensis and Prescriptions.

"6. That students who have not passed this examination should for the present be allowed, as heretofore, to undergo the preliminary examination in Celsus and Gregory, after they have completed two winter sessions of their medical studies."

DEATH FROM CHLOROFORM.

A death from the effects of chloroform, administered with a view to its anæsthetic action, is reported from the Stepney Union-house. The unfortunate man was a baker. The dose given of the chloroform was small; half a drachm being employed first, and, that failing to produce any action, another half drachm was used, and the fatal result occurred. The surgeon who administered it said that he had examined the man and found nothing to prohibit its use. He attributed the death to a peculiar idiosyncrasy, rendering the man very susceptible of the action of the chloroform; that is to say, he did not know in what way to account for it. The manner in which the chloroform was administered is not mentioned.

ROYAL COLLEGE OF SURGEONS.

Gentlemen admitted members on the 9th instant:—Francis Trevelyan Buckland, Deanery, Westminster; Alfred Carpenter, Rothwell, Northamptonshire; Wm. Tait Carr, Aberdeen; Frederick James Chaldecott, Dorking, Surrey; Fohn Fountain, Cowley, Uxbridge, Middlesex; Albert William Hanford, Nottingham; Ebenezer Moore, Islington; Henry Power, London; Henry Simpson, Chester; Thomas Henry Cornelius, Vauxhall Road, Pimlico; Edward George Wake, Hull; William Warwick, Belfast; Richard Wellings, Ravenstone, Leicestershire; John Wilde, Islington; Edwin Wilson, Hyde, Cheshire.

Gentlemen admitted members on the 16th instant:—Lancelot Armstrong, Camberwell; Thomas Britton, York; Geo. Brennan, Cork; John Davis, Sunderland; Nevill Jackson, Stamford, Lincolnshire; Edward Lang, Dublin; Edward Ralfs, Tunbridge, Kent; Jacobus Silverman, Middlesex Place, Paddington; Thomas White, Chester. Frederick Wm. Wilders, Chesterton, Huntingdonshire.

SOCIETY OF APOTHECARIES.

The following gentlemen were admitted members on May 8th, 1851;—Thos. Bickerton, Liverpool; Henry George, Kirton Lindsey; William Edward Hayman, Abingdon, Berks; Thomas Lancaster, Badcliffe Bridge; John Davies Weaver, Chester.

The following gentlemen were also admitted members on the 15th instant:—Thomas Dicklinson, Chelsea; Joseph Earle; James Gardner, Worthing; David Johnson, Horsmonden, Kent; George Stunt; Stephen Chapman Townsend, Crediton, Devon.

OBITUARY.

May 16th, at York Terrace, Regent's Park, Charles Shillito, M.D., formerly of the West Essex Militia; and late of Putney, aged 69.

May 17th, Dr. Edward Clark Baker, late of Walcot Terrace, aged 48, of consumption.

BOOKS RECEIVED FOR REVIEW.

Practical Remarks on the Treatment of Aneurism by Compression. By Joseph Tuffnell, M.R.S.A., &c., &c. Dublin: Fannin and Co. London: J. Churchill, 1851. pp. 154.

On the Structure of the Membrana Tympani of the Human Ear. By Joseph Toynbee, F.R.S., &c., &. London, 1851. 4to, pp. 10.

An Inaugural Essay on Zoo-Adynamia. By George J. Ziegler, M.D. Philadelphia, 1850.

London Journal of Medicine—May, 1851.

Monthly Journal of Medical Science—May, 1851.

On Excision of the Enlarged Tonsil, and its consequences in cases of Deafness. By W. Harvey, M.R.C.S., &c. London: H. Renshaw. 1850. pp. 121.

On the Mode of Origin, and Propagation of the Epidemic Cholera in Huddersfield and its neighbourhood in the autumn of 1849. By John Taylor, M.D., London, &c., &c, London: Tyler. 1851.

Dublin Quarterly Journal—May, 1851.

The Medical Examiner, Philadelphia—March and April, 1851.

PROVINCIAL MEDICAL AND SURGICAL ASSOCIATION.

WEST SOMERSET BRANCH.

The annual meeting of this Branch will be held at the Squirrel Hotel, Wellington, on Wednesday, June 4th proximo. W. Trevor, Esq., President; S. F. Bridge, Esq., President-elect. The chair will be taken at two o'clock P.M.

FRANCIS HENRY WOODFORDE,
Secretary.

Taunton, May 22, 1851.

TO CORRESPONDENTS.

Communications have been received from Dr. Cotton, Mr. Clapp, Mr. Green, Mr. Duke, Mr. Propert, Dr. Radford, Mr. Beard, Mr. Deans, Mr. Godfrey.

Doubtful.—There can be no doubt that the gentleman referred to is capable of procreation. There are many cases proving the fact both in the domestic animals and in man. We are ourselves aware of two cases in which children have been got after the removal of one testicle.

It is requested that all letters and communications connected with the *Editorial department* be sent to J. H. Walsh, Esq., Foregate Street, Worcester. Parcels and books for review may be addressed to the care of Mr. Churchill, Princes Street, Soho.

CLINICAL LECTURES

ON THE

PRACTICE OF PHYSIC,

DELIVERED IN THE

THEATRE OF QUEEN'S COLLEGE, BIRMINGHAM.

By DAVID NELSON, M.D.,

Physician to the Queen's Hospital, and Professor of Clinical Medicine, &c.

[Reported by MR. HENRY GREEN, Student.]

LECTURE V.

On the Morbid Conditions of the Heart and Circulating Tubes.

The morbid conditions of the heart are almost of equal importance to those of the head. In many cases death is instantaneous; in others the rise and progress of disease is more slow and insidious, yet not the less fatal; in all, even the slightest symptoms are to be gravely considered, as ultimately they may induce consequences of a serious kind, though not a matter of certainty or necessity. Before entering upon the different forms of disease to which it is subject I shall offer you a simple sketch of the organ itself in its natural state, divested of all unnecessary detail, only with a view to bring freshly before you its healthy, compared with its morbid, condition. The heart, then, as you are aware, is a hollow muscle, containing four distinct chambers, involuntary in its movements, yet possessed of fibres similar to those of a voluntary muscle. It is of a conical shape, enclosed within its bag or pericardium, and is attached by the fibrous expansion of its pericardium, as well as by the great blood-vessels, to the thorax behind, though in a manner that permits of very free motion. Its base, where all these blood-vessels enter or emerge, lies as nearly as possible under the centre of the sternum, while its apex points towards the left, and ought to impinge in its contraction at a spot about two inches below the left nipple and one inch to the right side thereof. The size of the organ may vary a little in different individuals without the presence of any disease; but there is a general healthy proportion which it bears to the body, a rude yet useful-enough approximation to which is expressed by saying that the heart ought to be about the size of its possessor's closed fist. Of the four chambers into which it is divided inside, the two auricles are the smaller and the two ventricles much the larger, to external appearance. The auricles, however, as being more passive, are furnished with very thin loose walls, whilst those of the ventricles, and especially that of the left, are thick and solid. The chambers of the right side are devoted to the purposes of the pulmonic part of the circulation, by receiving the returning venous blood and projecting it into the lungs for aëration, whilst those of the left are devoted to the purposes of the systemic part of the circulation, by receiving the aërated blood from the lungs and distributing it through the body at large. These combined portions act upon the principle of a double force-pump, as may be seen by tracing the course of the blood through them and watching their mode of operation. Thus we see, in the first place, that by means of the great systemic veins all the vitiated blood of the frame is poured into the right auricle by a continuous flow, without being shut up there by any perfect valve, the absence of which at this point conduces to safety; as in event of any stagnation in other parts of the heart there is no passing forward of the blood from this first chamber. There is a free natural passage backwards as well as forwards, though the partial closure of the Eustachian valve somewhat impedes the former motion, and the contractions of the auricles are so gentle that whilst they have no tendency to engorge with any vehemence the next chamber, neither do they produce any appreciable pulsation in the veins, which, when it exists, is owing to the regurgitation of blood during the more powerful action of the ventricle, when the auriculo-ventricular opening happens to be patent. But the auriculo-ventricular opening of the right side is naturally closed during the contraction of the ventricle, under the very act of this regurgitation; for the opening being surrounded by the three flat plates at the base of the auricle, to the edges of which are attached the tendons of the columnæ carneæ, or cross muscles of the ventricle, these, under the action of the columnæ carneæ and walls of the ventricle are so drawn up together that they constitute the complete valve called the tricuspid. Within this right ventricle, by means of its contraction and the intersection of its transverse fleshy columns, the varied returning fluids of the ordinary veins, the portal vessels, the lymphatics, and the chyle are all duly intermixed, and so propelled forwards to the lungs. For this purpose there is complete resistance to the regurgitation of blood, by the closure of the tricuspid valve, while the pulmonic semilunar valves are pushed forwards with ease, immediately clapping backwards as soon as the weight of the column above exceeds the force exerted from below. Having undergone a vivifying change in the lungs, the blood next returns to the left auricle by means of the four pulmonary veins, whose openings are even more patent than those of the systemic veins, and permit of free egress to the blood, whenever it is required. Again, however, we find the principle of the tricuspid valve repeated in that of the mitral valves, at the left auriculo-ventricular opening, and likewise the principle of the semilunar valves of the pulmonary artery repeated at the aorta. Such are the mechanical contrivances at the central organ of the circulation, which affords full means for its safety and efficiency. Strong as is the action of the heart, it ought not in a healthy person of moderate plumpness to be very apparent, except under excitement; nor if the lungs are sound ought it to give any dulness on percussion, except over two inches or so of the chest; and if emphysema exist there may be no dulness at all. Two sounds, however, ought always to be distinctly heard. The first, the more prolonged of the two, corresponding to the filling of the auricles and the emptying of the

ventricles, while the second corresponds to the flapping back of the semilunar valves. After these two sounds there is a pause of relaxation, equal in duration to that of the two sounds conjoined, the then contraction of the two auricles being apparently too gentle to elicit any appreciable noise. We talk of longer or shorter by comparison, for of course the longest is but very short in reality. Taking, for instance, a moderate pulse at 60 in the minute, and considering that 120 sounds are produced each minute, and that 240 would be produced but for the pauses, we find the longest sound of this slow pulse would be little more than a quarter of a moment. In a pulse of 120, very common under disease, it would be little more than an eighth; in one of 140, which is not uncommon, up to 160, which is rather uncommon, it would range from a ninth to a tenth of a moment. Such a view of the matter shows us very clearly to what a degree the ear must be trained and educated before it learns to discern with nicety any little alteration in their natural sounds; and points out with what assiduity a student should examine them on all possible occasions if he desire to compass their familiar acquaintance. As in most affections within the heart itself, evidence thereof will be sought for by an inquiry into the sounds elicited over the valves; it is a matter of great consequence to know their relative situation. Beginning with the first in the order of the circulation, we are to listen for the sounds of the tricuspid valve, a little to the right of the middle of the sternum, remembering, however, that we had better begin to listen at some distance from the spot, and so gradually approach nearer and nearer from different quarters in order to determine that they are loudest there; because all of them are so near each other, that if any of them happen to be very loud, it may be so propagated as to give room for mistakes. A murmer, if heard there with the first sound of the heart would prove regurgitation, and if with the second, some narrowing of the orifice. A secondary evidence of the regurgitation would be the jugular pulse, and an accompaniment of either condition would be a general tendency to venous congestion. With the like precautions we are to listen for murmurs from the next set of valves, viz., the pulmonic, over the centre of the sternum. These are very seldom diseased, and the murmers might be confused with those from the aortic valves immediately behind; but if they be from the pulmonics, they will be very superficial, and will be propagated most towards the left-side, in the course of the pulmonary artery; yet even in that case let it be recollected that any solid body in the aorta pressing through against the pulmonary artery and there causing a bulging of its side, may give rise to a rough sound in its course, even whilst quite healthy. This was illustrated in the case of Shaw, whose aortic valves were found after death incrusted with phosphatic concretions, which, by their size, pressed through on the pulmonary artery, narrowed its calibre, and produced a murmer in its course. The murmers of the mitral valve are to be searched for to the left of the sternum. If accompanying the first sound, they will indicate regurgitation, and if accompanying the second, a narrowing of the opening. Both would tend to produce an engorgement of the lungs. Those of the aortic valves are to be listened for in the same situation as the pulmonic, but they will be deeper seated, and heard most distinctly in the course of the aorta towards the right. If heard with the first sound they will prove a narrowing of the orifice, and if with the second, a regurgitation. In the former case, the pulse will be smaller than usual, and in the latter it will be jerking, or retrogressing, as it were, after the first bound. In either case the obstacle will be propagated backwards through the whole of the chambers, and will tend to induce an inclination to general congestion, and all the other consequences of an universally obstructed circulation. Such morbid murmurs may sometimes be produced by other circumstances than organic causes, as, for instance, an over liquidity of the blood, or its fibrinous condition producing clots in the heart; but these will not be so permanent and invariable as those that arise from organic changes. The tissues of the heart are a serous membrane on its inner surface, called the endocardium, the muscular substance of its walls, with the fibro-tendinous structures about its valves, and a serous pericardial lining outside. A large plexus of nerves, camposed chiefly of the ganglionic system, with branches of the pneumogastric, lie at its base, and a series of ganglia are found throughout its substance. The whole organ, as a body, lies within its loose bag, reflected back, as it were, from its base. This pericardium consists of a fibrous membrane outside, lined by a serous membrane, which is reflected upon the outer surface of the heart. The inner surface of this bag may become filled with serum, pus, or blood, and cause an extensive dulness, along with faint sounds and motions of the heart; or it may become partially glued by lymph to the opposite surface of the heart, and cause a friction-sound at each motion, or impede the motion to a great degree.

In directing our attention towards the heart, which should be done in every case, but especially in rheumatism, a few seconds will suffice to prove that its action and sounds are natural. If there be any irregularity, our next inquiries must be as regards pain or occasional palpitation, or whether its motions be quicker or slower, or more or less forcible than they should be. We must also observe whether the dulness on percussion be more extensive than usual, whether the apex impinges at the wrong point, and whether the sounds be of one morbid character or another, and where heard most distinctly. These observations as to its degree of irritability, its physical magnitude, and its motions and sounds, include the whole chain of investigation. To be expert at this requires long practice, but its acquisition is worth any amount of labour. All of these symptoms must proceed, either from irregularity in the supply of nervous power, or from anæmia, or hyperæmia, or some perversion of the nutritive fluids. I shall first take notice of those ailments connected with enervation, and which need not detain us long. The irritability may be so increased under natural or accidental debility, that certain convulsive motions, called palpitation, may

arise from time to time, due to some cause of irritation, either in the stomach, bowels, uterus, or brain. In such cases the very slightest deviation from a state of ease in body or mind, will cause the supervention of a fit of palpitation, without any organic disease of the heart whatsoever. In event of the blood being very thin, which it generally is under such circumstances, there may be heard during the fit a slight blowing sound over the valves; but that will disappear again as soon as the circulation is quieted. These simple palpitations, though very annoying, are not of much consequence in themselves, but they are important as evidences of the debilitated state of the general constitution, and of the tenuity of the blood. They are most frequently connected with dyspepsia and chlorosis, but will accompany any exhausting disease, such as phthisis, or any extensive loss of blood, or long course of starvation, or anxiety of mind. In every case we have to remove any discoverable cause of irritation, and invigorate the constitutional powers by means of nutrients, tonics, and sedatives. With this view we may have to use emmenagogues in the event of a suppression of the menses, mild purgatives, stomachic bitters, and antacids in case of dyspepsia, carbonate of iron if the paleness of anæmia be present, and cod-liver oil if the patient be excessively thin. It will also be right to calm the irritability of the system by such sedatives as act more directly on the heart, as hydrocyanic acid, or a belladonna plaster; yet, combined with a tonic, which may be the muriated tincture of iron or the carbonate, or Fowler's solution, or quinine, according to the conditions of other organs. Should the palpitation be chiefly traceable to mental emotions, then the tincture of castor oil will be found of much avail. But in every case the various appliances of a tonic regimen, must accompany the medicinal treatment, and open air recreation, bodily and mental employments short of fatigue and excitement, cold bathing, generous light diet, and a moderate allowance of wine or malt liquors, especially porter, should be enjoined.

As palpitation is a convulsive action of the heart, so cardialgia or purely nervous agony, is to be viewed as a spastic contraction of that organ in some of its fibres at least; so that they do not act in correct concert with one another. It may be very difficult to prove such an assertion by direct physical demonstration. Nevertheless, there is no reason to doubt that the fibres of the heart, may be affected by spasm, as well as those of the bowels; and reasoning from analogy, when we find pains of a like character in different parts of the body, we are entitled to attribute them to like causes. Much dispute arose on this subject when Lord George Bentinck died. Simply neuralgic pains may, perhaps, be distinguished from this affection; but I think there is little doubt that the very severe form of cardiac pain, called angina pectoris, is due, in its essential character of a pain, to some irregular and spasmodic action of the muscular fibre. The causes of this irregular action in that extreme case, may be the existence of a foreign body in the heart, such as a cancerous or osseous deposit, and shall be treated of under another head, but its distinctive definition is that of a spasmodic pain, so that angina pectoris is to be viewed as a simple symptom, and not as a distinct disease, any more than the pains of rheumatism, or the headache of fever. Adopting this doctrine it will be unnecessary to allude further to this affection at present, than to say, that while it is an attendant upon different organic changes in the structure of the heart, it is also known sometimes to display itself irrespective of any physical change; yet, as in either case, it comes as a sudden pang and so departs, it must be considered in the light of a spasm. Should organic disease appear to be the cause, our attention must be directed to that source of excitement; but if it appear as a simple spasm, then antispasmodics must be chiefly relied upon.

In contradistinction to either convulsion or spasm, there may also be a paralysis of the heart. If this be partial, there may only be a simple depression of the heart's action as in typhus or other adynamic fevers, or under the influence of medicinal doses of hydrocyanic acid, digitalis and the like, or at most, we may merely have that milder form of syncope from which people may readily rally under the application of smart stimulants. This condition, as now stated, may proceed from direct impressions on the the cardiac ganglia themselves, as we know, that by the law of specific determination, several poisons of different kinds may be directed in a special manner towards those centres, or it may arise from causes primarily acting on the brain, or the peripheral expansions, as already stated in the lecture upon affections of the nervous system. Each of these causes, if sufficiently sudden or powerful, may induce a complete and permanent paralysis of the heart, under the name of fatal syncope. Mental shocks, the poisons of cholera or hydrocyanic acid, extensive burns or scalds, all act after this manner if in sufficient force. Rapid and instantaneous as death is under such circumstances, there yet occurs in most cases, a sufficient interval for the heart to make one final effort to propel whatever blood may be in it at the moment. This is proved by the almost universal, yet not necessary fact, of the organ being found empty of blood after death by syncope; for it is obvious, that if the paralytic shock were sufficiently rapid, and took effect at the precise point when the chambers were filled with blood, all further motion would be for ever arrested, and the organ would be found to remain as it then had been, namely, gorged with blood. The emptiness is only owing to the fact, that the shock is very seldom so rapid as we here suppose it might, and certainly could, be. I beg to call your special attention to this mode of reasoning upon such subjects, because it has been through the non-perception of it that so many disputes have arisen upon this and other matters of a like kind, each disputant basing his assertion upon certain facts frequently observed by himself, and furnished to him by others, as contrasted with other facts, which he has never observed himself, nor had furnished to him, except in limited number. Upon this simply numerical comparison he may either doubt the existence of the latter altogether, or else receive them as exceptions

to a general rule. In the latter case he encumbers his mind with a number of crude dogmata, each requiring to be bolstered up by a long series of such exceptions, whereas a really fundamental principle of philosophy can admit of no exception whatsoever; and we may depend upon this that, whenever we meet with such exceptions we have not yet carried our generalizations sufficiently far. Applying this rule to the question before us, it can admit of no doubt that, in almost every case of death by syncope, the heart is deprived of blood, and in but a few instances has it been found gorged. Nevertheless, these two facts are not contradictory of one another, neither is the latter less positive in its nature, because it may be the rarer of the two; nor is it an exceptional departure from any principle such as is supposed to govern the more numerous body of facts; on the contrary, they are but exemplifications of one principle, according to the degree in which it may be applied. A shock or injury of some kind penetrates to the nerves of the heart, and paralysis ensues. If not very severe, effectual re-action may supervene, and life be restored; or an ineffectual re-action may take place, so that the organ may continue a few faint, and far-between motions for some time; or it may give but three, two, or one beat more. But the injury may also be so powerful, that no re-action whatever takes place, so that without one further effort the organ may be stilled at once and for ever, under which circumstances the arrest, as a question of time, may certainly occur either during systole or diastole, and therefore the absence or presence of blood becomes a mere matter of accident, in proof of which Dr. Christison relates a case of gorged heart after a death of this kind. I am thus particular in inculcating the relative position which these facts bear to one another, because the confusion of essential with accidental occurrences, not only in this question but in most others, has too often characterized the reasonings even of very eminent men, and led them into unseemly contradiction to others quite as eminent as themselves. The evil arises from a deficiency in logical habits of thinking, whereby the clearness of abstract truth is obscured by the grossness of mere concrete forms; and separable accidents, merely because they may be very common, are mistaken for essentialities. To illustrate this unfamiliar point in a familiar manner, let me say that men are generally from five feet four to six feet high, and any departure above or below five feet eight inches, the medium, whether rare or common, is an accident. Men of five feet, or six feet and a half, may represent the very common fact accidental, while men of three or eight feet may represent the very uncommon fact accidental, yet both, as facts, are equally certain, and also equally accidental. There is no essentiality of man as connected with height, yet he who mistook the accident for the essential might proceed to deny, that a man could be either found of three feet high, or of nine, whereas both suppositions are not only possible but true. By the mode of argument, however, which I have employed, with regard to the fulness or emptiness of the heart after syncope, you will perceive that you are carried superior to any such limited fields of experience; you become able to reconcile facts apparently at variance, and from your calmer altitude, you are placed above those petty differences and narrow views which must, of necessity, belong to the inhabitants of a lower atmosphere. I consider it not only my privilege, but my duty, thus to enforce those principles upon your minds which have relation to the conduct of the understanding in medical affairs. Matters of fact must necessarily be furnished to you in vast abundance, but they will be little better than a dead manure in your education, unless you be further vivified with a close and discriminating acumen that shall pierce into the penetralia of nature, and be able to select those essential elements of knowledge which constitute the sap of a wise judgment.

This paralysis of the heart being dependent on the diminution, the arrest, or the annihilation of its irritability, only one rule can be applied to its treatment, and that is the employment of stimulants. When the irritability is utterly exhausted, as in the cases of which I have been speaking, of course nothing whatever will prove successful. Yet there are many occasions where such an effect would seem to have been produced, and which doubtless would have continued till recovery was impossible; but in which death has been averted by the timely employment of the means of resuscitation. Thus, in syncope arising from loss of blood, we have already seen that life has been frequently preserved by the simple gravitation of blood towards the head, while the patient was laid with that part of the body very low. Likewise, under hydrocyanic acid, the action of the heart has been re-excited by a sudden dash of cold water, or the actual cautery, or ammonia. It has already been observed that the latter agent is one of peculiar value in all cases of syncope, as from its gaseous form it may be almost instantaneously applied as a potent stimulus to the vast ramifications of those nerves of respiration, which likewise extend to the surface and tissues of the heart; whereas, any attempt to administer solid and fluid medicines during the syncope, would not merely be almost impossible under the circumstances, but highly dangerous, as tending to induce death by suffocation, even after the heart might have rallied from its torpor. The skin and the lungs therefore, must be the media through which we apply our stimulants in a case of syncope, and should the stomach contain any poison which caused the suspended animation, neutralising draughts had better be injected into that organ by means of a pipe, than poured into the mouth.

LECTURE

ON THE

DISEASES OF CHILDREN.

DELIVERED IN THE

Chatham Street School of Medicine, Manchester,

By Dr. MEREI,

Fellow of the Hungarian Academy, late Professor of the History of Medicine at the University of Pesth, Clinical Professor of the Diseases of Children, and Director of the Children's Hospital at Pesth; Fellow of the Imperial Society of Medicine at Vienna, etc.

LECTURE II.

General Remarks on the Physiology and Pathology of Children—Objective Symptoms—The Head—The Throat.

Gentlemen,—When we speak of "diseases of children," we understand all diseases whatever, if developed in an infant or young child; according to the different age or degree of organic development, all diseases are modified in their symptomatic appearance, and in their course and mode of treatment. But then, just as some chronic and organic affections of adults or old people never occur in the early period of life, as for example, hypertrophy or atrophy of the heart, aneurism, certain degenerations of the liver, spleen, or kidneys, tænia, &c., so, on the other hand, there are some diseases proper to infants and children, which hardly ever, or very seldom, are observed in adults. These are "diseases of infancy and childhood."

As the most exclusively infantile may be considered the following:—Trismus, hydrocephalus, rachitis, cancrum oris, and *muguet;* spasmus laryngeus, and eclampsia, which have so much resemblance to some forms of hysteric affections; also croup and hooping cough, which occur sometimes just in the same form in adults, and eruptive fevers, which are very frequently seen much beyond the age of puberty. There are still some other forms or special modifications of maladies, such as chorea, the ophthalmy and jaundice of newly-born children, &c., and besides these, some congenital malformations. These diseases, proper to infancy and childhood, are less frequent, and by no means more important in practice than other maladies—febrile, inflammatory, acute or chronic, common to all ages. If some of the gentlemen present will recollect rheumatic or gastric fevers, with all that variety of complaints, as these affections occur in their practice, with many symptoms only to be learnt from the words and local indications of the patients, and if you imagine then a little speechless child placed under the like circumstances, the difference between both series of patients will be very evident, and apparently more difficulty will be attached to the latter; consequently all diseases to which children are subject, merit to be all the more carefully studied.

Authors have endeavoured to establish certain periods in the progressive life of the child, attached to some salient physiological processes, and consequent dispositions to certain diseases. These attempts are more or less imperfect, as in nature all is but gradual transition. I find it much more important in any treatise on diseases of children, to pay a particular attention to the *two first years of life;* not only because some diseases are nearly exclusively restricted to that tender age, but because all are the most dangerous in their course, the most difficult to distinguish, and the most delicate to manage in this age. There is no speech by which such little patients could enlighten us; and there is the delicacy of their stomach, easily deranged by medicines.

The *physiological character* of infancy and tender childhood I am accustomed to delineate in few words, namely, much delicacy of organic structure, much sensibility and mobility, and want of strength. This qualification is applicable to the nervous, the vascular, and the vegetative sphere of life, and consequently also to the three respective classes of maladies. Supposing that everybody present knows the particulars of the physiology of the early periods of life, I shall merely limit myself to pointing out the great secretory activity of the salivary glands and mucous membranes in this age; then, above all, the regular course of *three* important processes of development, viz., the commencement of dentition between the sixth and the eighth month, the closure of the fontanelles about the twelfth month, finally, that degree of locomotive power in the legs which enables the child to walk about the thirteenth or fourteenth month. If these three scales of progressive development take place sooner, it is of little importance, but if later than at the mentioned terms, it signifies weakness in the constitution of the child, and in particular a scrofulous or rachitic disposition.

According to the adduced general physiological character of delicacy of structure, sensibility, mobility, and weakness, children are more easily and more frequently deranged in their health than adults; their diseases run proportionally more quickly, either to recovery or to death. Slight, even inappreciable causes, are able to put the nervous system into a tremendous disorder, and destroy the child's life. Pure nervous convulsions are very frequent in the tender age. Inflammations run quickly, either to resolution, transudation, or suppuration. With regard to the vegetative system, children are the most liable to alterations of the fluids and of the organic structure. Rachitis affords a striking example. There is an eminent disposition to sympathetic symptoms and affections; gastric derangement, dentition, worms, a paroxysm of intermittent fever, cause sometimes severe fits of convulsion. The high degree of sensibility and mobility is the source of the great frequency of frebrile movements, but at the same time of the unsteadiness or the remittent character of almost all sorts of fevers. The weakness of the organic power at this tender age prevents the development of some severe diseases to that height at which we observe them in adults. An infant seldom arrives at the third stage of extensive lobar pneumonia, or to the acme of typhus. There is a great disposition to

diseases of the mucous membranes and of the skin, both very contagious in children.

Objective symptomatology and physical examination.—In order to facilitate the synthetic proceeding of diagnosis, it is important to study and analyze the single phenomena which from the child fall under the perception of our senses. I shall mention the most conclusive.

The *head.* We observe the proportion between the volume of the skull and that of the face. A large skull, and a small face, is the sign of a scrofulous, rachitic, or eminently nervous complexion. In the latter case the abdomen and legs may be quite regular; in both the former, we find a large abdomen and flabby legs. We likewise observe some salient protuberances, (two, three, four, or five,) two of which laterally on the front, two on the parietal bones, and one at the occiput, impart frequently an angular form to the head; this is frequently the case with the large skull of scrofulous or rachitic children. The retarded ossification of the fontanelles is of the same signification.

The expression of the *face* is a sort of speculum for the practitioner. The bloated face, characteristic in hooping cough, is connected with an abnormal turgor round the eyes; the bloated face in rickets, on the contrary, with a furrow along the lower eyelid, (I would call it circled eyes); the collapsed face, with sunken, excavated eyes, and a high expression of languor—proper to acute diseases; the senile face, meagre, wrinkled, without languor—proper to chronic, scrofulous, and atrophic affections; the superintelligent face, with (proportionally to the age,) too much expression of seriousness and intelligence, frequent in scrofulous and nervous constitutions.

The *eyes* have a great share in the mentioned expressions. The expression of languor arises almost entirely from the eyes. Increased contractility, or *contraction of the pupil*, is proper to the first stage of meningitis, but we observe it also sometimes in pure nervous cerebral irritation, and during convulsions. *Dilated* pupil obtains sometimes in typhus, but much more in cerebral transudation.

I shall pass over the examination of the *ears* and the mouth, including that of the teeth and the tongue; but, with regard to the latter, we find it proportionally to the same diseases more moist than in adults. Suckling children have in general a white mucous coat over their tongue. Before the fourth year it is very seldom we see a dry and brown furred tongue.

The *facial lines.* Certain lines, or slight furrows, very commonly perceptible in meagre faces of adults, are hardly present on the healthy turgid face of a little child; but some of these lines appear eminently under the influence of certain diseases, and impart to the face of the child a more or less characteristic expression. These lines have been studied by Eusébe de Salles and Billard, of Paris, and termed by those physicians *facial lines.* I shall mention the three following:—

1. The *oculo-zygomatic line*, from the interior angle of the eye towards the middle of the zygoma. This I find the most valuable of all; there is only the alternative of an affection of the brain, and of a recent very severe diarrhœa; consequently, if this latter be not present, we may be induced to believe in the probability of an affection of the brain.

2. The *naso-buccal*, from the ala nasi running in a semi-circular form over the anterior part of the cheek, around the angles of the mouth; sometimes accompanied by another short one, which is called the labial. This line is said to signify severe abdominal affections; but the fact is, that we see it very frequently in all sorts of chronic and consumptive diseases.

3. The *mental line* (chin line), commencing near the angles of the mouth and running downwards laterally to the chin, which is regarded too, as a sign of pulmonary affections; but I can state, that this line is only seen in high degrees of dyspnœa, consequently it is also visible in the dyspnœa which depends upon the rachitic compression of the chest, without disease of the lungs.

Some more particulars may be adduced with regard to the signification of the lines and furrows in the child's face. I shall take an opportunity to show from time to time these facial lines and angular skulls, on appropriate individuals, as brought before us.

The *nocturnal head sweats* merit to be mentioned. They consist of abundant perspiration limited to the head, of a disagreable somewhat acid smell, leaving on the linen a dirty stain, of an undetermined colour, and occurring on some children regularly every night. This partial perspiration I observe the most frequently during the second year of age, in children presenting a large skull, retarded osseous and muscular development, suffering or disposed to impetiginous scrofula, hypertrophy of the brain, rachitis, or hydrocephalus. This sweat seems to be a critical effort of nature against the before-mentioned diseases; as I observed in many instances, that, upon its suddenly ceasing, one or the other of those diseases broke out. It is interesting to know that this perspiration subsided in a short time and without any bad consequences, under the influence of *high* doses of *iodide of potassium*, carried to the degree of iodine fever. This I have experienced in many cases, and at the same time I observed an improvement, that is to say, a lessening of the scrofulo-impetiginous habit.

The *throat*, outside and inside, the latter as far as accessible, frequently affords some phenomena, the signification of which can hardly be mistaken. The difficulty consists rather in the resisting efforts of the child, which we encounter frequently as soon as we intend to depress the tongue, in order to look at the pharyngeal or laryngeal parts. By the assistance, however, of one or two clever persons, we get rid, if necessary, of these difficulties. (Some details on the mode of examining the inside of the mouth and the throat.)

On the next occasion we shall speak of the symptoms and physical examination of the organs of the chest, a subject interesting as well as important, by its perfection attained in modern times.

CASES IN MIDWIFERY.

By THOMAS RADFORD, M.D., F.R.C.P., Edin., &c., &c., &c.

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Case II.

Cæsarean Section.—*(Successful.)*

Before entering on the relation of the following case of successful Cæsarean section, it is proper to state that it has been already twice brought before the profession by Mr. Goodman, with whom I was engaged in it. It was first partially cited in the *London Medical Gazette*, vol. 36, page 1506. I took great interest in its result, and kept a daily and very circumstantial account, with the intention (having previously obtained Mr. Goodman's full and kind permission) of publishing it with some remarks. In his statement (*loc. cit.*) he says, "Considering this case to be one of deep interest to the profession, I have forwarded it to you in its present stage; but when the patient is completely recovered, which there is every reason to expect, Dr. Radford, who has been for many years specially devoted to this branch of the profession, will on some future occasion furnish the profession with the more minute details, and at the same time give his own views upon the subject." Afterwards it was inserted in the first volume of the *British Record*, with an account of her subsequent pregnancy and abortion. Some discrepancies will be found in the dates mentioned in my statement and those stated in the *Record*; but I have no doubt it has arisen solely from mistake. However tedious a detailed account may prove to the reader, I considered its importance fully justifies me in giving a full exposition.

Case.—At half-past one o'clock A.M., Thursday, Nov. 20th, 1845, I visited Mrs. Sankey, Bedford Street, Salford, who was then in labour. I met Mr. John Goodman, from whom I learnt that the case was one of extreme distortion of the pelvis, &c. She first felt slight pains about eleven o'clock on Wednesday morning. Sometimes they were stronger, and continued to vary in severity until about three hours before my arrival, during which time they were uniformly stronger. The membranes ruptured some time in the afternoon, and there was a slight dribbling discharge at intervals up to the time of my first visit. The tongue was clean and moist; her countenance was calm and composed; her bowels had been freely evacuated; and she had regularly passed her urine. She was free from sickness and vomiting. Pulse 84 at first, but temporarily rose to 100.

Placing my hand on the abdomen I found the uterus of a spheroidal shape, but less so than I had observed in former cases; it felt firm and free from pain when I pressed upon it. The relative position of this organ was now much altered; it hung over, and rested on the pubes, and the fundus projected so much forwards as actually to form its anterior surface. Connected with, and in reference to the axis of the vagina, it presented the retort form. By a vaginal examination, I found the outlet of the pelvis considerably diminished by the close approximation of the rami of the ischia and pubes, which, jutting forwards, had nearly destroyed the arch, leaving in its place only a narrow slit, which would barely admit the point of the finger. The tubera of the ischia were so near as scarcely allowed two fingers to lie in the transverse diameter; the antero-posterior diameter was also much shortened by the great incurvation of the coccyx and lower portion of the sacrum. The cavity was diminished by the several bones which unite in each acetabulum being forced inwards, backwards, and upwards. It was difficult to measure the brim; its figure was tripartite. This alteration in shape was produced by the falling down of the promontory of the sacrum and lumbar vetebræ, and by the ischia and pubes being pushed backwards and inwards, and the jutting forwards of the symphysis and rami of the pubes. The antero-posterior diameter was not more than an inch and a half at its widest part on the right side, and in some parts not an inch. The anterior lobe of the opening was not more than would admit the finger edgeways. The vagina was moist, and had only its natural temperature; it was free from swelling. Neither the os uteri nor the presentation of the infant could be felt.

On returning down stairs to Mr. Goodman, I cordially agreed with him that the Cæsarean section was the only means by which delivery could be performed. I suggested the propriety of having the stethoscope applied to notify whether the infant was alive as the mother affirmed, and also to ascertain the location of the placenta. At this stage I also requested that Mr. Winterbottom, surgeon, should be invited; a messenger (Mr. S.) was dispatched for Mr. Winterbottom, who was desired to bring with him a stethoscope. I now remarked on the danger of cutting into and partially separating the placenta during the operation. Auscultation indicated that this organ was attached to the anterior and right lateral portion of the uterus, and corroborated statements made by the patient that the infant was alive. I now raised the fundus uteri, and Mr. Goodman made an incision from seven to eight inches long, a little to the left of the umbilicus, and divided the integuments, which were extremely thin. A corresponding opening was then made through the uterine tissue, which was about a quarter or one-third of an inch in thickness, just bordering on the edge of the placenta. I now passed my hand and seized one leg of the infant and extracted it, and when it passed to the head, Mr. Goodman assisted its escape through the wound, and afterwards expeditiously extracted the placenta entire. The infant, a girl, was alive. There was very little blood indeed lost, and the uterus contracted and lowered itself to its resting place. The intestines and omentum protruded during the operation, but were then restrained and afterwards replaced and retained in their natural position during the time the ligatures were introduced. I swept my finger round the boundary of the uterus and through the wound into its

cavity, to ascertain if any portion of the viscera had got into it. The *interrupted suture* was used, and the thin integuments further brought together by straps of adhesive plaster, and over all a bandage just tight enough to give support was applied. There was a calmness and resignation of mind throughout the entire operation which indicated an enduring Christian spirit; no complaint was made, nor murmur heard, and she expressed herself as happily relieved.

The pulse now beat 92. She had a little gulping; the skin felt warm. To have Tinct. Opii, dr. iss. in about one to two hours; pulse 94; slight retching, and a very trifling oozing of blood was seen on the bandage; her lips were naturally red; respiration 26; fresh bandage and a compress applied.

Quarter-past nine o'clock A.M. Tongue clean; countenance natural; respiration 24; about two to three ounces of blood lost. A negative plan recommended. Mist. Acaciæ, oz. j. vel. oz. iss. ter in die.

Eight o'clock *vespere.*—Pulse reduced from 100 to 90; countenance good; had complained of tightness of the bandage; the belly a little tumefied, but not tender; there is no bleeding. To take Ext. Hyoscyam., gr. x.

November 21st.—Ten o'clock A.M.—Had vomited a sour fluid during the night. Pulse 86. Countenance natural; tongue clean and smooth; skin cool; lochial discharge natural; bowels not moved. Had passed her urine. Ordered an enema as follows:—Spt. Terebinth., oz. ij.; Ol. Ricini, oz. j.; Vitelli. Ov. et Dec. Hord. q. s.

Half-past one o'clock P.M.—Tongue clean; she has vomited a dark-coloured thick and sour fluid, which in appearance looks like fæces. Enema has not operated; ordered it to be repeated, and to take barley-water.

Nine o'clock, *vespere.*—Has had no stool; vomiting continues; belly tympanitic. The compress being removed, the site of the lower portion of the abdominal wound was tumid; and on raising the plaster, the wound itself was seen gaping, and a fold or convolution of intestine had protruded through between (in the interstice of) the two ligatures. The bandage and plasters were now entirely removed. An attempt was made to reduce the bowel, and the edges of the wound well adapted, and fresh straps of plaster and a three-tailed bandage applied. Ordered, at her request, Ol. Ricini, oz. ss.; to be repeated if necessary.

22nd.—Nine o'clock A.M.—Had some sleep. Pulse 100. Had vomited the oil, and also some of the same fluid. Tongue clean; bowels less swelled, but slightly sore; there is a considerable bloody serous discharge from the wound; has passed urine; lochial discharge; has had no stool. To take calomel, gr. v.; a quantity of gruel to be thrown up by the syringe, with the œsophagus tube passed high up towards the sigmoid flexure of the colon.

Seven o'clock *vespere.*—Has slept several times; pulse 90 to 95; feels better; skin cool; vomiting ceased; belly less swelled and easy; and another enema had been administered, but it procured no stool. Ordered—Calomel, gr. v.; Sacchar. Alb, gr. v., s. s. R. Magnes. Sulph. dr. vj.; Magnes. Calcinat., dr. ij.; Tinct. Card. Comp. dr. j.; Aq. Cinnam., oz. iij.; cap. coch. larg. j. tertiis horis.

23rd.—Ten o'clock A.M.—She had slept; pulse 90; tongue clean; had vomited only once a light-coloured fluid; bowels opened four times; skin warm and perspiring; very slight abdominal uneasiness.

Five o'clock *vespere.*—Had visited her before and found her going on well; a considerable serous discharge from the wound; had not vomited; has had three stools; has passed urine; has had several sleeps. To continue Mist. Acac.

24th.—Ten o'clock A.M.—Pulse 95; tongue clean, but redder in the centre; has very little abdominal pain on pressure; bowels purged two or three times; has passed urine; she says she feels weak. Pergat. To take beef-tea.

Half-past seven o'clock *vespere.*—Pulse 100; tongue clean but sore; belly less tumefied, and bears pressure; a considerable bloody serous discharge from the wound; had been twice purged, and attended with griping pain. To continue the medicine and to take half an ounce of the following mixture if the diarrhœa continues:—Cretæ, dr. j.; Mist Acac., oz. iss.; Aq. Dist., oz. j.; Tinct. Opii, dr. j.—R. Opii, gr. ss.; Conf. Aromat., q. s. Fiat pil. horâ somni sumend.

25th.—Ten o'clock A.M.—Pulse 94; tongue clean; had slept; lochial discharge natural; had passed urine; bowels not again moved; gentle perspirations; belly easy. Pergat. Ordered chicken broth.

Half-past four o'clock P.M.—Pulse 85; symptoms all favourable; has a cough. Taken freely of chicken broth and beef-tea. Ext. Hyos., gr. x., horâ somni. Mist. Acac., oz. ij.; Tinct. Camph. Co., dr. iij.; Syr. Rhœad, oz. ss.; Ft. Linct. cujus. capt. coch., min. j. urgenti tusse.

26th.—Ten o'clock A.M.—Pulse 94; tongue clean; skin a little hotter; bowels unmoved and tympanitic; had passed urine; her countenance a little more anxious. The bandage and plasters were removed. The ligatures were detached from their hold; the integuments expanded to such a degree as to present a large surface of the bowels, which were uniformly covered with lymph. The incised edges were firmly agglutinated to the contiguous parts. Attempts were made to bring the integumental edges nearer together, and the bowels were gently pushed back, and broad straps of adhesive plaster were tightly applied, and a six-tailed bandage, so as to afford firm and equal support. Ordered—Mist. c. Magnes. Sulph., dr. vj.; Magnes. Calcin., dr. ij.; Aq. oz., vj. cujus. capt. oz. j., tertiis horis donec alv. resp.; and the following form for an enema, to be administered if necessary:—R. Spt. Terebinth., oz. ij.; Tinct. Assaf., dr. ij.; Aq., oz. vss.; to be added to eight ounces of barley-water.

Six o'clock *vespere.*—Pulse 120; skin hotter; has great depression; tongue dry; countenance anxious; bowels unmoved, complains of pain in the belly; has passed water. Ordered the enema to be immediately thrown up. She has just vomited. Pergat. An anodyne to be prescribed.

27th.—Took Morph. Acet., gr. $^1/_6$; c. Extr. Pot. gr. iij. She has had four motions; has slept well; and generally better. Pulse 60 to 26. Cont. Mist. Acac. Linctus. Beef-tea; and to take anodyne at bed-time.

28th.—Pulse 69; has slept well; has had two motions; a considerable discharge from the wound; all the other symptoms better except the cough, which is rather more troublesome. Continue medicine and diet; and isinglass.

29th.—Pulse 84 to 90; slept well; bowels twice naturally moved, all the symptoms more favourable; a considerable discharge on the bandage. Upon removing the bandage and dressings the wound presented a healthy granulating surface, and was covered with pure pus. There was a small slough at the lower edge. The integuments below in the bend of the thigh, were irritated and excoriated by the discharge. Continue diet and medicine.

30th.—Pulse 86 to 100; tongue clean and smooth; bowels moved: complains of sore throat, which is red and slightly apthous. Cough very troublesome, and, from its force, produces a sensation of forcing some part through the wound, and on examination a portion of bowel was found protruded. The lower part of the bandage and dressing being now removed it was seen to be not so well; the granulations were paler; the discharge from the left was blackish, from the slough. Fresh pledget of lint and plaster applied. Continue the same medicine and diet, and also to have eggs, and the following mixture:—R. Sodæ Sub-borat. Pulv. dr. iij.; Syrup. Rhœad., oz. ss.; Mist Acaciæ, oz. iiss, M. Capt. paululum subinde. —R. Morph. Acet., gr. $^1/_4$; Extr. Papav., Al., gr. iij. Ft. pil. horâ somni sumend. et rept. si op. sit.

December 1st.—Pulse 100; all other general symptoms better. A considerable discharge from the sore, which was dark coloured and offensive; a protrusion of the granulated portion of the sore through the dressings, which were now removed. The aspect of the sore pale, its left edge was sloughy in places. The dressings were changed, for pledgets of lint with cerate, over which double folds of lint were placed, and a six-tailed bandage to support as far as possible. Our object was to form a barrier to further protrusion, as from the intimate adhesions which now existed amongst the convolutions of the bowels themselves, and between them and the integument, it would be mischievous to attempt to do more than to defend and barely support these parts. On the right side the old and new surface presented one plane. To take a generous diet and porter, and also the anodyne pill.

December 2nd.—All the general symptoms favourable; had first refused to take porter but afterwards did so; wound looks better; granulations redder; pus laudable; cicatrization on the left side proceeding; sloughy appearance on the right side much better. Continue diet, porter, and night pill. At the evening visit she reported she had taken beefsteak and porter at dinner, and we found her eating the leg of a fowl, and again drinking porter. Cautions given not to get into excess.

3rd.—Mr. Goodman, at a later visit last night, found her pulse considerably more frequent. She complained of the wound. On examination he discovered that a large loop of intestine had protruded on the left side, which he unsuccessfully attempted to reduce. He placed a pledget of lint with cerate over it. This morning the pulse 120; bowels not moved; she had vomited some undigested animal food. The body linen was very wet by discharge, which had a pungent disagreeable smell. The dressings adhered so firmly that they were with difficulty removed. A loop of intestine of a horseshoe shape, covered with lymph, was fixed by adhesion; it was very much distended. Cautious but unsuccessful attempts were made to reduce it. I suggested the propriety to pierce it with a needle; a sharp-pointed bistoury was, however, used, but nothing but a little blood escaped. Another unsuccessful attempt was made to reduce it. Broad slips of plaster and a bandage applied. An enema, with oil, &c., to be thrown up with the syringe and œsophagus tube. To discontinue the porter and animal food; to take chicken broth. Ordered some coriander or mustard seed to be taken, and the anodyne pills.

4th.—Bowels freely moved several times, but the seeds were not seen. All the symptoms better. Continue.

5th.—Bowels three times moved, and in the last motion the coriander seeds were seen: every other general symptom favourable. The wound healthy. The union on the right side complete, and the cicatrization proceeding. On the left side the loop still lay prominent, and the edges of the sore were everted, and in an unfavourable position for this reparative process. Continue diet and anodyne pills.

6th.—Pulse 95; bowels unmoved; slept well; wound looking healthy, lessening in diameter, cicatrization rapidly proceeding; the surface over the protruded intestinal loop granulating; this portion of bowel immoveably fixed down. Continue medicine, to have an enema and her anodyne pill.

7th.—Pulse 90; bowels twice very freely moved, and in one motion some coriander seeds were found; a profuse irritating discharge through the dressing; on exposing the parts an opening was found at the lower end of the protruded bowel, through which fæces had passed, and were now escaping; the enema had not been given, but it was now directed to be administered. To continue to take the anodyne.

8th.—Pulse 90; slept well; bowels once opened by the enema; the size of the wound is considerably diminished, and its surface looks healthy; fæces in great abundance were discharged through the intestinal opening; to continue the same plan. Ordered an enema and anodyne pills.

9th.—Pulse 84; bowels opened by enema; the wound is diminished in size and looks healthy; the fæces are largely discharged through the opening in the bowel To try to eat some calves' foot. To continue to have an enema and the anodyne.

10th.—Pulse 80 to 84; the wound considerably lessened, and its entire surface looks well; the apparent size of the protruded bowel is greatly diminished, and

it is covered with healthy granulations; its horseshoe character is nearly lost; great quantity of feculent matter comes through the opening; portion of undigested calves' foot was observed in the discharge; ordered a little wine. Continue diet. To have an enema and pill.

11th.—Pulse 74; wound lessened and looks well; bowels moved by enema; fæces in great abundance from the opening. To continue wine, &c.

12th.—Pulse 72; had two stools, which were too light in colour; this perhaps depends on the escape of the biliary fluid too soon, as the fæcal discharge by the opening has been all along very deeply tinged, and is still in great quantity; the sore is now considerably lessened, it does not measure more than four inches in length, and two to two and half in breadth; the protruded intestine so far retired as not to be seen, except when the integument is drawn aside; the integumental edges of the sore can now be approximated. To continue the wine, &c.; to have an enema; and to take the pill.

13th.—Pulse 74; right edge of the wound was more inverted, which had been produced by approximating the two sides; bowels slightly moved; considerable fæcal discharge from the wound, and in it some coriander seeds were seen which had been taken early in the day; the wound dressed in its longitudinal direction. Continue the wine, &c.; to have an enema; to take the pills.

14th.—Pulse 72; has had no motion; granulations paler; the discharge of fæcal matter great through the wound; a sponge compress was applied over the opening, which was to be removed at intervals; it was, however, permanently discontinued in the evening. Continue wine; to have jelly, *blancmange*, isinglass, and to be allowed a partridge.

15th.—Pulse 76; small hard fragment of stool brought away with the enema; countenance more dejected; complains this morning of a load at the stomach, which in the course of the day ended in vomiting of a quantity of undigested animal food; the fæcal discharge great from the wound. As the granulations were exuberant, the sore was dressed with dry lint. Wine increased; continue altera.

16th.—Pulse 74; wound less and looks better; bowels not moved. To only have some broth, with a little of the chicken pounded in it. Continue medicine. To have an enema.

20th.—No particular change in the aspect of the case up to this date. Pulse now 74. The fæces still largely discharged from the intestinal opening. The protruded portion of bowel very red from the everted mucous membrane. Mr. G. passed his little finger and carried this part in. A compress was applied and supported by plaster.

31st.—During this interval the pulse nearly uniformly 72. Bowels some days spontaneously moved once or twice; but nevertheless an enema was daily administered. All the general symptoms continue to improve; and the excoriations produced by the discharge were attended to by washing, &c. The everted mucous membrane of the bowel which appeared through the opening had at first rather increased, but now was considerably less. Compresses or pads were applied, &c. The discharge of fæcal matter through the opening has gradually lessened.

January 10th, 1846.—As in the last report, the pulse had uniformly continued steady. The bowels were sometimes moved more than once a day; the enemas were regularly administered; the everted state of the mucous membrane of the bowel varied in degree and in colour. Her spirits were very low on the 4th, in consequence of the very great discharge which took place through the opening in the bowel. The treatment consisted of small pads placed immediately over the aperture, being supported by small slips of adhesive plaster; and then upon the integuments and over the other a larger pad, &c., fixed by broad straps and bandage.

17th.—Since the last report the pulse continued natural, and she slept well, and her appetite was good. The bowels were naturally opened once or twice a day; and therefore the enema had been discontinued until the 14th ult., when the bowels being only partially moved, and as the belly had become more tumid, they were again used; the discharge from the intestinal opening was at first less solid and more serous, but afterwards it became again more feculent; compresses of different kinds were applied, and one suggested by me, made of layers of caoutchouc was used, but did not succeed; on this day the fæcal discharge was much greater, which I accounted for by the opening, which was about the size of a fourpenny piece, having changed its relative position with the integuments. I recommended that a conical piece of sponge should be placed with its point inwards, and be supported by plaster and bandage. Mr. Goodman feared that it would be injurious to use the sponge, as it might dilate the opening and induce ulceration; my reply was that I did not fear the first effect, and if the second happened it would only be limited in degree, and advantageous. I thought at this time the edges of the wound were in a favourable position to be pared, and a ligature used to bring them into apposition.

22nd.—Pulse kept natural, and the bowels were daily moved twice; the sponge had become a little swelled, and the edges of the opening bled a little; it was reapplied on the 20th; the bandage was very wet, and was attended by a disagreeable ammoniacal smell, which no doubt arose from the decomposition of the discharged fluid which had taken place in consequence of the parts not having been dressed the day before, and the surrounding integuments were considerably irritated and excoriated; at my desire a simple dressing with lint and cerate was adopted, and a very loose bandage applied. The patient had sat up, but the horizontal position was advised. On this day (22nd.) the eversion of the mucous membrane was greater, and the opening had slightly increased; a piece of sponge was recommended by me, but a compress of lint was applied at Mr. Goodman's desire.

January 23rd.—Pulse good; bowels twice moved; the integumental excoriation rather extended; the intestinal opening is a little larger. Mr. Goodman

proposed touching its edges with Argent. Nitr., but I considered that the surface would heal underneath before the eschar separated and suggested the Potassa Fusa. Mr. G. thought it would be difficult to limit its application although, my opinion was that its action might be controlled, I recommended instead of it the edges of the opening to be pared off, which Mr. G. did by a lancet and bistoury. This operation was not so effectually done in consequence of the tender and fragile state of the part. The edges ware approximated and supported by slips of adhesive plaster. The integuments being drawn together formed a covering and compress to the aperture.

31st.—During this interval the pulse was natural, and the bowels some days moved spontaneously, and always responded to the use of an enema. The intestinal opening remained much the same, and the discharge from it, although not equal in amount every day, was yet sometimes very great. Various methods were tried to control it. Pitch plasters in different ways, and compresses, were used, at the suggestion of Mr. Goodman, but they invariably failed to do good, on the contrary mischief was done by them. At my request pads made from caoutchouc, of different sizes, and placed differently, were employed, but equally unsuccessfully. I recommended broad straps of plaster from the Infirmary to be tried, which also failed, as considerable irritation and excoriation had been produced by the pitch plaster; indeed the pain and inconvenience sustained by the patient was such, that she not only requested a discontinuance, but strongly protested against its use. My opinion was unfavourable to their use, as I considered disadvantages from them arose, not only on account of the irritation, &c., arising from the pitch itself, but from the mechanical effects by inflecting the integuments upon each other, and also by impeding, by the great pressure produced, the peristaltic motion of the bowels. On the 30th I saw the patient alone, and thought it would be better to apply a simple dressing.

February 1st to 13th.—It appears that a great discharge issued from the opening after the last dressing, so that the nurse, at the desire of Mrs. Sankey, had removed them, and brought the edges together by adhesive plaster. Long straps of plaster were again recommended by Mr. Goodman, and very tightly applied, some of which were passed round from one side of the spine to the other. Great integumental irritation and excoriation ensued, and it was, therefore, thought desirable not to bind the parts so tightly. The edges of the opening were touched from time to time with the Argent. Nitrat.

2nd.—I suggested the propriety of having a bandage made of some elastic but firm material, so that the diaphragm and abdominal muscles could move in opposite direction, and without the least impediment, and at the same time feel uniform support.

11th.—Mrs. Sankey stated that they had removed the quill, as nothing had passed through it. Mr. Goodman had placed the barrel of a quill as a conductor for the fæcal discharge, but this it appears did not answer, nor was it likely to do so, as it would be quite impossible to place such a body in a parallel direction with the course of the intestinal tube; and we cannot for a moment suppose that it could act by suction.

12th.—I found that pitch had been used again in dressing the part the day before; the evils were increased by this plan, the surrounding irritation and excoriation were seen to be much greater. Mr. Goodman ordered a new bandage, with gussets for the hips, and buckles and straps were attached to it, so that it could be tightened and fixed. This contrivance proved of great advantage to her. She wore it for a considerable time, and Mr. Goodman states he had the satisfaction to find a progressive diminution of the fæcal discharge which passed through the intestinal aperture.

Remarks.—Mrs. Sankey's occupation was merely domestic. She was a slender, delicate, and spare-looking woman. Her complexion was pale, her skin was swarthy, her eyes were grey, and she was of a leuco-phlegmatic constitution. She was naturally of a mild and placid disposition, and her mind was placable, and strongly imbued with sound moral and religious principles, which wonderfully supported her in her severe trial, the intensity of which it is scarcely possible for imagination to conceive. What can be more dreadful than the anxieties of a woman in the pangs of labour without hope of delivery? She bore the operation with great fortitude, and scarcely made a moan, and afterwards endured a tedious recovery with great patience and resignation. Her age was 41 years. This was her seventh pregnancy. Her first four labours were natural and easy. In the first she was delivered of a living girl, and in the other three of boys, all born alive. The fifth labour was natural, but it was rather more tedious than her former ones; the infant (a boy) was born alive. At the end of two years she was again in labour of her sixth child, which was protracted by pelvic distortion, and Mr. Goodman, with Mr. Slack's assistance, delivered her by means of the perforator and crotchet.

The disease (mollities ossium) under which she now suffered no doubt commenced after her fifth labour, which proved a little tedious. It is, however, very probable, that the mischief inflicted on the pelvis was only slight at this period, and during the interval between it and her next pregnancy most likely the disease remained stationary; whilst pregnant of her sixth child it rapidly advanced, and committed great ravages in the pelvis. Her general health suffered, and her strength failed. Her stature became obviously less. Mr. Goodman kindly informed me that the thighs somewhat bowed, but afterwards recovered the usual shape. During her labour Mr. Goodman found the pelvic diameters shortened, the antero-posterior only measured about two inches. After a consultation with Mr. Slack, he delivered her with the perforator and crotchet. It, however, rarely happens, that the disease is so rapid in its progress, and does so much injury to the pelvis as to require these murderous instruments before those which are compatible with the safety of the

infant, have been used in a former labour. After her puerperal recovery Mr. Goodman judiciously prescribed for her tonics and other appropriate remedies, and recommended her to the seaside for the benefit of bathing. Her health was greatly improved, and perhaps the progress of the mollities osseum was temporarily arrested. This disease again returned, and produced effects on the pelvis during her pregnancy which rendered necessary the Cæsarean section for her delivery. Many circumstances existed in this case which favoured its propitious termination. Her calm and tranquil state of mind, and the high degree of moral courage she had, were very advantageous.

An early rupture of the membranes in protracted labours, especially if the pains are strong is always to be deplored, but most fortunately this did not happen here very long before the performance of the operation. The water was not suddenly and completely discharged at once but dribbled away. The pains were also very feeble until a very short time before my visits. The conjoined effects of these were doubtless favourable, and prevented an injurious pressure on the soft parts. The bowels were freely evacuated during her labour.

By the aid of the stethoscope the incision was made in a direction to avoid cutting into the placenta, which is very important. When the placenta is cut upon or into, partial irregular contraction of the uterus happens, and through such an accident the infants may be lost as I have already stated, but besides this, the tissue of the uterus is likely to suffer from the force required to extricate it (the infant) from the spasmodic grasp of this organ. Besides, there may be a greater risk of hæmorrhage when the placenta is prematurely disruptured or separated. The operation was timely performed in this case. There happened several important contingent circumstances which I shall briefly advert to. The abdominal parietes were so much attenuated as only to allow a very slender hold to be taken by sutures, and were quite unequal to resist the pressure they were subjected to. By the force of the cough, &c., this weak structure was torn through, and the edges being thereby set at liberty, retracted on each side to a considerable extent, and exposed the bowels fully seven to eight inches in one direction, by three to five in the other. Notwithstanding this serious accident the constitutional disturbance was only trifling in degree and of short duration.

The changes which successively took place on the exposed surface of the bowels were truly astonishing. A thin transparent effusion of lymph was first seen laid over the peritoneal coat of the intestines, which entered a little into the depressions formed between their convolutions. This thin gelatinous material gradually became thicker and more opaque, evidently the second step towards cicatrization. During this wonderful process—for its effects were truly wonderful—innumerable vessels were seen, destined to carry on this great work of reparation. As this went on there was a progressive and perceptible diminution in the size of the surface; and when completed there was a cicatrix to be seen very little different from one which is formed at the healing of a wound whose edges have been kept in juxtaposition.

Symptoms of strangulation appeared, for the relief of which several expedients were adopted. The protruded portion of the bowel was ineffectually punctured. Nature, however, stepped in, and immediately the symptoms were relieved by the formation of an opening, through which a great quantity of feculent matter and flatus were discharged. This aperture, as is mentioned in the reports, continued throughout the case. Although this disaster protracted the patient's recovery, there is no doubt it had at the time it happened a most salutary effect. During the whole period of the case the bowels were strictly attended to; and there is no doubt their ready obedience to our measures (chiefly enemata) considerably contributed to her recovery.

The reparative process which happened in this case, and the decidedly conservative constitutional power which this woman had, proved beyond dispute that the opinion expressed by my friend, Dr. West, (*London Medical Gazette*, No. 1210, February, 1851, page 245,) is not infallibly true; and, therefore, ought not to influence us, and deter us from the performance of the Cæsarean section. The same restorative power was observed in the other successful case, which is already before the profession.

As it was important to preserve the infant, I strenuously urged Mr. Sankey to obtain a wet nurse; and no time was lost in obtaining one. The infant continued to thrive, and lived rather more than seven months. Her death was occasioned by an hydrocephaloid disease, the consequence of exhaustion from diarrhœa. In a late number of this journal I mentioned that Mrs. Sankey again became pregnant, aborted, and afterwards died. At the present time I make no further comment.

ON ACETATE OF LEAD.

By WILLIAM SWEETING, Esq., Abbotsbury.

Read at the Dorchester Branch Meeting, May 20, 1851.

At the late Assize for this county a man was tried on a charge of attempting to poison another with acetate of lead. A medical witness deposed before the committing magistrates "that a bottle containing about fifteen ounces of fluid had been conveyed to him for examination. The taste satisfied him that it was a solution of acetate of lead, of which one-third part yielded by analysis nine grains of metallic lead. Hence he was of opinion that the bottle contained three drachms of the acetate;* that this substance is an acrid poison; and although persons had recovered who had taken one drachm, he should be sorry to administer a fifteenth part of that quantity." Upon this opinion the accused was committed to prison,

* A drachm of the acetate yields twenty-seven grains of metallic lead.

where he remained from September to the next gaol delivery, in March.

At the trial the witness before referred to persisted in stating that acetate of lead is decidedly a poison, regardless of the cases reported in the works of Christison and Taylor, to which the counsel for the prisoner directed his attention. Upon this I will merely remark, in the language of Professor Taylor in a somewhat similar case, "that it is impossible to reconcile the facts known concerning the effects of acetate of lead with the strong medical statement here made.*

That vulgar prejudice condemns the acetate of lead as an acrid poison is notorious. It is, therefore, very important, not merely as a question of jurisprudence, but of medical practice, that this substance should be divested of its terrors, and its comparative harmlessness, or rather its value as a medicament, established. With these views I submit to the Association the result of my own observations, in the hope of obtaining the experience of the profession on the subject.

The question to be first solved is—Is acetate of lead a poison?

If we accept as correct the definition of "poison" given by Dr. Johnson—"*That which destroys life by a small quantity, and by means not obvious to the senses,*" it must be admitted that this substance cannot be considered a poison, because, amongst other reasons that may be adduced, there is, I believe, no well authenticated case on record wherein death has followed the administration of it; for surely, that cannot be held to be a poison which has rarely been known to destroy life, although taken in considerable quantities.

Professor Taylor combats Dr. Johnson's definition, which, "if admitted," he remarks, "would exclude a very large class of substances, the poisonous qualities of which cannot be disputed." "Nitre," he goes on to say, "it is well known exerts a poisonous action only in large doses;" and subsequently, in treating of this substance, remarks, that "it is never likely to be employed by a murderer, since a sufficient dose to kill could not be *secretly* administered," herein giving force to a definition he had before denounced.

Several interesting cases wherein acetate of lead has been administered in large quantities without destroying life, are recorded by Dr. Christison and Professor Taylor.

A woman was admitted into Guy's Hospital, in May, 1846, having swallowed *an ounce and a half* of sugar of lead dissolved in water, from which she recovered, and left the hospital in five days.†

Mr. Gorringe reported two cases in which two girls swallowed by mistake *one ounce* of the acetate, and another in which a girl swallowed one drachm, and all recovered.‡

Dr. Hirding gives a case in which a girl swallowed *three drachms*; she, too, recovered.§

Dr. Iliff records *four* cases in which individuals swallowed each *an ounce*;‖ and Dr. Evans one, in which *three drachms* were swallowed, and all in a very short time recovered.* These cases, with the "observations and experiments of Orfila, prove that the vulgar belief that sugar of lead is an active poison, is erroneous."

The more important point to be submitted to the Association refers to the value of acetate of lead as a remedial agent, and in treating on this subject, the result of fourteen years' experience, and the conclusions I have arrived at, are laid before you. I have found that in this substance we possess a most powerful sedative; that it is unequalled in its capability of restraining internal hæmorrhages and intestinal disturbance, and that it may be administered safely in much larger doses than were formerly supposed to be judicious. In the early years of my practice, when cases occurred in which it was deemed desirable to administer the acetate, the dose rarely exceeded one grain, repeated at long intervals, guarded, too, with opium and other adjuncts, in order to avert the injurious effects of what was popularly considered a poison, or at least the probable occasion of colic, palsy, &c.

It happened, about fourteen years since, that I was attending a gentleman's child, about seven years of age, labouring under typhus. I was summoned to him in the night, and found the child apparently sinking from colliquative bloody diarrhœa. There was no time for parleying; unless some very decided measures were adopted he would surely sink. In this emergency I administered *five grains* of the acetate dissolved in distilled water. The effect was immediate and surprising; the diarrhœa was checked, the child rallied, and at length fully recovered.

Soon after the foregoing case two of Asiatic cholera came under my notice. To the first I gave five grains, which were speedily rejected; I then gave one grain every ten minutes. In the course of two hours the diarrhœa, vomiting, and cramps abated, and both patients recovered.

In uterine hæmorrhage I have administered this medicine very largely; the following goes to prove that we have no great reason to fear mischief, either from the quantity or its accumulation:—

A woman of delicate health miscarried, and was nearly exhausted by hæmorrhage, which all the ordinary appliances failed to check. On my visiting the woman I found her pale, bloodless, the extremeties cold, and apparently sinking. Having ascertained that the hæmorrhage was not kept up by coagula retained in the uterus, and that the ovum had been wholly expelled, I gave her *five grains* in distilled water, and repeated it *every hour*. This was persevered in for forty-eight hours. The hæmorrhage was moderated, but as soon as the medicine was suspended, it returned again. I then ordered it to be taken every four hours, and continued it for a fortnight, with the happiest results, and the woman was so conscious of the benefit derived from it that she always kept a supply by her, to be taken as occasion may require. In this case the patient took, in sixteen consecutive days, 576 grains of the acetate.

* The edition of Christison's work now before me was published in 1836; that of Taylor in 1848.

† Taylor, p. 431. ‡ *Ibid.*, p. 432. § *Ibid.*, p. 432. ‖ *Ibid.*, p. 434.

* Taylor, p. 435.

Large as the quantity before stated is, the practice is not without precedent, for Van Swieten administered *sixty grains daily for ten days*,* but what the dose, and at what intervals repeated, does not appear. The largest single dose I ever administered is *twenty grains*. Mr. Daniel, in a paper on its effects as a remedy for mercurial salivation,† states that he has "given *ten grains three times a day*, and never observed it to produce any other unpleasant symptom except a slight colic after the fourth dose."

The boldness with which I have administered the acetate, is not the result of mere speculation, nor of observations made in one month or one year, but rather of patient and careful watching for the long period of *fourteen years*, during which time I have repeatedly directed the attention of my professional friends to the subject, at meetings of the Provincial Association and communications with the periodicals of the day; and I aver, that during all that time I have never met with an instance in which the ill effects usually ascribed to lead have followed the administration of it.

In Professor Taylor's work is a record of a fatal case, extracted from the *Pharmaceutical Journal*, in which a child took in small divided doses, continuously given in the space of *nine weeks*, *thirty-three grains*. It may not be altogether lost time to inquire whether minute doses may not have a tendency to accumulate in the system and produce its specific effects, whilst larger ones are carried out of it readily. A scruple of calomel passes harmlessly through the system; the same quantity given in small doses at certain intervals, produces violent ptyalism. There may be no analogy between these cases; the suggestion is merely thrown out for the purpose of directing future inquiry. I more than half suspect that where acetate of lead, internally administered, has occasioned dangerous symptoms, the preparation has not been free from oxidation—it is the *oxide* which is injurious, it was that which was mixed with the cider in Devonshire, and gave a cognomen to the colic prevalent in that county. The same obtains in *painter's* colic; these people mix considerable quantities of litharge and red lead, technically called driers, with their oils, and neglecting careful ablution before taking their meals, imperceptibly swallow a material of a very dangerous character.

It might be useful to obtain the opinions of the profession with regard to the subject of this paper, by submitting some such questions as the following:—

Have you had much experience in the internal administration of acetate af lead?

In what cases have you administered it?

In what doses and at what intervals?

What effects have been produced?

Have you ever met with an unequivocal case of poisoning by it?

It has been suggested that an objection to the internal administration of acetate of lead is its liability to decomposition by other drugs. There is much justice in the remark, reminding me that I ought to have insisted as essential, that the medicine should always be given, *simply dissolved in distilled water, without any combination whatever*. These decompositions may have been the occasion of much mischief, and hence opium, on which practitioners are used to rely as a protection, is on that account inadmissible. Care should also be taken to have the acetate very pure. The best preparation I have met with was furnished by Messrs. Preston, of Smithfield Bars, London.

* Christison, p. 511.

† *Ibid.* p. 111.

Hospital Reports.

DEVON AND EXETER HOSPITAL.

CASE OF FRACTURE OF THE SPINE ADMITTED UNDER THE CARE OF J. EDYE, ESQ.

(Reported by W. CLAPP, Esq., House-Surgeon.)

Elizabeth Richards, aged 21, was admitted into the Devon and Exeter Hospital, under the care of Mr. Edye, on the 8th July, 1850, having just fallen from the top of a house, a height of about fifty feet. She was leaning against a wooden railing which surrounded the roof, when it suddenly gave way, and she fell into a paved court upon her right side. She was in a state of extreme prostration, almost pulseless, and only partially sensible, very restless, throwing about her arms and head, but her lower extremities were motionless. The right thigh was fractured a little below its middle. On moving her head she appeared to suffer extreme pain at the lower part of the back of the neck, was constantly desiring to have her posture changed, and especially to be raised in bed, and requested repeatedly that her legs might be rubbed. Respiration hurried, and appearing to be performed chiefly by the diaphragm. No vomiting. A cautious examination of her spine was made, but no fracture or displacement detected. A long straight splint (Liston's) was applied to her thigh. No retraction of the muscles had occurred. On account of her prostrate condition stimulants were given, and she was kept as still and quiet as possible. By the next morning some reaction had taken place. She complained of extreme pain about the lower cervical and first dorsal vertebræ, was capable of moving her arms, but all the parts below the mammæ were paralyzed, both as regarded motion and sensation, and no reflex action was developed. She had vomited once a greenish bilious fluid. No action of the bowels; and no urine passed. A pint of the latter fluid drawn off by the catheter.

On the 10th (two days after her admission,) the paralysis continued to the same extent, but her arms were moved apparently with more difficulty, and she complained of pain in them, but no numbness. Lower part of the neck extremely painful, both on her moving it and on its being touched, and extending downwards to

the upper third of the dorsal spine. Urine drawn off; no action of the bowels; nausea; had vomited once, the ejected matters and eructations having a most offensive fæcal odour; intellect quite clear. On the evening of the 10th her respirations became more rapid and jerking; pulse 95, of tolerable power; great heat of skin, and thirst; tongue white; repeated vomiting; abdomen much distended and tympanitic; pain excessive at the lower part of the neck; some numbness of the arms.

11th.—Prostration extreme, but she is still sensible; respiration more laborious, and jerking; repeated vomiting of matters of the same stercoraceous odour and character as before. An enema had been administered, but no action of the bowels produced. Abdomen rather less distended. In the evening she had somewhat rallied, but was very restless, and complained of her neck, and occasional cramps of her arms. Desired to have her legs raised, saying that she felt them, but was quite unconscious of their being touched, and no reflex movements were produced. Occasional vomiting, but not stercoraceous. An enema administered, without effect. A catheter introduced.

12th.—Paralysis the same, with severe cramps of the arms, and in a less degree of her chest also; abdomen tympanitic; bowels not yet acted upon; urine drawn off night and morning.

13th.—Cramps in her arms very severe; desired for the first time to have her urine drawn off, and said that her legs felt heavy, but she had no distinct sensation in them.

15th.—Bowels acted on for the first time since her admission by the aid of aperient pills, and copious dark and offensive motions produced; tympanitic distension of the abdomen entirely removed; the paralysis extends to a little above the nipples; requested that her urine might be drawn off, which was last night first observed to have an ammoniacal odour, but did not change turmeric paper; no crystals detected by the microscope, but some mucus and epithelial scales.

16th.—Free action of the bowels occasioned by the aperient pills had continued, the motions being passed unconsciously; since the administration, however, of an opiate enema, the diarrhœa has somewhat abated; no sensation below mammæ; no reflex movements.

17th.—Diarrhœa ceased; a superficial sore discovered on the nates.

18th.—Paralysis of arms increased, inability to raise them perfectly; extensor muscles of fore-arms especially affected.

24th.—Debility increased, and sore on the nates extending; urine for the last few days slightly tinged with blood, and containing a large quantity of mucus and crystals of triple phosphate; arms moved with greater difficulty, the left most so.

25th.—An undue projection of the spinous process of the cervical vertebræ observed, with a considerable depression immediately above it, and at this point most pain is experienced, especially on her moving her hand.

31st.—Fracture of thigh almost firm, and a considerable amount of callus thrown out, in size nearly that of one's fist; she has made no complaint of her neck for the last two days, but on the contrary stated her belief of being able to rotate her head, or raise it; aspect improved; sore on nates almost healed, but another has arisen on the upper part of the thigh, through the pressure of the fillet which confined the splint; urine more healthy, containing less mucus and phosphates, and no blood.

August 7th.—Not so well generally, but paralysis the same; pain in neck increased, probably owing to her head having been incautiously allowed to droop two days since while she was being removed to a fresh bed, and at which time she complained greatly of the seat of injury.

8th.—Fracture of thigh quite firm; callus considerable.

11th.—Splint removed, thirty-three days after her admission; limb shortened half an inch.

22nd.—Pain of neck much increased; no reflex motions of extremities.

September 5th.—General health declining; power of motion, however, of her arms rather increased, being able to raise them to her head, and again place them on the bed, especially the right.

8th.—Occasional severe pain in the neck, shooting up the back of the head; the slough over the sacrum has much extended, and affects her general health; debility and emaciation increased.

15th.—Placed on an India-rubber elastic bed, from which she says that she experiences great comfort.

October 2nd.—Pain in the neck still severe; debility and emaciation increased; paralysis extending to about two inches above the nipples; is unable to raise her left fore-arm, and the right only a little; respiration diaphragmatic.

November 8th.—The paralysis now extends as high as a curved line from the top of each shoulder, downwards across the chest about four inches above the nipples; below this the cuticle is of a yellow colour, dry, and brawny, and is thrown off abundantly by desquamation; the upper and lower extremities have also assumed this peculiar condition, and the growth of hair on them has also been unusually great; the sore on the sacrum has acquired a greater size, and ulceration also has taken place over the internal condyles of both arms, and over the scapulæ; debility and emaciation much greater.

December 6th.—Debility increasing, and nearly approaching to a state of syncope.

9th.—Sunk to day through mere exhaustion, (five months after her admission;) sores had also formed over some of the ribs, and the spinous processes of the third or fourth dorsal vertebra.

On a *post-mortem* examination eighteen hours afterwards, on removing the arches of the vertebræ, the sixth cervical was found to have been fractured through its body, and greatly displaced backwards, thus forming by its union with the fifth and seventh, to which it was firmly united by bone, a considerable angle over which the cord had been stretched, and its natural structure, to the extent of an inch, entirely destroyed, and con-

verted into a mere slightly reddened pulp. No laceration of the dura mater had occurred, but on being divided it was found adherent to the attenuated remains of the cord. The latter was examined as low down as the third dorsal vertebra, and to this extent was found to have undergone softening, and its grey matter to be indistinct and ill-defined. A more extended examination could not be obtained.

Of the treatment adopted where no otherwise than a fatal result could be anticipated, little need be said. The case, however, may perhaps be considered to possess some physiological interest, from the rapid union of the fracture of the thigh, and the abundant growth of hair, &c., upon the paralyzed parts, showing how readily the functions of nutrition and reproduction are performed, even where the spinal cord has undergone so severe a lesion. It may also be mentioned that the India-rubber bed, manufactured by "Matthews, of Charing Cross," and recommended by Mr. Luke, of the "London Hospital," appeared to be of much service, both in retarding the progress of the bed-sores, and in affording ease and comfort to the patient. Its superior lightness and portability will probably render it, in many cases, (especially in private practice,) a useful substitute for the more cumbersome and costly, yet invaluable, water-bed of Dr. Arnott.

Provincial Medical & Surgical Journal.

WEDNESDAY, JUNE 11, 1851.

Our attention has been directed to the circumstance that the University of St. Andrew has recently granted its degree of M.D. to a gentleman practising in Norwich as a professed homœopath, and whose name is registered as such in the printed list of these practitioners. There are some reasons why we should have preferred to take no notice of this unparalleled proceeding, but it would exhibit a sad want of respect to our valued correspondent as well as of duty to our constituents, did we allow any consideration whatever to interfere with our functions as conductors of this Journal. It may be a matter of surprise to many, as it was to us, that any conscientious believer in homœopathy should desire or consider it any honour to possess the diploma of an examining body which he knows must regard his favourite doctrine and practice with contempt or disgust, as it may chance to think them a folly or a fraud; but we must own to a feeling of something more than surprise, when we find an individual who professes to be honest in his convictions, not hesitating to suppress his real sentiments, and answering all the questions put to him, in such a manner as to lead the University authorities to imagine that they were about to bestow their degree upon a practitioner of rational medicine. Is not this something like obtaining a degree under false pretences? That the individual in question, Mr. Douglas Hale, did answer the queries in such a manner as to hoodwink the examiners as to his real character, we know to be the fact. Although as a homœopath, looking upon blood-letting with horror, and considering half a grain of antimony or a grain of calomel sufficient to dose the whole county in which he resides, he does not hesitate to recommend both antimony and calomel in the doses given by allopathic practitioners, when questioned as to the treatment of iritis, enteritis, or pneumonia. When such a dereliction of the first principles of conscience—not to say of manly candour, is forced upon us, we know neither acquaintance nor fellow-township. As conductors of a journal devoted to the defence of the honour and integrity of the medical profession, we feel bound to give such conduct our unqualified condemnation. It may be urged in extenuation, that the candidate believing the questions referred to the views of treatment ordinarily accepted, thought it right to shape his answer accordingly. But this is at least but a lame excuse, and does not remove the stigma of duplicity from which every honourable mind should recoil. However, this loophole for escape will scarcely avail, for we find in the third examination paper these damning words:—"The examiners expect that in the answers to the practical questions every candidate will specify *the mode of treatment he is in the habit of adopting, and the doses of medicines which he prescribes.*"

We here quit this painful subject as far as the candidate is concerned, with the addition that our pages are at his service if he be willing to show how his conduct can be reconciled to the principles of strict morality. But we demand of St. Andrew's for her own sake, as well as for the sake of her alumni, to take some notice of this mal-appropriation of her diploma. If, when other colleges are debating whether they shall not cut off these practitioners from their lists, as gangrened spots should be severed from the living flesh, she cannot show that her diploma has been given in error, she will have to submit to a degradation from which it will be hard for her to emerge.

While on the subject of homœopathy, we take the opportunity of expressing our concurrence in the apparent determination on the part of some of our London contemporaries, to convince regular practitioners that they do discredit to their own fame, and jeopardize the honour of their profession, by consulting with members of the homœopathic sect. There can be no doubt that the chief impulse has been given to this delusion, by the secession of the ill-informed and the unsuccessful from the ranks of legitimate medicine to join the disciples of Hahnemann, some from sheer ignorance of the principles of pathology, others from the more reprehensible motive of filling their needy exchequer, by pandering to the silly caprices of fashion. It is on this account the more requisite to set a mark on those practitioners, who, by meeting these people in consultation, *pro tanto* sanction their dogmas, or at the very least, lead the public to confound the true with the false in the practice of medicine. That the determination to make instances of this dishonest league known to the profession, is not an idle threat, is manifest from the fact that a London physician-accoucheur has been "shown up," in the *Lancet* for the fault alluded to, and we trust that no one will be spared whatever may be his professional standing. If the mass of practitioners be true to themselves this scandal must cease. Physicians or surgeons, however celebrated, who, for the sake of a few guineas, or from the contemptible "flunkeyism" that fears to disoblige a noble or wealthy patient, thus desecrate their calling, may be made to find to their cost, that other consultants are to be obtained of equal talent and more probity; and we do not doubt that if no more honourable motive should influence them, the *argumentum ad sacculum* will not be without its due weight in causing them to be more careful of their conduct.

Reviews.

Practical Remarks on the Treatment of Aneurism by Compression, with Plates of the Instruments hitherto employed in Dublin, and the recent Improvements by Elastic Pressure. By J. Tufnell, M.R.I.A., Fellow of the Royal College of Surgeons, Ireland. Dublin: Fannin and Co. London: John Churchill. 1851. 8vo. pp. 154.

In our review of Mr. Skey's recent work on surgery we animadverted on his remarkable omission of all allusion to the cure of aneurism by compression, as practised in Dublin with so much success. We think, therefore, we cannot do better than to show the nature of the operation which has been thus ignored by one of our metropolitan surgeons, together with its attendant success or failure, as evidenced by the results of the cases published. We will pass over the early part of Mr. Tufnell's remarks, which consist of a description of the disease itself, and a dissertation upon the claims of the various surgeons to whom the invention has been assigned. Mr. Tufnell gives the chief merit to Dr. Bellingham, although he admits that Mr. Todd tried the plan twenty years before, but unsuccessfully. We cannot, therefore, see what merit the former gentleman can lay claim to, further than the comparative success of his operation; as until the addition of the elastic medium afforded by vulcanized Indian-rubber, the pain was so great as to render the operation almost useless. If, therefore, Mr. Todd is to be deprived of the honour of the discovery we should certainly assign it to Dr. Carte, who first suggested the introduction of the elastic bands of caoutchouc. The following are the conditions which are now considered in Dublin as necessary for the success of the operation. Mr. Tufnell says at page 45:—

"I *consider compression applicable* to every ordinary circumscribed Aneurism in an extremity, where there is sufficient room for the application of the compressing medium at two different points above the tumour, premising, of course, that pressure on the trunk of the vessel completely controuls pulsation in the sac, thus proving that no high bifurcation exists.

"*I do not advise* it in cases which are rapidly extending in size, or where they continue to do so after compression has been tried. These Aneurisms have no distinct sac; and to afford any chance of saving the limb, the blood through the main channel *must be cut off, and at once*, by securing the vessel.

"*I do not advise or sanction it* in cases where the disease has been allowed to run on unchecked, where the limb has become œdematous and swollen, and the surface of the Aneurism a dusky, yellowish red. In such a case the vein is most probably engaged, and, if it be a popliteal Aneurism, the knee-joint inflamed. Here, I believe, amputation is the only resource.

"Understand me, then: compression I advocate only in cases where the sac is entire, and where sufficient room exists for applying the pressure on two points of the artery above. At the same time, cases have so frequently occurred where the application of a single instrument has been sufficient for a speedy cure, *(such, for instance, as one that I saw under the care of Dr. Hutton, where popliteal Aneurism of a considerable size was in seven and a-half hours, by means of a*

single instrument, constructed on Dr. Carte's plan, rendered completely solid,) that, although, for prudence sake, *and as a general principle*, I advocate the employment of two points of pressure, yet, I by no means hesitate to employ a single instrument, and give the patient every chance, prepared at the same time to use the ligature if any necessity arise."

Our author next treats of the preparatory treatment which is necessary to bring the general circulation of the patient into such a state as shall reduce the necessary pressure to the lowest possible amount, consistently with such a state of health as shall enable the skin to bear the apparatus without the risk of gangrene supervening. All this is highly necessary in practice; but as the means will suggest themselves to every intelligent surgeon, we shall pass on to the selection of the instrument.

Mr. Tufnell gives an account of all the varieties of apparatus which have been employed, illustrated by engravings, which though not of a very high artistic value, are yet sufficiently good to shew the nature of the various machines. From these he makes choice of the apparatus invented by Dr. Carte, the chief merit of which consists, as we before observed, in the application of vulcanized Indian-rubber, instead of the fixed pressure of the screw; this pressure, however, is still *regulated* by a screw, somewhat after the fashion of the ordinary tourniquet. In the application of this machine there are, of course, many niceties involved: but here we will allow Mr. Tufnell to speak for himself. He says—

"If you act as I advise you, you will find, perhaps, that two or three hours elapse before the patient feels annoyance from the pad. Do not wait, however, for him to make complaint of pain, but, as soon as uneasiness is felt, let the thigh apparatus (which should have been already loosely applied) be brought into play. Experience will soon tell both the surgeon and patient, how far the compression need be carried in order to command the circulation before the pressure on the groin is relaxed. This done, and the pulsation in the tumour found arrested, reverse the screw little by little till a *feeble wave* in the Aneurism can be felt. Then take one whole turn forward, and the circulation will be fully controuled. Let the following then be your guiding rule: where no contraindication exists, *make your command over the circulation complete, but do so with the minimum amount of pressure by which this object can be gained.*"

With regard to the results of the operation, a table is given of thirty-nine cases treated in Dublin, from October, 1842, to March, 1851. In thirty of them the cure has been perfect and complete; in one compression was discontinued, the aneurism remaining stationary; in two the ligature was subsequently applied, with success; in three amputation was required, followed by recovery; in one death ensued from erysipelas; and two died from co-existing disease of the heart. Mr. Tufnell analyzes all the unsuccessful cases, and endeavours to shew that they ought not to be allowed to deter any one from the operation, since there were unfavourable circumstances attending them all. And this would be allowable if there were no opportunity of comparing the relative mortality of this operation with that occurring after tying the artery; but as we have ample opportunities of doing this, and as Mr. Tufnell himself has adduced the tables of Crisp, Phillip, and Norris, it is quite needless, and indeed unfair, to examine individual cases in the one list without doing the same in the other. But still the success is greater in the cases of compression than in either of the lists above alluded to, in which, on the average, nearly one in three were unsuccessful. The importance of this comparison can scarcely be over estimated. There is, no doubt, some mechanical skill necessary for the proper application of the instrument; but in so serious a matter nothing ought to prevent our adopting every means presented to us for diminishing the danger of so severe an operation as the deligation of the femoral artery. We trust that the plan will have a fair trial in this country; but if the London hospitals are to be closed against a method apparently so simple, we are sure that the surgeons of our provincial institutions will do their duty by fully investigating the claims of this bloodless process to supersede the necessity for the Hunterian operation.

Proceedings of Societies.

DORSETSHIRE BRANCH.

The second meeting of the Dorsetshire Branch of the Provincial Medical and Surgical Association was held at the Dorset County Hospital, Dorchester, on Tuesday, the 20th ult. There were present—Dr. Cowdell, T. Salter, Esq., G. Curme, Esq., R. Fooks, Esq., E. O. Spooner, Esq., H. A. Arden, Esq., J. Wallis, Esq., R. M. Rendall, Esq., J. F. Coles, Esq., J. Corey, Esq., J. Edwards, Esq., A. Emson, Esq., F. Goldsmith, Esq.

The chair was taken at one o'clock by Dr. Cowdell, the President, who, in a brief address, alluded to the present prospects of the profession in regard to the

long and much vexed question of Medical Reform, as affording a hope that the concessions of the College of Surgeons, and the highly improved curriculum of the Apothecaries' Company in the requirement of a high standard of preliminary education, would in a great measure satisfy the demands of Medical Reformers. Dr. Cowdell especially adverted to the importance of this last act of the Apothecaries' Company, at the same time expressing his belief that the profession is under deeper obligations to this than to any other licensing body. Dr. C. then glanced at the most important improvements in the practice of the profession during the past year, which has not been very prolific in this respect. The President urged upon the members of the Association the importance of continued individual and combined exertions in its behalf, exhorting them not to be discouraged by the great apathy evinced by too many medical men, and expressing a hope that better days and a better spirit would ere long appear. Dr. Cowdell alluded, *en passant*, to the unpleasant difference which had, soon after the last annual meeting, taken place between several members of the Association and the Dorchester Board of Guardians; and, in consequence of the painful division to which that occurrence had given rise among his medical neighbours, he suggested that the Association should on similar occasions assume the duties of an Ethical Society, and that the Council should appoint a committee of its members to act as referees.

An interesting paper "On the Acetate of Lead," by W. Sweeting, Esq., of Abbotsbury, was then read. (This paper is published at page 320.)

A short but animated discussion on Mr. Sweeting's paper took place, the opinions, strongly supported as they were by facts, being opposed to the general belief of the profession.

Mr. Salter next read a paper "On Intussusception," illustrated by cases, (one of them of unusual interest,) as also by pathological preparations.

The President next drew the attention of the members to a "Case of Uterine Irritation," in which, after a long unsuccessful treatment, a rapid and perfect recovery took place under the use of the cannabis indica.

A vote of thanks was then passed to each of the authors of the papers, and after inspecting the wards of the hospital, and paying a visit to the County Museum, the members retired to the Antelope Hotel, where a dinner was provided.

After the usual loyal toasts the report of the District Secretary, Mr. Spooner, was read. The points of local interest upon which this report commented were the Dorset Friendly Society and the Dorchester Board of Guardians. The present hopeful state of the Medical Reform question then passed in review. In some future number we hope to present an abstract of this report, which called forth expressions of cordial unanimity and satisfaction from all the gentlemen present.

In consequence of the time of the meeting precluding the reading at length of two papers by Mr. Spooner, one in continuation of the vaccination and post-vaccine inoculation paper, which we published in our number for July 10th, 1850, the other "On the Pathology of Ague," an extemporaneous summary of their contents was sketched by the author, which gave rise to an agreeable discussion, in which several members present joined, till the hour of departure arrived. The re-appointment of the council and officers of the branch concluded the business matters of the Association, and a hope was generally expressed that the Council would call another meeting previous to the anniversary in May next. It was considered that if possible, an autumnal meeting would be desirable, but it was left to the discretion of the council to decide as to the propriety of such meeting, which would depend much on the urgency of topics of local or general interest at that season of the year.

EPIDEMIOLOGICAL SOCIETY.

The following circular of the Epidemiological Society is reprinted in consequence of an omission of a portion of the questions in our last number:—

SMALL POX AND VACCINATION.

Dear Sir,—A Committee of this Society is now engaged in investigating the important facts connected with Small Pox and Vaccination, and they are desirous of obtaining information from every authentic source. It will be in your power to render them most valuable assistance if you will kindly furnish them with answers to any or all of the following questions; and I beg to assure you that the information you thus afford will not only be most thankully received, but will be carefully acknowledged in the Report which it is the intention of the Society to publish. I hope that it will be convenient to you to return this paper before the first of July next.

I am, dear Sir,
Your obedient Servant,
B. G. Babington, President.

1. Have you any record of the cases of Small Pox, which have fallen under your observation whether,
   a, Natural.
   b, After a previous attack of Small Pox, or
   c, After Vaccination,
   and if so would you state the number of each kind and any particulars you may be acquainted with, especially with regard to the ages of the patients and the character of the attack in each class of cases.
2. What has been the mortality in each class that you have specified, and in how many cases, *especially in those after Vaccination*, could the death be fairly ascribed to Small Pox, or to previous, coincident, or superadded disease?
3. In each case of Small Pox after Vaccination, how long a period had elapsed since the performance of the Vaccination?
4. In cases of Small Pox, presumed to be after Vaccination, what was the evidence of the Vaccination having been effective?
5. Have you any facts to show that the protective or modifying power of Vaccination bears any relation to the *number* of genuine cicatrices left by the operation?

6. Have you *seen* the Vaccine Disease, and subsequently Small Pox, occur in the same individual, and if so, in how many cases?
7. Have you ever had an opportunity of watching an Epidemic of Small Pox from its outbreak to its termination, and would you favour the Society with the result of your observations? The Committee are desirous of being informed whether the disease first appeared among the resident inhabitants of the district, or whether it was imported, or produced *by Inoculation?*
8. Have you any evidence of the spread of Small Pox from the improper exposure of persons labouring under the disease?
9. In what manner are you in the habit of performing the operation of Vaccination? How many punctures or incisions do you make? In a person whom you have Vaccinated, what are the tests which satisfy you that the Vaccination has been effective?
10. Are you in the habit of omitting to Vaccinate in the winter, and, if so, for what reasons?
11. Are you able to maintain a supply of lymph? If not, how are you supplied? Have you (at any time) experienced difficulty in obtaining lymph when required?
12. Have you ever seen any anomalous effects follow Vaccination, or anything to support the notion that other diseases may be introduced into the system through Vaccine lymph?
13. Have you ever vaccinated directly from the Cow, or known any one so vaccinated, and with what results?
14. In how many cases have you re-vaccinated? what were the results of the operation? what evidence had you in each case of the former Vaccination having been effective? Have you any facts in proof of re-Vaccination affording additional protection from Small Pox?
15. By any inquiries you have had occasion to make on the outbreak of Small Pox have you ever been able to ascertain, or could you now ascertain, the number of unvaccinated persons in your town, parish, or district?
16. Have you known instances in which Vaccination of all the inhabitants of a village or district has prevented the epidemic visitation of Small Pox, although it prevailed in adjoining places? and if so, will you state the exact particulars?
17. What have you found to be the principal obstacles to Vaccination being universally practised, and can you suggest any plan for insuring the Vaccination of every person throughout the kingdom?
18. —Have you *yourself* been Vaccinated, and at what age? Are there any cicatrices visible; and if so, what is their number and character? Have you been re-Vaccinated, and with what effect? Have you been frequently exposed to Small Pox? Have you taken Small Pox—and if so, what period had elapsed since the Vaccination and since the re-Vaccination?

THE STOCKPORT MEDICAL SOCIETY.

TESTIMONIAL TO DR. TURNER.

This Society, though it has, we believe, been established two years, and includes in its list of members most of the leading practitioners resident in Stockport and the immediate neighbourhood, has conducted its operations so unostentatiously, that we had scarcely heard of it, and should not probably even now, had not its second anniversary meeting been thought a favourable opportunity of presenting Dr. Turner, under whose auspices the Society was founded, with some mark of their esteem for his long and unwearied exertions in the cause of suffering humanity, and for his unvarying kindness and urbanity in his intercourse with his professional brethren, which rendered a more public notice necessary.

This idea was no sooner hinted at, than cordially embraced by the members of the Society, and other medical friends of the Doctor, resident in or connected with Stockport; and at a meeting called to consider the best mode of testifying their regard for their distinguished associate and friend, it was agreed upon to present him with a handsome silver inkstand, with a suitable inscription engraved thereon, and an address on vellum, more fully expressing their feelings, to be signed by each contributor to the plate; and that it should be presented at the anniversary dinner of the Society, on the 24th of April. A sub-committee was appointed to carry out these intentions, and we understand the result of their labours was highly gratifying to all the subscribers, (twenty in number.)

Accordingly, on Thursday the 24th of April, the subscribers to the testimonial, with the exception of three or four who were prevented by professional engagements, sat down to an excellent dinner at the Wellington Bridge Hotel, the chair being occupied by Mr. Medd, President, and the vice-chair by Dr. Rayner, senior Vice-President of the Society.

The company consisted of Dr. Turner, who sat on the right of the Chairman; Mr. Downs, Mr. Brooke, Mr. Bellott, Mr. John Rayner, Mr. Blackshaw, Mr. Massey, Mr. Bowring (Manchester), Mr. Thomas Cheetham, Mr. John Howe (Marple), Mr. Wm. Lowe, Mr. Walters, Mr. J. Brooke, and Mr. James Rigby, House-Surgeon to the Infirmary and Hon. Secretary to the Society.

The usual loyal toasts having been proposed and responded to with becoming enthusiasm, the Chairman next introduced the toast of the evening, with some very appropriate remarks, and concluded by observing that the eulogium he had ventured to pass upon his friend, Dr. Turner, in his presence, was already more than verbally assented to by those before whom he had the honour to speak, by their having delegated to him the very pleasing duty of offering to the Doctor this proof (here presenting the inkstand) of their high opinion of his worth, backed by the address, to which they all had subscribed their names—an expression of regard, not given merely to his official distinctions, but to his character as a Christian, a physician, and a gentleman.

The Chairman here read the inscription, which was

very neatly engraved on the inkstand, and ran as follows :—

"Presented to George Turner, M.D., Mayor of the Borough of Stockport, Senior-Physician to the Infirmary, First President of the Medical Society, &c., by his professional friends, as a slight Memorial of their high respect and esteem. April 24th, 1851."

The Chairman then read the following address (on vellum) :—

"To George Turner, M.D., Mayor of the Borough of Stockport, Senior-Physician of the Infirmary, First President of the Medical Society, &c.

"Sir,—We avail ourselves of the opportunity afforded by the anniversary of the Medical Society, to request your acceptance of the accompanying inkstand, as a token of our regard. As such we feel assured that, although its intrinsic value is small, it will not be the less appreciated by you when you perceive, from the following signatures, that it is not the gift of two or three individuals, but of a considerable number of those who have had the pleasure for years of admiring your professional attainments, kindness, and urbanity, enjoying your private friendship, and esteeming your moral worth and Christian character. That you may long be spared in health and strength to continue your valuable labours in aid of suffering humanity, and to assist, as you have ever done, in promoting that amity and good feeling which ought always to characterise the members of a liberal profession, is the earnest wish of

"Your medical friends,

"John Medd; W. Henry Bellot; John Rayner; Chas. A. Walters; Thomas Cheetham; James Ashton, M.D.; Thomas Cooper Leah; John Brooke; John T. Pearson; George Bowring; William Rayner, M.D.; George Downs; Thos. Massey; Wm. Lowe; George Young Graham; Isaac Brooke; Joseph Blackshaw; John Howe; A. Thom Thomson; James Rigby."

Dr. Turner, on receiving these assurances of friendship and esteem from so many of his professional brethren, and so unexpectedly, appeared very much affected, and on rising to reply, said he never knew a secret so well kept in his life, for until that moment he had not the least idea of the honour intended him. After thanking them for this very unexpected mark of their kindness and good will, which he did in very eloquent and feeling terms, he descanted upon the great and numberless advantages arising from societies of this description, both to the members composing them, and to the public; and concluding by proposing, in very flattering terms, the health of the President. Some other routine toasts were given, and the party, which was of a most harmonious and pleasurable character, separated about half-past ten o'clock, highly gratified with the evening's proceedings.

Our readers will not, we think, be uninterested in this Society, especially such as are resident within its influence, when they learn that its objects are to encourage a friendly intercourse among its members, and to promote the increase of medical science generally, by conversation and discussion on short dissertations on select subjects in medicine and surgery, the exhibition of pathological specimens and prepartions, new books, instruments, &c., &c., by which means such a degree of knowledge and interest in the profession is kept up in the members, as cannot fail to lead to very beneficial practical results.

Foreign Department.

PROCEEDINGS OF THE FRENCH ACADEMIES.

ACADEMIE DE MEDECINE.

M. Bouillaud reported on a memoir by M. Homolle and Quevenne, "On *Digitaline*: the active principle of the Digitalis Purpurea." Speaking of his own experience of its effects, M. Bouillaud stated that he had tried it in nervous affections of the heart, as well as in organic diseases of this organ and the aorta, and also in intermittent fever. In 150 or 200 cases the medicine, in all but three, produced a notable diminution in the frequency of the pulse. In the discussion which followed, MM. Rochoux and Delafond called attention to two points, viz., the fact that in febrile affections digitalis increases rather than lowers the pulse; and to its action on the kidneys and the respiration.

An elaborate essay on "*Arterial Varix of the Scalp*" has been presented by M. Robert. The occasional causes of these affections are few, two only being at present known, namely, contused wounds and congenital sanguineous tumours; the latter towards puberty often increase rapidly, and the singular affection known as cirsoid aneurism develops itself. Its progress is at first slow, but sometimes it proceeds with wonderful rapidity. The diseased part becomes larger, and the skin assumes a peculiar brownish or purple discoloration; or, in some cases, the skin is not altered, except in getting gradually thinner, so as to allow the enlarged vessels to be visible. In this case the tumour presents numerous irregularities, resembling varicose veins. On placing the hand on the tumour an expansive movement isochronous with the pulse is perceived, together with a strong vibratory thrill. Both the thrill and the pulsation are diminished by pressure on the carotid. Around the tumour the blood-vessels are large and tortuous.

Left to itself cirsoid aneurism has always a tendency to increase, and eventually gives rise to alarming hæmorrhages, by rupture or ulceration. The diagnosis is easy when it follows upon an erectile tumour, but when it arises either spontaneously or consequently to a blow, it may, according to M. Robert, be confounded with aneurismal varix. The treatment is not encouraging; hitherto the author has never known a permanent cure effected. Ligature of the carotid may retard its progress, but the collateral circulation soon restores the disease to its prior condition. As a last resource he counsels ligature of both carotids.

In discussing the contents of the essay, M. Cloquet denied the universally fatal progress of the disease, and mentioned the case of a Spanish nobleman in whom it

was cured spontaneously. M. Velpeau held the same opinion as to its occasional fortunate termination.

M. Lisle read a memoir "*On the Influence of the Seminal Losses on the Production of Mania.*" The deductions which he draws from his own observations are to the effect that insanity from this cause has peculiar features which are readily recognised, and that though it resist all ordinary treatment, speedily subsides after the spermatorrhœa has been arrested.

Treatment of Lupus by the Topical Application of the Bi-ioduret of Mercury.

M. Cazenave, (*Annales des Maladies de la Peau*) after trying a variety of local applications in lupus, has come to the conclusion that none is more efficacious than the bi-ioduret of mercury. After a certain number of applications of this drug, with the transient local inflammations which it excites, he has seen the hypertrophied tissues, as it were, dissolved, the tubercles disappear, and soft cicatrices form. He has, in fact, seen the most repulsive cases heal, with no more disfigurement than arises from a patchy discolouration of the integuments.

The application is not in general painful at first, but it is soon followed by severe suffering, which lasts from six to twelve hours. The pain is accompanied by erysipelatous redness of the parts adjacent; but the redness and swelling subside in three or four days. The iodide of mercury then forms a crust with the exudation which it occasions, and on falling off displays a smooth cicatrix. The same effects follow the application to lupoid ulcerations.

The bi-ioduret of mercury may be dissolved in ether, incorporated in an ointment, or suspended in oil. M. Cazenave prefers the latter. As the application is painful and requires to be repeated for five or six days, he recommends that only a small space should be touched at once.

Ovariotomy, by Small Incision and Puncture of the Cyst.

A successful case of this operation is recorded by M. Knorre in the *Gazette Médicale de Strasbourg*. There was nothing peculiar in the case or in the operative proceedings, and the patient recovered without a bad symptom. The cyst was unilocular, and had contracted slight adhesions.

Volvulus Cured by Gastrotomy.

Volvulus, whether arising from internal strangulation or invagination, is commonly considered beyond the reach of art. Such at least was the opinion until the operation of gastrotomy was performed. In the following case, by M. Reali, (*Revue Medico-Chirurgicale* Janvier, 1851,) it was successful, although the recovery of the patient was impeded by wounding the intestine and the necessity for sutures, which probably induced the excessive suppuration spoken of.

The patient was a peasant, aged 30, a robust man, but the subject of hernia. After severe exertion he was suddenly seized with pain across the lower belly, soon followed by vomiting and obstinate constipation. All the symptoms of ileus speedily supervened; and the operation of gastrotomy was resorted to as the only chance of relief.

Having inhaled ether, which did not, however, altogether succeed, an incision was made in the median line, from the umbilicus to the pubes. The hand was introduced into the abdomen in the direction of a tumour which had previously been perceptible in the right iliac fossa. This tumour was then found to consist of a portion of the ileum, so twisted upon itself as to enclose and strangulate a portion of bowel. As the knot could not be unravelled, the operator made three incisions into the distended gut, which enabled him to overcome the difficulty. When the gut was unravelled, the three incisions were found to be united in one longitudinal cut, which required the interrupted suture. The edges of the external wound being brought together, cold compresses were applied, and nothing but cold water was allowed to be taken internally.

The vomiting and hiccup ceased soon after the operation, and on the second day the bowels were freely relieved. Subsequently the wound was attacked with erysipelas, and a copious suppuration, with sloughing, occurred. On the twentieth day the suppuration ceased, and the wound speedily cicatrized.

General Retrospect.

ANATOMY AND PHYSIOLOGY.

On some Peculiarities of the Sphenoid Bone.
By Dr. Neill.

Dr. Neill called attention to certain peculiarities of the sphenoid bone not described by anatomical writers. In the description of the bone given in the books, we are told that the pterygoid processes project downwards perpendicularly, which may be the case in a large proportion of the skulls of the European races. If, however, he informs us, we examine a variety of specimens, we shall find that the perpendicular direction of the pterygoid processes does not invariably prevail. Thus, in the African, they are very oblique, running nearly parallel with the oblique line of the face. In the Mexican skull they are very nearly vertical. There will very generally be found a parallelism between the direction of these processes and the line of the face. In the fœtus they have the peculiar obliquity of the face; and in all races, the nearer the characteristics of the adult head approach those of the fœtal, will the direction of the pterygoid processes be found more oblique. Dr. Neill was not aware that the fact just stated had any important practical bearing; the direction of the pterygoid processes will, however, have some influence upon the direction of the posterior nares, of

which it is important that the surgeon should be aware. The more oblique the processes, the more oblique will be the posterior nares, which follow, of course, the direction of the former.—*American Journal Medical Science*, January, 1851.

PRACTICAL MEDICINE AND PATHOLOGY.

Citric Acid in Rheumatism.—By Dr. Owen Rees.

When some time back Dr. Rees introduced lemon juice as a remedy for acute rheumatism, the salt of potash was considered the active agent, and it was thought that the same effects would not follow the exhibition of pure citric acid. Dr. Rees has, however, on trial found that such is not the case, but that, contrary to expectation, the disease is amenable to the acid treatment, though the convalescence is less speedy than with lemon juice. He thinks either far preferable to colchicum.—*Lancet*, May 24.

On the Venous Murmur.—By Dr. Ogier Ward.

Venous murmurs are stated by the author to be of two kinds, the continuous and the remittent. The former is heard in solitary veins, as the external jugular; the latter in the venæ comitantes of an artery. The general opinion is, that these murmurs are confined to persons of feeble constitutions, or who have been weakened by losses of blood. Hence it is met with universally in anæmia and chlorosis. Dr. Ogier Ward, however, having remarked the frequency of the venous murmur in children, whether anæmic or florid, was induced to make a number of observations upon them, and the result that he has obtained is, that *all children, male or female, under the age of seven years, exhibit the venous murmur.* Above the age of seven or eight years it begins to cease in boys, but in girls it generally continues till after puberty and the establishment of menstruation, whether the person be pale or florid. The author has not been able yet to establish the average period of its cessation, either in boys or girls; but from the frequency of its occurrence in adult young women, he believes that a very slight derangement of the general health is sufficient to produce it in them. The greater proportion of water in the blood, both of children and females, he considers a satisfactory explanation of these facts. There is, however, so great a discrepancy in the analyses of the blood taken from such patients, that no exact limits can be assigned to the variations, consistent with the health of the individual, as determined by the presence or absence of the venous murmur.

From these statements, Dr. Ogier Ward considers it evident that, with the exception of children, the existence of venous murmurs offers a pretty sure guide to the diagnosis and treatment of various diseases attended with a change in the condition of the blood. In the adult the author has never met with a case in which tonic remedies were not useful, especially iron, unless the patient laboured under some form of disease that counteracted its influence. The selection of the preparation of iron best adapted to the case must be guided by observation of the attendant symptoms.—*Medical Society of London, April* 26.

Symptomatic value of the Metallic Click.

Dr. Ormerod gives the following account of this sign:—

Occasionally there may be heard over the region of the heart a very peculiar sound, to which the name of metallic cliquetis, or tinnitus, or costal percussion, has been applied. In the interpretation expressed by the use of the last appellation, both Hope and Bouillaud agree; and Hope gives some details explanatory of the mode in which the sound appears to him to be produced. Laennec explains the occurrence of this sound in the same way by costal percussion:—"When the heart, beating in a sharp and rapid manner, though without any really forcible impulse, the apex only comes to strike the walls of the chest." Now, obviously, this explanation is somewhat shaken by the fact that this peculiar sound—which there can be no question about, for any one may produce it quite pure for himself in the way specified by each of these observers—is not always audible at the apex in cases where it may be heard at the base of the heart. Dr. Hope correctly remarks that thin nervous persons are the most common subjects of it, but they are not exclusively so; and this fact again impairs the general applicability of the details of his explanation. The sound may be, and the author believes is, trivial, and almost wholly unimportant; but, for all that, we need not accept a wrong or an unduly limited explanation.

Dr. Ormerod has met with it under four different conditions:—First, in nervous anæmic subjects, when the action of the heart was sharp; secondly, with more violent action of the heart, under circumstances which have led him erroneously to conclude, from the third condition with which he has less frequently found it connected, that it was indicative of the commencement of pericarditis. The fourth condition with which it has been found connected, is a rough, almost scaly, state of the pericardium about the base of the heart; and perhaps a fifth might be subjoined, but for the fact that it is not always constant under these circumstances:—namely, adhesion of the pericardium, with which we may class the occurrence of this sound over an aneurism. Dr. Latham assures the author, that he frequently meets with it in children, in whom he has noticed that it may be entirely suspended by a little pressure on the walls of the chest.

He asks:—What should be the conclusion from these facts? His reply is, that the explanation by costal percussion is insufficient, as it does not take in all the cases. The explanation by affection of the pericardium again is insufficient, though certain as far as it goes; yet there is positive proof in the continuance of the sound after adhesion has taken place, that the explanation does not go all the way. He concludes that there is no explanation that will include all cases.—*Medical Gazette*, March, 1851.

Physiognomy of Cardiac Disease.

In a further part of his lectures Dr. Ormerod observes, that in many diseases all distinctions of age are merged as regards the physiognomy; but it is not so with disease of the heart. This has its peculiar impress, both in childhood and mature age.

In children suffering from valvular disease of the heart, the face and conjunctiva are pale and bloodless. Only, through the unusually transparent skin, small vessels may be seen ramifying over the malar eminences and the alæ of the nose, and the face becomes dusky on any exertion or emotion. The features are full, not pinched, as in most of the chronic diseases of childhood. There is no expression of anxiety. With the eyelids partially closed, and the eyes turned down, they sit motionless, save for the constant heaving of their chests, and even of their whole bodies, with the beating of their hearts. Sad experience has taught them which posture is the freest from suffering; and this they steadily maintain, either upright, with the head leaning a little forwards on the chest, or, as the disease advances, reclining back so as to extend the trachea to the utmost: doubtless, on account of the relief which they thus afford to some labouring organ. They are sensible and intelligent often to a remarkable degree, like other children who have suffered much from sickness—and seem to take pleasure in being ausculted and made objects of attention. But as soon as they are left to themselves their eyes fix again upon some object, and they lie looking at it without apparently noticing it, like figures in wax.

The expression is quite different in persons of more advanced age; it is no longer one of placid quiet, but of anxiety and pain. There are still the same constrained unnatural postures, and the same fixed yet vacant gaze; but the face is drawn and livid, the lips are blue and pinched, the cheeks are of a dusky purple, and wherever the skin is put upon the stretch by subjacent parts, vessels may be seen ramifying just beneath the surface. Commonly the skin hangs in a fold from the lower eyelid, so as to expose the dull dingy conjunctiva covering the sclerotic; bloodless indeed, but wanting that pearly white which we see in anæmia. Much as bronchitis has to do with the sufferings of these patients, and with these particular appearances, yet attentive observation will recognise here quite a different expression to what we see in connection with that disease. There is neither the intense restless agony of the present attack nor the passive endurance when the acute stage of bronchitis is past. But to an expression which might suit with the most urgent distress and despair, there is joined a quietude of demeanour which might betoken perfect resignation. In all the patient's distress and uneasy movements, the great object of his efforts is to maintain the most complete rest; as if it were a question whether to bear the present posture, or the wearying search after one more tolerable to his feelings, were the greatest misery. "He cannot be at rest, for rest brings him no relief; he seeks but in one to be freed from the feeling of another pain."

SURGERY.

Tincture of Cantharides in Obstinate Ulcers.—By John Tait, Esq.

Mr. Tait speaks of a poor man who placed himself under his care for obstinate ulceration of the right leg of eight months' duration. On examination the integument from the knee to the ankle was a continuous mass of ill-conditioned ulceration, from which an offensive watery discharge issued. The ulcers were deep and scooped out, and had an irritable aspect. He first took Grey powder, quinine, and opium, which were continued till the gums were affected. Upon this the tumefaction of the limb subsided to a considerable extent, and more so after the subsequent exhibition of iodide of potassium, combined with a stimulating local application. Still the ulcers did not show any disposition to granulate, and the patient was therefore ordered to take ten minims of tincture of cantharides with each dose of the iodide of potassium. Three days afterwards the ulcers began to contract, and healthy granulations sprung up. The tincture was continued, with the balsam of peru in ointment, and in a fortnight cicatrization was complete.—*Lancet*, May 10, 1851.

On Strumous Urethritis.—By Dr. S. Wilmot.

The symptoms of this affection, as given by the author, are constant discharges of thin whey-like fluid, and scalding on micturition. These symptoms are increased by drinking spirits, sexual intercourse, or exposure to wet, cold, and fatigue. In some cases acute inflammatory symptoms ensue without obvious cause. If the patient be questioned, he generally states that he never had gonorrhœa, or so long ago as to preclude the idea that the symptoms are connected with it. On examination of the urethra, the first thing which attracts notice is a pouting of the lips of the orifice, which is not circular, as in gonorrhœa, but appears as if flattened laterally. The mucous membrane, as far as it can be seen, is highly vascular and panular, resembling what is known as a granular condition of the conjunctiva. The same condition probably extends throughout the urethra.

Dr. Wilmot regards this affection as essentially strumous, and believes that it is frequently the result of gonorrhœal gleet. If allowed to proceed unchecked, the bladder often becomes engaged, its irritability is increased, and it secretes pus.

The urine in general is neutral, its colour is of a slight milky hue, and a slight albuminous deposit will often occur. The albumen may arise simply from the admixture of pus with the urine, or it may be the consequence of renal disease. To determine which of these is the true origin, Dr. Wilmot passes a catheter into the bladder, and examines the urine drawn off. This proceeding excludes the mixture of pus from the urethra.

The treatment recommended is the occasional introduction of a bougie smeared with some astringent ointment. He also employs stimulant and astringent injections. The constitutional treatment must be anti-

strumous, as iodide of iron combined with extractum conii, nitro-muriatic acid in sarsaparilla, and sea bathing. Balsams and turpentine aggravate the complaint.—*Dublin Quarterly Journal*, February, 1851.

MEDICAL JURISPRUDENCE.

Death by Lightning; Rigor Mortis.—By Dr. F. J. Brown.

The chief interest in this case consists in the presence of *rigor mortis*—a phenomena which is generally supposed never to be observed in the bodies of those who are killed by lightning. The person killed was a sailor, and the accident occurred on board a barge which he was navigating in the Medway. On examination the lower portion of the left ear, and the entire left side of the neck, were of a purple colour. Over the epigastrium was a blistered patch. Red stripes covered the fore-part of the abdomen. *The body was rigid.*—*Medical Gazette*, May 16, 1851.

Correspondence.

SEXAGENARIAN THOUGHTS ON THE PRESENT STATE OF THE MEDICAL PROFESSION.

To the Editor of the Provincial Medical and Surgical Journal.

Sir,—Your correspondent "S.," in the *Journal* received this day, has most grievously mistaken his man if he fancies the sexagenarian to be one dreaming in his easy chair, and indulging your readers with *his speculations*. His observations have been drawn from facts: in the person of his son, he has lived among *the young men of the present day;* he is intimately acquainted with some of the most celebrated grinders of the day, and he has a large circle of acquaintance among those who are occupied in teaching. In fact, he has had the best opportunities of judging from facts; and he reiterates the assertion, that the examination *at the Hall* is the great bugbear to the student, compared with which that of the College is considered as slight and trivial—requiring far less accurate preparation. With regard to the former being *superficial*, while that of the latter is *deep, facts prove the contrary;* and the result upon which your correspondent S., relies, as supporting his view of the case—viz., the great number of *rejections*, in fact only proves the soundness of my assertion: the one is prepared for with care and diligence, the other is thought comparatively unimportant, and therefore is attempted carelessly and often unsuccessfully; the result proving, not the stringency of the examination, but the thoughtlessness of the student. The habit of "grinding" is a *very bad one*, but with a good memory, is equally applicable to *anatomy* as to other branches of our science; and here again I speak from facts in my own knowledge.

Celebrated men often make incautious or absurd assertions: such appears to be that of your correspondent's friend, that "a Frenchman would write a work in three folio volumes on a *flea's leg*." I once heard a most celebrated—*the most celebrated* surgeon of his day—and an intimate friend of mine, *boast* that "*he never read a book.*" *But is, therefore, reading to be despised?* I cast my eye from my table along the shelves of a large professional library, and when I see there the books of Petit, of Boyer, of Delpech, of Dupuytren, of Velpeau, of Vidal, and others, in surgery; of Baudelocque, Gardien, Capuron, Boivin, Lachapelle, Maygrier, and others in midwifery; of Bichat, Magendie, Geoffroy St. Hilaire, Cabamis, Virey, and others, in physiology; of Chomel, Broussais, Boisseau, Alibert, and others, on fever; of Prost, Louis, Rayer, Andral, Recamier, and others, on pathology; of Orfila, Foderé, Capuron, Chussier, Boer, and others, on medical jurisprudence—I become weary of selection—and I ask, is it possible for any one *who knows* the treasures of French and German medical literature to style it under the depreciatory epithet of so much "*verbiage?*" *and I reply, it is impossible*, proved also by the fact, that your correspondent evidently is not acquainted with these treasures. *He is* a young man, and your sexagenarian correspondent, who is himself a literary man, earnestly recommends him to obtain such an intimate acquaintance with French, as shall enable him to judge fairly *of the riches of its medical literature.*

I remain, Sir,
Yours faithfully,
May 29, 1851. Θεραπευτικος.

PROVINCIAL MEDICAL COLLEGIATE INSTITUTION.

To the Editor of the Provincial Medical and Surgical Journal.

Sir,—I am obliged by your notice of my proposed scheme of preliminary instruction for youths intended for the medical profession. I have been applied to by several for the terms upon which such a course could be afforded. My long experience in providing for large numbers has made me pretty well acquainted with the economy of the school room and the household, and the cost at which each can be suitably maintained.

A gentlemanly education, if necessary to any, is certainly most necessary to members of the medical profession. But a gentlemanly education can only be secured by surrounding pupils with those habits and associations that produce gentlemanly feelings and a gentlemanly bearing. The pupils must be taught by gentlemen, and must be treated as gentlemen. This cannot be done without considerable expense. Masters, servants, and domestic arrangements, to conduce to such an end, are costly. A liberal and a gentlemanly education cannot be secured at a very low rate. Either inferior arrangements in all those departments must be adopted, or the establishment must be aided by endow-

ments, (public or private,) if only a small charge be made for each pupil. Should I be admitted to an audience of the Association at their next annual meeting, I think I shall be able to show them at how small a cost such an institution can be efficiently maintained, to afford a liberal education and liberal treatment, in addition to a sound, moral, and religious training.

If the Association were to raise money sufficient to build, and completely furnish, a school for a hundred resident pupils and masters, I do not think even then they could fix a less *inclusive* sum than £45 as the annual payment.

It will give me pleasure to afford the Association assistance in any way they may be pleased to accept. If under their patronage and control, *but at my risk*, I will consent that the terms at Tarvin Hall shall not exceed fifty guineas per annum, *all charges included.* If they think well to make the concern their own, I will use my utmost exertions to raise funds for that object, and will gladly conduct it for them as their salaried officer.

With a well-established and flourishing institution at present in my hands, I can have no other object in view in making these offers than the filling up of an educational gap that has long been observed, and by the profession at large admitted, to exist. Already much time has been lost, and many unavailing efforts have been attempted, I shall, therefore, at once make arrangements to receive some twenty or thirty additional pupils after the Midsummer vacation, to form the nucleus of a medical class, and have already secured the assistance of one professional gentleman for that purpose. My terms I forward herewith for insertion in your advertising columns, subject to the reductions under the conditions suggested above.

I am, Sir,
Your obliged and faithful servant,
JOHN BRINDLEY.

Medical Intelligence.

DINNER TO SIR C. M. CLARKE.

On Tuesday, May 27, about 160 medical men attended the dinner at Willis's Rooms, given by them to Sir Charles M. Clarke, in testimony of their respect and regard. The day was selected as being the anniversary of his birth. Sir Henry Bishop conducted the musical arrangements, and presided at the pianoforte, and some eminent male and female vocalists contributed signally to the amusements. Amongst other songs, was an appropriate one written expressly for the occasion, by Dr. Badeley. Sir B. Brodie was in the chair, and the party did not separate until a late hour.

FOREIGN CLIMATES.

Amongst the erroneons opinions still prevalent in this country respecting the so-called salubrity of foreign regions over that of England, the ideal superiority of the south of France occupies a prominent position in the minds of some individuals. This tendency to migrate southward is shown by the number of invalids who there pass the winter in expectation of finding an Elysium, redolent of comfort, health, and happiness. How far such notions ultimately become realized, may be illustrated, in addition to other evidence, by the subjoined observations recently written to a friend in London, by a lady resident at Pau the whole of last season, to which place she had come for the *benefit* of her health.

Extract of a letter from Pau.—"The air here is so relaxing and enervating, that one feels constant heaviness and depression of spirits, together with headaches and languor. One is not fit for much mental exertion; and a clergyman told me he could only write one sermon per week, whereas in Switzerland he could compose two with great ease. Oh, what I would give for a 'blowy day!' Another most uncomfortable circumstance is the difficulty we have in getting any medical prescription made up, and we are obliged to send to England to have ours properly mixed and accurately composed."

The above report is by no means encouraging, nevertheless, many persons, like a flock of sheep jumping over a fence into a quagmire, often follow each other without inquiring why or wherefore, but merely from the blind confidence they have in their leader. Alas, will ignorance never be dispelled?—(From a Correspondent.)—*Lancet.*

NICOTINE.

An extraordinary trial is now going on in Belgium; the accused, the Viscount and Viscountess Bocarme, being charged with the murder of the Viscountess' brother by nicotine. The Viscount, who is in embarrassed circumstances, had for some time past addicted himself to the study of vegetable chemistry, and, as he himself acknowledged, had obtained several phials full of nicotine. The contents of one of these, the Viscountess asserts, he forced into his brother-in-law's mouth, and thus produced instant death.

NAVAL APPOINTMENTS.

Surgeon John Gibson (1835) to be Surgeon Superindent of the *Minden* convict-ship. Surgeon John Smith, (*c.* 1830,) from the *Impregnable* flag-ship at Devonport, to the *Blenheim* convict-ship.

ROYAL COLLEGE OF SURGEONS.

The following gentlemen were admitted members on Friday, the 23rd ult. :—James Joseph Roosmale Cocq, Ceylon; James Couch, Swansea, South Wales; Chas. Dudley Kingsford, Wellington Street, Southwark; Thomas Odell, London; Wm. James Shone, Bangor, North Wales; Wm. Harris Stretton, Leicester; Geo. Edward Webster, Cambridge.

SOCIETY OF APOTHECARIES.

Gentlemen admitted members on Thursday, the 22nd ult. :—Alfred Carpenter, Rothwell, Northamptonshire; Henry Joseph Herschell Griesbach, Millington, Yorkshire; Francis Martin, Brighton; Henry Thompson, Croydon; Edward Wilmhurst Tait, Heytesbury, Wilts.

The following gentlemen were also admitted members on Thursday, the 29th ult. :—Francis Ayrton, Liverpool; Edward Somerset Cleveland, Madras; George Henry Edwards, Royal Navy; Thos. Lowney Ridley, Newcastle-on-Tyne; Charles Rothwell, Bolton-le-Moors; George Edmund Smale, Plymouth.

THE COLLEGE COUNCIL.

As the time approaches when the Fellows of the Royal College of Surgeons may expect to be called together, to elect from among themselves gentlemen to occupy the vacant seats in the council-chamber occasioned by the resignations of John Painter Vincent and Edward Cutler, Esqrs., we consider it may be acceptable to a large number of our readers to publish, from the chronological list of Fellows, the first dozen names of gentlemen enjoying that distinction, who are elegible for election into the Council :—The first on the list is Gulliver, George, Esq., F.R.S., Brompton, Surgeon to the Royal Horse Guards, Blue; Tuson, Edward Wm., Esq., F.R.S., Harley Street, Cavendish Square; Owen, Richard, Esq., F.R.S., Royal College of Surgeons; Coulson, William, Esq., Frederick Place, Old Jewry, Senior Surgeon to St. Mary's and Magdalene Hospitals, and Consulting Surgeon to the German and City of London Lying-in Hospitals; Dalrymple, John, Esq., F.R.S., Grosvenor Street, Consulting Surgeon to the Royal Ophthalmic Hospital and to the North London Infirmary; Partridge, Richard, Esq., F.R.S., New Street, Spring Gardens, Surgeon to King's College Hospital and Professor of Anatomy; Hilton, John, Esq., F.R.S., New Broad Street, Surgeon to Guy's Hospital, and Lecturer on Anatomy; Quain, Richard, Esq., F.R.S., Cavendish Square, Surgeon, University College Hospital, and Professor of Clinical Surgery in the University; Cock, Edward, Esq., Surgeon to Guy's Hospital, and Consulting Surgeon to the Asylum for the Deaf and Dumb; Solly, Samuel, Esq., F.R.S., St. Helen's Place, Assistant Surgeon, and Lecturer on Clinical Surgery at St. Thomas's Hospital; Tatum, Thomas, Esq., George Street, Hanover Square, Surgeon to St. George's Hospital, and Lecturer on Surgery; Shaw, Alexander, Esq., Henrietta Street, Cavendish Square, Surgeon to the Middlesex Hospital, and Lecturer on Surgery.—The above list of twelve Fellows is exclusive of those gentlemen residing in the provinces, who from that circumstance are ineligible for a seat in the Council.

OBITUARY.

Mr. Richard Phillips, F.R.S.L. & E.

We regret to have to announce the death of the above-named distinguished chemist and pharmaceutist, who departed this life at Cambridge, on the 11th of May, in his 73rd year, after a few days' illness.

Mr. Phillips was appointed Lecturer on Chemistry to the London Hospital in 1817, and was afterwards Professor of Chemistry at the Military College, Sandhurst. He held for several years the Chemical Lectureship at Grainger's Medical School, in the Borough; and subsequently a similar appointment at St. Thomas's Hospital. In 1839 he was appointed to the offices of Curator and Chemist to the Museum of Practical Geology, now in Jermyn Street, which was opened by His Royal Highness Prince Albert on the day following the death of the subject of this sketch.

The notice of the scientific world was first attracted towards Mr. Phillips by his "Analyses of the Bath Waters," in 1805, which elaborate paper was rapidly followed by several others upon various mineral waters and rare minerals, published in the various scientific serials of that period. In 1822 Mr. Phillips was elected a Fellow of the Royal Society of London; and about this time published a paper in their "Transactions," in conjunction with Dr. Faraday, which distinguished philosopher he had the honour of introducing to that learned Society.

In the year 1824 Mr. Phillips published his first translation of the Pharmacopœia Londinensis; and subsequently he was consulted by the College of Physicians respecting the chemical preparations of the Pharmacopœia of 1836. Of this work he soon afterwards published a translation, enriched with a vast mass of information contained in the remarks and notes he appended to each preparation.

For this task his rigid accuracy, both in experimenting and in composition, peculiarly fitted him; and the selection of him by the College of Physicians to conduct their investigations upon the various preparations contained in their publication, is the best evidence of the opinion of that learned body as to his merits as a pharmaceutical chemist.

Previously to the appearance of the recently-issued London Pharmacopœia he was again often consulted by the College; and upon a translation of this work (the London Pharmacopœia of 1850) he was engaged a few evenings before his death. This, we find, is already in the press, and may shortly be expected. To the collection and arrangement of information which the researches of the last ten years have afforded, and which is capable of being embodied in this translation, he has for years devoted himself, with the evident object of making perfect this, his final work. Alas! that it should be a posthumous one.

Mr. Phillips was a member of the Council of the Royal Society for some years before his death. He was one of the founders of the Geological Society; and held the presidency of the Chemical Society of London for the last two years. He was an honorary member of the Medico-Chirurgical, Pharmaceutical, and other scientific Societies. As a critic on chemical and pharmaceutical subjects his fame was widely known, and great practical good has resulted in many quarters from the truthful severity of his strictures. Beloved for his kindness of disposition and cheerful wit in private life, and distinguished for his scientific acquirements and modesty in his public career, he has closed an active and useful life amidst the lasting regrets of a

numerous circle of personal and scientific friends. His remains were interred at Norwood Cemetery.

Lately, at Kensington, Henry Smith, Esq., surgeon, late of Torrington Square.

PROVINCIAL MEDICAL AND SURGICAL ASSOCIATION.

LANCASHIRE AND CHESHIRE BRANCH.

The Fifteenth Annual Meeting of this Branch will be held at the Town Hall, King Street, Manchester, on Wednesday the 25th June, inst. The chair will be taken at 12 o'clock precisely, by Thomas Turner, Esq., of Manchester, President for the year. Dinner will be provided at the Albion Hotel, (opposite the Royal Infirmary), at *three o'clock*, for those members or friends who signify to the Secretary, on or before the 23rd inst., their intention of being present.

JOHN HATTON, Secretary.

114, Oxford Street, Manchester.

BATH AND BRISTOL BRANCH.

The Bath and Bristol District Branch will hold its annual meeting on Thursday, June 26th, at half-past two o'clock, at the Bristol Medical Library, Orchard Street, Bristol, under the Presidency of J. A. Symonds, M.D. The dinner will take place at the Bath Hotel, Clifton, at six o'clock.

JOHN COLTHURST,
Hon. Sec., Bristol District.

SOUTH-EASTERN BRANCH.

The members of this Branch of the Association, comprehending those residing in the counties of Kent, Sussex, and Surrey, are respectfully informed that the members of the committees of management, including the Presidents of the present and the ensuing year (the anniversary being always held on the last Wednesday in June) have been consulted, and they agree in opinion that the meeting of the entire Association having been appointed to be held this year within the district, namely, at Brighton, the usual annual assemblage of the members of this branch appointed to be held at Folkestone, may with propriety be postponed until next year, when the arrangements made at the Guildford meeting will be carried into effect at Folkestone, on Wednesday, the 30th of June, 1852.

THOMAS MARTIN,
Secretary and Treasurer.

Reigate, June 2nd, 1851.

SUFFOLK BRANCH.

The Anniversary Meeting of the Suffolk Branch of the Association, will be holden at the Town Hall, Framlingham, on Friday, the 27th of June.

Members of the Council will meet at the residence of the President elect, Wm. Jeafferson, Esq., at one o'clock, and the Chair at the General Meeting will be taken at two o'clock, precisely.

The members and their friends will dine together at the Crown Hotel, at five o'clock.

Short papers, or briefly detailed cases of practical value will be desirable; members unable to attend are respectfully informed that any communication they may wish brought before the meeting will be taken care of by the Secretary.

It will facilitate arrangements, if members would be kind enough to intimate to the President-Elect, Mr. Jeafferson, or myself, whether it is their intention to be present at the Dinner or not.

CHARLES ROBERT BREE,
Hon. Sec.

Stowmarket, June 9th, 1851.

P.S.—Members who have not paid their Subscriptions, and who are not likely to attend the Meeting, are requested to send them to me, by post-office order.

It is desirable that subscriptions should be paid before the 30th of June.

THE NORTH WALES BRANCH.

The Annual Meeting of the North Wales Branch of the Provincial Medical and Surgical Association will be held at the Crown Inn, Denbigh, on Tuesday, the 17th day of June next. The chair will be taken at twelve o'clock, when the business of the meeting will immediately commence.

It is earnestly hoped that Members will attend the ensuing meeting, and contribute papers, cases, &c., for discussion; and it will facilitate the business of the day if due notice of such intentions be given to either Secretary.

As the Journal of the Association is open to receive any papers, and publish them in full, it is considered expedient that in the more extended communications a *vivâ voce* abstract only shall be received at the meeting.

Dinner on the table at four o'clock.

EDWARD WILLIAMS,
D. KENT JONES, } Hon Secs.

NOTICE TO MEMBERS.

The publishers having received information that there has been some irregularity in the transit of the *Journal* through the post, it is particularly requested that any gentleman not receiving it punctually will immediately communicate the same to the office of the Association. The *Journal* is published every alternate Tuesday, and despatched in time for the evening post or the Wednesday's day mail.

TO CORRESPONDENTS.

Communications have been received from Justicia, Birmingham Pathological Society, Dr. Tilt, Mr. Hardy, Amicus Veritatis.

It is requested that all letters and communications connected with the *Editorial department* be sent to J. H. Walsh, Esq., Foregate Street, Worcester. Parcels and books for review may be addressed to the care of Mr. Churchill, Princes Street, Soho. But all communications respecting the routine business of the Association should be forwarded to James P. Sheppard, Esq., the Secretary of the Association.

CLINICAL LECTURES

ON THE

PRACTICE OF PHYSIC,

DELIVERED IN THE

THEATRE OF QUEEN'S COLLEGE, BIRMINGHAM.

By DAVID NELSON, M.D.,

Physician to the Queen's Hospital, and Professor of Clinical Medicine, &c.

[Reported by MR. HENRY GREEN, Student.]

LECTURE VI.

On the Morbid Conditions of the Heart and Circulating Tubes.

Anæmia.—The condition of anæmia, or scantiness and tenuity of blood, has, as might be inferred, a considerable effect upon the central organ of the circulation. This condition may arise from direct hæmorrhage, from a course of starvation, from the exhausting discharges of leucorrhœa, dysentery, or albuminuria, or from the ordinary waste of the nutrient fluids, under the non-assimilation of such diseases as phthisis, diabetes, chlorosis, &c. The blood, under such circumstances, becomes more fibrinous, and less albuminous in its nature, and exhibits a very marked diminution of the red globules. The condition is indicated externally by the attenuated and pale appearance of some patients, and the puffiness and pale aspect of others. The cheeks, the canthus of the eye, and the tongue, and lips, and gums, will seem blanched. In the female the catamenia will be of a faint colour, or altogether absent. There will be an inclination to dropsical effusions, with general constitutional debility and loss of muscular power; and if the patient die, and the body be examined, its tissues will be found divested of their usual brilliant colour. The numerous causes stated above as indicative of this degeneration, are reducible ultimately to two distinct heads, viz., either a primary failure in the powers of assimilation, or a secondary drainage of the fluids after their elaboration. The first is represented under the general term of indigestion in its largest sense, as including, not only an imperfection of function in the stomach, &c., but also in the lungs; the second comprehends a vast category of complaints, yet all more or less partaking of the nature of atrophy. Thus, under non-assimilation, we must rank phthisis, diabetes, and all the multitudinous forms of visceral derangement comprehended in the name of simple dyspepsia; while, under atrophy, we must class together every more or less complete drainage of the nutritive fluids of the body, such as diarrhœa, albuminuria, or menorrhagia. But, from whatever of these different causes anæmia may spring, it is invariably found that the red particle is the chief ingredient of the blood that is wanting, and that fresh blood is most readily elaborated when that element is furnished to it. I speak of this anæmia, however, at present, only in connection with its special effects upon the heart. These are the inductions of habitually numerous, rapid, and weak contractions, with occasional palpitations, a faint, jerking pulse, and, sometimes, a gentle bellows sound accompanying the ventricular systole. As this sound is often heard without any appearance of altered structure in the heart, it has been common with the best authorities to rest contented with the assertion, that it is a necessary consequence of attenuation of the blood; this, however, I am much inclined to doubt, for were it invariably due to that cause alone, then in such cases the administration of a medicine that liquefied the blood further, would necessarily increase the vehemence of the murmur; whereas in certain instances of anæmic rheumatism, in which, as is usual with that disease, the pulse was not particularly quick, having reason to suspect that the murmur was owing to the fibrinous condition of the blood, whereby clots might accumulate about the valves of the heart, and so cause a physical, though not an organic obstruction, we administered nitrate of potassa alone, and certainly, from the period of its exhibition, there was a decided abatement of the blowing sound. The decision of this matter is of great consequence, as every hinderance of the free circulation of the blood must materially retard recovery from rheumatism; and it is satisfactory to know that in some instances such an event may be warded off by so simple a remedy. From the flaccidity of the heart under such circumstances of anæmia, the impulse must of consequence be weaker than usual, except hypertrophy exists along with it, which it sometimes does; and the pulse, for the same reason, will then be jerking, and tremulous, and easily compressible.

The treatment must necessarily be varied, according to the variety of causes and accompaniments of the disease. Thus, in phthisis, we must bend our attention to the lungs, in diabetes to the stomach, kidneys, and capillaries; in amenorrhœa, to the womb; in albuminuria to the kidneys, and so on, according to the seat and nature of the morbid action, or morbid discharge. But in every case, without exception, and most expecially in chlorosis, phthisis, and other pure degenerations, our chief reliance must be placed on iron, as one of the essential elements of the red globule, along with a supply of oil and phosphate of lime in those cases which are accompanied with emaciation. And here I shall take occasion to observe, that in common with Dr. Cullen, I prefer not merely the carbonate of iron, but the common rust, or old rubigo ferri, to any other preparation of that metal. More soluble and more perfectly pure salts of iron have certainly been devised by chemists; but I think we may fairly trust to such acids as are in the digestive canal to dissolve quite as much of the oxydated iron as the system can appropriate, and then the rest can do no harm, for it never causes griping, or sickness, as the muriate, &c., will sometimes do. As for perfect purity of the metal, I do not think it advantageous, inasmuch as the iron of the blood, like the iron of external nature, is always found in combination with a minute proportion of manganese, which it is therefore advisable should be supplied at the same time, though it cannot be done if the salts be over purified, as is now often the

boast of the modern chemist. Good nourishment, fresh air, and the usual accompaniment of the tonic regimen, must also be included. These cases of anæmia are so numerous in this town, and you have seen so very many, especially amongst females, that individual references are quite unnecessary.

Hyperæmia of the heart or its membranes may assume the forms of simple determination of blood, or congestion, or chronic or acute inflammation. Simple determination of blood is generally the result of certain extraordinary efforts made by the muscular tissues in order to overcome some unwonted obstacle or burden. In the heart such obstacle or burden is commonly connected with certain impediments to the circulation, either as regards obstructions offered to the forward motion of the blood or facilities for its unnatural regurgitation. To overcome the resistance, efforts are made, and these efforts naturally lead to a determination of blood and an increase of the muscular tissue. This increase may often exist to some extent, without giving rise to any particular uneasiness, except when other parts of the body are suffering from inflammation or congestion, in which case, the increased impulse of the heart will certainly aggravate the symptoms. This will more especially be the case when the hypertrophy is of the eccentric kind, or accompanied with dilatation, as, under these circumstances, there will not only be increased impulse, but an increased volume of blood pushed forward at each contraction. In the simple hypertrophy of the concentric kind, in which the cavities are reduced in size, but without any valvular obstruction, few symptoms will present themselves beyond some increased impulse of the heart, and a diminution of loudness in the sounds. There may be no extended dulness, and the only thing that the patient may complain of is dyspnœa, which may or may not be accompanied with cough. Such people are usually stout and broad chested. A good resonance will be elicited from the lungs, and they often entertain the impression that their shortness of breathing is merely due to fatness. They may be advised, or take upon themselves, to go through a great deal of hard exercise, with a view to reduce themselves, but soon find that the more they are exercised, the more the circulation is excited, and of course the efforts of the heart and the dyspnœa at the lungs is increased. In such cases it is certainly desirable to reduce the body, but that object must be effected by other means than hard work. With this view it is requisite that small quantities of blood should be drawn from the cardiac region at certain intervals, say every ten or fourteen days, while the system is placed under limited diet, along with sedatives. For such treatment to be successful, however, long perseverance is required. The abstractions of blood are found to relieve the dyspnœa very considerably, and the circulating fluids being calmed and diminished by the simple and restricted diet, the organ very gradually returns to a more natural proportion. At all events it will most probably be prevented from being augmented, and many secondary and tertiary evils will certainly be warded off for an indefinite period, such as would otherwise undoubtedly arise from the obstructions that must, if unremoved, be propagated backwards, first to the lungs and thence to the right side of the heart and general venous circulation. The mode of treatment, as you will observe, is simple enough, and the great difficulty chiefly lies in persuading the patient to persevere long enough with so self-denying a course of discipline. Such persons are not unusually of rather jovial habits, and although from the great and immediate relief afforded to their dyspnœa by the abstractions of blood, they will resort cheerfully to a few leeches whenever that symptom distresses them; yet I fear their neglect of the second rule is almost universal. Their own natural inclinations, seconded by the pressing hospitalities of inconsiderate friends, are likely enough, to overcome their allegiance to the physician, and so these cases, though often relieved, are very seldom perfectly cured. Not that the cure is a matter of any great difficulty, for we have numerous instances of it, and Dr. Hope thought it a very tractable complaint; but the discipline is seldom carried out.

Hypertrophy combined with dilatation, is a much more formidable disease, for the obvious reason that there is not merely a powerful contraction of the heart, but also a vast volume of blood pushed into circulation at each stroke. The symptoms of this malady will be considerably varied according to the side of the heart most involved, and the proportion that may happen to exist between the solid hypertrophy, and the dilatation. In all cases there will be an extended dulness under percussion, the motions and sounds of the heart will be more or less violent and irregular, and most probably there will be a distinct bulging of the ribs. If it affect the right ventricle, however, the impulse of the apex will be felt to the right of the sternum, and perhaps below it, while the dyspnœa, and the jugular pulses will be very apparent., (as in the case of Wragg.) If the parietal hypertrophy be proportionate in force to the weight of the ventricular blood, the action of the heart in correspondence with the pulse will be powerful, bounding, and vehement, raising the head of the listener on the stethoscope, as it were, and eliciting from the intercostal muscles, a grating vibration of their fibres. (As illustrated to you by many cases in this hospital, both of in-patients and of out-patients.) But if the walls be disproportionally thin, as compared with their cubic contents, then the action will be comparatively weak and prolonged, or divided into so many efforts, like the irregular intermittent pulse that attends the disease, as if the ventricle made a succession of contractions to effect that which it could not master at once, the final stroke being the only strong one. This condition was illustrated in the woman Wheeler, and in the man Bevan, whose cases I shall recal to your memory.

Mary Ann Wheeler was a good looking woman, in the second ward, aged about 40. She entered the hospital labouring under a great degree of dyspnœa and bronchitic asthma. The lower extremities were very œdematous, there were increased dulness and impulse at the cardiac region, and also a double systole

of the heart, irregularly performed. The sounds corresponded to these peculiar motions, but otherwise were natural enough in tone. The latter stroke was the heavier one, and the first seemed only the commencement of an effort in which the organ was compelled, from some cause or other to make a pause. Judging from the urine and the stools, &c., the liver and kidneys were quite healthy. She had no sense of pain, except under the left breast, nor any other uneasiness, except from the condition of the lungs. She was treated with regular successions of small abstractions of blood, blisters, and belladonna plasters, while she took lobelia and digitalis, in conjunction with other expectorants and diuretics. Under these courses, the cough, dyspnœa, and wheezings entirely disappeared, the anasarca also left, and the heart, though still giving the double first movement, when she left the house, had become mild and regular in its rhythm. After the diuretics and sedatives had done their work, she only had digitalis, in combination with muriate of iron, which renewed her colour, and gave her a considerable accession of strength.

James Bevan, aged 30, looked pretty well on admission, and something occurring to prevent the usual minute examination at the first appearance, he was merely treated for a cough, and some degree of neutral vomiting. At the next visit great dyspnœa was observed, along with intermittent pulse, and on turning our attention to the heart, very extensive dulness was discovered, as well as most irregular motions, as if the ventricle made three or four ineffectual efforts to expel its contents, and, at length, a very violent one. The sounds exactly resembled the boiling of some thick fluid in a cauldron, and over the heart there was a high degree of bulging of the ribs, while pain was complained of under the left scapula, towards the spine; a jogging action was, at the same time very apparent. The diagnosis formed was that there were adhesions, with hypertrophy and dilatation, but that the latter was in great predominance. The indications were to relieve the organ from its distending fluids, while firmness and steadiness of action should be given to the muscular walls by means of sedatives and tonics, combined. Accordingly he was moderately cupped at certain intervals, regulated by the increased action of the organ, while he applied in the interim, belladonna plasters, and took first digitalis, in combination with Fowler's solution, and afterwards the same sedative along with muriated iron. Quietude was at the same time strictly enjoined. After a course of this kind, pursued steadily for upwards of two months, he left the hospital quite free from any vehement or even irregular action, except an occasional intermission. Having gone to hard work, he returned ill in about six months again, but was again restored so as to be able to be engaged in our dispensary as light porter.

In the case of Bevan just cited, it will be perceived that the peculiar action of the ventricle above alluded to produced an equally peculiar sound, likened to the boiling of some thick liquid in a pot, but of course there will be every gradation of such symptoms, from one extreme of decided hypertrophy, with some dilatation, to the other extreme of decided dilatation, with some hypertrophy. This condition of hypertrophy may exist either with or without valvular obstructions. Where none are to be found, we shall have only the presence of a strong impulse, and perhaps this bubbling sound, or a slight murmur.

In the successfully treated case of Thomas Harrison, aged 22, a blacksmith, near Dudley, there were no murmurs. He had been placed in early life to hard work, and had about twelve months before began to feel shortness of breath, and afterwards violent palpitations. He was pale, thin, and subject to throbbing headaches. There was a large bulging over the left side, with violent action of the heart, while the pulse habitually beat 120, and the respirations were 32. For about three months he underwent a steady course of local leechings, blisterings, and applications of belladonna, while the bowels were kept open, and he took digitalis and iron. Perfect quietude of mind and body was also enforced, and at the end of that period his flesh and complexion were much improved; he had no headaches, the bulging almost disappeared, and the violent cardiac commotion and dyspnœa had so far disappeared that the pulses were 72, steady and soft, while the respirations did not exceed 20. He felt, in fact, perfectly well. He was a young man of intelligence, and well capable of self-government; accordingly, he refrained from all stimulants throughout, and persevered with the digitalis, notwithstanding its frequently depressing effects, which he ultimately avoided by taking the doses at six instead of three times a day. He also ultimately changed his laborious business for that of a dealer in butcher's meat; and his case affords us a very excellent illustration of the comparative ease with which we can overcome cardiac hypertrophy, if it be uncomplicated with valvular disease.

But when valvular imperfections are present under such circumstances, the sounds that attend them will be increased in loudness or roughness, according to the degree of hypertrophy and dilatation. We may thus have the single or double murmur very loud, as they were heard in the cases of Shaw, Sarah Billings, and the large blacksmith Foxhall, of the detached wards, who all laboured under oppressive dyspnœa, and the first and last under inveterate dropsy. Or we may have a highly distinct musical murmur, either double or single. In Sarah Billings we sometimes had croakings like a frog, and at other times cooings, either double or single. The former will indicate the presence of something that is rough, and inelastic, such as the calcareous cauliflower excrescences of Shaw, Twells, and this Billings, &c., while the latter will be associated with some other kind of growth that is tough, tense, and elastic, vibrating under the current of blood, and producing a chirping, a cooing, a shrill croaking, or even a loud and sharp moaning sound, precisely resembling the human voice. These were specially illustrated by Billings's case. More or less dyspnœa must necessarily exist in such cases, along with a tendency to headache, hæmorrhage, and inflammation.

Unless there be valvular obstruction or regurgitation, however, there may be no inclination to dropsical effusions until the lungs are so far affected as to be habitually gorged with blood—a fact which will be found illustrated in several of the cases here adduced, as well as in daily practice. Thus, most of the cases of the out-patients, even though some of them were accompanied with a degree of mitral obstruction and regurgitation, were free from the dropsical symptoms, which, if they had supervened, would soon have driven them within the walls of the hospital, whereas mere dyspnœa excites but little alarm.

In illustration of which observation I shall briefly recount the circumstances of the case of John Anderson, in the side ward at the top. He was a large young man and respectable machinist of 30, who had lived rather a free life. He had had very slight attacks of rheumatism, but had not sought hospital advice till the advent of his dropsical symptoms. On admission his legs were much swollen, he had great dyspnœa, and though he had no visible bulging over the heart, from the naturally large capacity of his chest, yet he complained of settled pain in the left side, where the heart beat powerfully and rapidly 120 in the minute, each beat being accompanied with a loud double murmur. Hypertrophy and dilatation, with obstruction and regurgitation, were diagnosticated, along with inflammatory action. He was frequently cupped and blistered, and also once bled in the arm, with temporary relief of the pain and the dyspnœa, but no more. Diuretics would not act, even though he was previously leeched over the kidneys. Neither could drastic purgatives keep down the dropsical effusions, which at length became so universally oppressive that he had no strength to bear their action. Thus, with hydrocele, ascites, hydro-thorax, general anarsarca, engorgement of the lungs, a heart labouring violently at 160, and respirations at 40, he terminated his painful illness. After death, the amount of effused serum was found to be immense; the kidneys were partially degenerated; the lungs were almost solidified with the old engorgements. On the left side was extensive pleurisy; but, most especially, the heart was found to weigh one pound and a half, all its cavities being much distended, while the wall of the left ventricle was about an inch and a quarter thick. The valvular disease consisted of a large opening of three quarters of an inch in diameter in one of the aortic valves, the remainder of which looked like a ring, the centre having been destroyed by ulceration. Behind this ring was also seen a pouch in the aorta, covered with a thick rough white membrane, and dotted or partially-crusted with phosphatic deposits.

— Foxhall, the blacksmith, was in much the same state as Anderson, though the symptoms were not so very urgent. He had been placed in early life to hard work, and had also continued to labour in his maturer years with a very heavy hammer. No doubt he had drunk a good deal to sustain himself under these exertions. The result seemed to be the induction of valvular disease, with obstruction and regurgitation at most of the apertures, followed by hypertrophy and dilatation. The action of the heart was bounding and violent, the double murmurs were very loud, the wrist pulse was intermittent, the jugular pulsations were distinct, and there was extensive dulness. The anasarca and ascites were far advanced, and there were engorgement and sluggishness of action in the liver, kidneys, and bowels. There was dyspnœa, with a dusky complexion, yet not to such a degree as to prostrate him. Neither purgatives, diuretics, nor sudorifics seemed to diminish the amount of effusion, for indeed they could not act; and the cuppings over the heart only relieved any increase of dyspnœa that occasionaly occurred. Incisions were made with the view of facilitating a reduction of the legs; but threatenings of erysipelas made us abandon such a course. He left the hospital as he entered it, and I have not heard of him since; but undoubtedly the final result of his case must ultimately be, or have been, the same as that of Anderson.

The treatment must, of necessity, be varied according to the different symptoms already enumerated, and the conclusions at which we may arrive as to the proportion which the hypertrophy bears to the dilatation. But the great objects must be to abate the violence, to increase the steady vigour of the heart's motions, and to lessen the amount and force of the circulation. With this view, where hypertrophy is found to be considerable, strict rest, with low diet, and sedatives, is to be enjoined, while blood is locally abstracted at intervals, and the bowels kept in an open state. Where dilatation predominates, rest and sedatives, and abstractions of blood, will be equally necessary, as the latter measure tends to lessen the amount of the dilating fluid, and gives free play to the lungs; but it will generally be advisable to conjoin tonics with the other medicines, such as arsenic, quinine, or iron, and indeed the latter may often be necessary in simple hypertrophy itself, if the patient be very languid or pale, for, although simple hypertrophy and dilatation may often be accompanied with a broad, muscular, and vigorous frame, yet I have never found it coupled with valvular disease, without the patient being pale, faint, and thin. Some may appear plump from obscure anasarca, but on discharge of the fluid the leanness is apparent. Even under the most favourable circumstances the treatment must necessarily be very tedious. Blood in small quantity, either by leeching or cupping over the heart should be abstracted every ten or fourteen days, according to the vehemence of the pulsations, or the distress of the dyspnœa. The patient should be kept in perfect tranquillity of body and mind. The diet should be mild and unstimulating, and moderated or augmented according as the hypertrophy or dilatation may exceed one another. The circulation should be further lowered by the administration of such sedatives as digitalis and hydrocyanic acid, along with tonics, as already mentioned, if dilatation and general debility be in excess. After as much blood has been drawn as may seem judicious, a blister may be laid on over the heart, and after that a belladonna plaster. During the whole period the bowels and kidneys must be kept in

free play, if no local disease forbids their being irritated; and they must further be stimulated to purgation and diuresis, in the event of any of those secondary complications arising, which are apt to supervene, such as hyperæmia of the head or lungs, or dropsical effusions. The very successful issue of treatment of this kind is to be witnessed in the case of Thomas Harrison, already cited.

When the valves are much altered in structure, this treatment can only be expected to ward off imminent symptoms as they arise, prolonging life for an indefinite period, so long as quietude is maintained, but seldom tending to bring about any fitness for active exertion. When, however, the valves are not, or only slightly, involved, we may entertain considerable hope of being able to reverse the morbid action, and bring the organ to a state of health. This can only be done, however, by the assiduous assistance of the patient himself, who will generally be very docile, while yet the inconveniences of his malady hang about him, but who naturally becomes impatient of the discipline of treatment so soon as his most urgent symptoms are subdued. Hence we see so many reliefs and recurrences of the disease before it proves fatal. Workmen will go to their work before they should; merchants will pine with impatience to be back to the interests and cares of their offices; country gentlemen disdain to sit still at home, or loll in their carriages, while their companions are galloping over hill and dale, or climbing the mountain steep, and all, in each relation of life, will fret at being kept from their favourite and habitual avocation without some very apparent cause. Thus these diseases will be often found to have run a long course before much notice has been taken of them. When brought under the observation of the physician they will also be frequently withdrawn after the most distressing feelings are alleviated, he feeling a natural delicacy, except in his public patients, to urge a continued line of treatment against the secret convictions of the sufferer himself. He must state the plain fact, if asked the question, (but he cannot be expected to plead for his own services when the patient may seem averse to them.) The fact of the symptoms not at first exciting much attention, has long ago been remarked to apply chiefly to the laborious classes. The strong throbbings and difficulty of breathing advance so gradually that the attention is not suddenly drawn to them until some other ailment or secondary affection so augment them that they can no longer be disguised; you will also frequently obtain very vague and indefinite information, from such persons. Thus, John Anderson, the Scotchman, whose case shows to you obstructions and regurgitations, great hypertrophy, oppressive dyspnœa, diseased kidneys, and universal dropsy, gave no particular account of any advancing illness beyond a little difficulty of breathing, with slight rheumatic pains, and never sought any regular medical advice till the dropsy frightened him, and yet all the while he was a doomed man, whose disease must have been of very long standing. Thus, also, the woman Billings, while suffering from habitual giddiness, headache, and dyspnœa, accompanied with a double moan over the aortic valve, said, in reply to the injunction concerning perfect rest and quietude, that she had, indeed, almost nothing to do, as she had only her husband to attend to. Yet, in answer to pointed and specific questions, she stated that she washed and ironed clothes, carried pails of water up stairs, made beds, scrubbed floors, and was in the habit of going to market in Dale End, in the centre of Birmingham, and frequently carrying thence weights, amounting to twelve or sixteen pounds, to her own home, two miles away. This was labour out of all bounds to one in her condition, yet she called it light as compared with the labours of other women, and so it was, except that the effects of it upon her were very distressing, while it would have only been a healthful recreation to others. This shows the necessity of always ascertaining precise and positive facts, and not trusting to the mere impressions of others. Different people have very different ideas as to relaxations or constipations of the bowels, or heat, or cold, or quickness or slowness of breathing, &c., &c., but you will never be deceived if you bring them to state these things, or ascertain them for yourself, in their number, magnitude, and weight, &c., which alone can guide you, or afford any safe basis of practice. It is the most unsatisfactory thing possible to read certain pretended reports of medical cases wherein such matters are expressed in that vague and inaccurate language which proves that the writers have no aptitude for observation themselves, nor expect any such aptitude in others; you will carefully avoid all such slovenliness. What you do report, report concisely, but leave out nothing that is essential to a true knowledge of the case. These observations comprehend, I think, the principal and simpler features of hypertrophy and dilatation of the heart, and the various cases already cited, will afford, on being read from the hospital books, practical illustrations of the minuter symptoms, and particular details of treatmeut. Some have expressed opinions as if sedatives and tonics were incompatible and contradictory; but these opinions appear to me neither sound in theory nor true in practice. There is nothing contradictory in soothing the irritability by one agent, while you impart vigour by another; and you must have again and again observed, that while by means of digitalis alone, we not only reduce the number of pulsations, but diminish their force, we shall by the combination of a tonic increase their force, and reduce their number at the same time. The establishment of such facts is of great practical importance in a number of cases, and you see me day by day employ a combination of digitalis and iron, &c., with the best effect, in numerous cases, besides those merely cited for illustration. Indeed, the digitalis of itself, will so prostrate the energies and reduce the appetite, &c., that the patient is very likely to omit its use; whereas, if without such unpleasant drawbacks, we can, as we constantly show you, still the vehement action, and bring down the bounding pulses from 120 to 60 or 70, of a moderate character, we effect all we want.

As to simple atrophy of the heart, it can occur, I should say, very seldom as an idiopathic disease. I allude here to simple atrophy or pure wasting, and exclude at present from consideration those other forms of atrophy, which are due to replacement of tissue, such as fat for muscular fibre, &c., and which shall be ranked under the head of degeneration. The laws of nature have in general so guarded such vital organs as the heart, that they are the last to suffer from mere loss of nutrition, as in this case of simple atrophy. The only local causes that could induce such a state are the presence of tumours, or other forces pressing against the organ, and so cramping its motions and promoting its absorption; or, on the other hand, an ossification of the coronary arteries, whereby the natural supplies of blood are stopped, and the tissues consequently diminish. In general, however, this cardiac atrophy is only an ultimate result from some long-standing and exhausting disease, such as interferes with the whole constitutional nutrition, or drains off the supplies to other morbid channels. Such are typhus fever, phthisis, diabetes, albuminuria, and cancer, in all of which maladies the heart is usually discovered to be very small, pale, and flaccid, provided there was no opposite condition of it before. In most of these cases (too numerous to mention) the pulsations will be very rapid, say to the amount of 140 or 160, as in phthisis, typhus, and cancer, in others it may not be above 100 or even less, up to the period of death, as illustrated in a remarkable manner by the cases of Eliza Sleuth, and Sarah Binion, the former sinking under the extreme of tubercular degeneration, and the latter under a very violent form of uterine carcinoma, and yet their pulses seldom being above 92 or 96, and generally only 80.

This seems to depend on the degree of general irritability, and also on the condition of the lungs, bowels, and brain—more than on any discoverable peculiarity in the organ itself. Several instances of this variability of the pulse, will be found in the cases above alluded to, especially in the phthisical ones, where the rise or fall seems to depend on the firming or softening of the tubercle. As to treatment—setting aside its connection with the other affections already named—that must consist simply in increasing the nutritive powers. The patient will be generally observed to be small, shrivelled, and blighted, as it were, in his natural growth, inasmuch as the atrophy is very often congenital; but if it be an induced affection in after life, the body will have become lean, the pulses will be faint and languid, and the surface and extremeties will be inclined to cold. In either case, stomachic bitters, such as calumba and biberine, should be given to promote the appetite. When that is excited, it ought to be satisfied with light nutritious food. A fair amount of open air exercise should be enjoined, and he should, further, take muscular tonics, such as quinine, and the carbonate or muriate of iron, but more especially the latter. Under such management, the accidental form of atrophy may be arrested, and the patient restored to pristine vigour; but the congenital kind will usually defy every effort, as we cannot restore that which never existed. These constitute the puny and withered little men and women that appear like magnified embryos during their whole lives, and who only continue to exist at all by the nursing care of a civilized society.

ON THE

MANAGEMENT OF WOMEN AT, AND AFTER THE CESSATION OF, MENSTRUATION.

By E. J. TILT, M.D.,

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As the track of the peasant in crossing a field is never a straight line, but is made up of a succession of undulations, so the pilgrim in his journey over the plains of scientific research seems to be constantly describing zigzags between extremes. The history of blood-letting well illustrates this oscillating tendency of the human mind. The profession has sometimes used this most valuable of remedial measures to a disastrous extent, while at others they have neglected it altogether; this partly depending no doubt on a variation in the epidemic medical constitution, but still more on the remembrance of the previous excesses, or on the influence of fashion. If Dr. Holland were to rewrite his "Medical Notes and Reflections," he would no longer say as he did years ago, that "current opinions and prejudices are wholly on the side of bleeding," and "that a physician needs all his firmness to decline the practice." Now, on the contrary, the tables are turned, and those who, in their dogmatic writings, advocate the utility of bleeding in certain well chosen cases, conforming in practice to popular prejudice, never bleed; and would, I doubt not, add their testimony to that of a distinguished member of the profession, who told me lately that in the space of four years' attendance in private and hospital practice, he had only bled one patient.

Is it not probable that by totally neglecting blood-letting in inflammatory affections, we deprive ourselves of the means of making calomel, antimony, and other remedies exert their influence so speedy as they would, if their employment were prefaced by bleeding? Without stopping to discuss the subject, bleeding must undoubtedly be considered valuable in active hæmorrhage, and must exert its influence by its mechanical or hydraulic as well as by its dynamic effects, and it seems to me that the careful perusal of my last paper warrants the conclusion that the redundancy of blood which nature has no means of disposing of at the demise of the ovarian function, is the principal source of the disease of cessation, whence the following corollary, that blood-letting, so often effected by nature in these diseases, should not be overlooked by those who pride themselves on understanding and on imitating her proceedings.

Bleeding is in some cases the best mode of relieving

the inflammatory affections, the general plethora, the flushes, the perspirations, and the persistent headaches, by which women are so tormented at this time, but great discrimination is of course required, for of two patients suffering in an equal degree from the same symptoms, one will be injured and another benefitted by bleeding as in the following instances :—

Case.—In 1844 the rage for bleeding, developed and fostered by the passionate eloquence of Broussais, had subsided in Paris, but it was still often possible to test the ill effects of this pernicious system. About that time I was consulted by a lady, aged 51, tall, thin, with a pallid complexion, dark hair and eyes. She had first menstruated at 15, and the function had never been interrupted except by three pregnancies, the amount of secretion was moderate and the discharge subsided gradually, being performed for the last time at the age of 48. For some months she felt no inconvenience, but afterwards was much troubled by flushes and perspirations. She consulted an eminent French physician, who ordered her to be bled to ten ounces. A slight improvement followed, but the same symptoms soon returned, which were again interpreted as signs of plethora, and another ten ounces were withdrawn from the arm. This second bleeding did not in the least relieve the patient, and when I saw her the marked ill effects of the treatment made me think it might have possibly been injudicious. I found the pulse at 75, but as it not unfrequently becomes raised with advancing age, that rate alone could not warrant bleeding; besides, it was neither hard nor full. Not being able to explain the pains in the head, the flushes, and perspirations by plethora, I thought the nervous constitution of the patient might in some measure account for them, and I gave anodynes and mild purgatives, and advised a more strengthening diet. The patient rapidly improved, and in future relapses derived benefit from the same plan of treatment.

Case.—I was lately consulted by a lady aged 53, of middling stature, sanguine complexion, brown hair, and hazel eyes. She menstruated abundantly for the first time in her 13th year, and the function has since been pretty regularly performed, the discharge being usually abundant. While the function was ceasing she was twice seized with flooding, and felt better in health afterwards. Menstruation ceased at 51, and was soon followed by diarrhœa, which came on at irregular intervals, but did not interfere with the appetite and strength of the patient. When that supplementary discharge subsided, heaviness of the head, with giddiness, came on, together with flushes of heat and drenching perspirations. For these distressing symptoms she had consulted several medical men, and had taken large doses of quinine, acetate of lead, and gallic acid, but without benefit. I ordered her to be bled to twelve ounces. The vertigo, flushes, and perspirations abated considerably. I next recommended that the bowels should be kept open by Seidlitz powders; several glasses of effervescing lemonade to be taken in the course of the day, and a tepid bath for an hour every week. Meat once a day, no beer or porter, and one glass of sherry at dinner, and more exercise to be taken in the open air.

In a month all the painful symptoms had completely disappeared, and the patient remained well for several subsequent months, when, without any apparent cause, the same symptoms broke out again, as with a sudden burst. I ordered eight ounces of blood to be withdrawn, and prescribed the former treatment, with similar good effect; and I should do so again (diminishing as much as possible the quantity of blood to be withdrawn) whenever a neglect of the prescribed diet, or some unforseen nervous excitement, should bring on a relapse.

The symptoms experienced by both these patients were similar, but their constitutions were very different. In the last case the patient was of a strong constitution, accustomed to lose considerable quantities of blood, and was relieved by the occurrence. The rigour of her constitution was well proved by the strong impulse of both heart and pulse, replacing the weak and flaccid condition of those of the first patient. The one was relieved by sedatives and a strengthening diet, the other principally by bleeding; and I may add, that I have seen bleeding remove these symptoms when it was not indicated by a strong constitution, but by the previously-contracted habit of losing a considerable quantity of blood; as, for instance, in women of a slender make and slight delicate appearance, and in those whose nervous susceptibility is great, and in whom, as I have previously shown, we must admit a hæmorrhagic diathesis.

If the utility of venesection is proved in cases similar to the one last related, in which, in these days, its employment would be scarcely thought of, it stands to reason that the same means, combined with other remedial measures, should be resorted to when the temporary plethora produced by the change of life has given rise to inflammatory affections of the womb, or other organs.

At first sufficient blood should be taken away to make a decided impression on the system. The effects of the bleeding should be aided by the regimen recommended in my last paper, for doubtless the necessity for bleeding even plethoric women, would be considerably diminished if it were not so difficult to persuade them to break through accustomed habits, and if they would consent for a time to diminish the quantity of their food and reform from what we have shown to be otherwise prejudicial to them. The effect of a first bleeding may also be maintained by the remedial measures already mentioned or to be hereafter described, but it may become necessary about the second or third month again to take a little blood from the patient, and in some rare cases it may even be a third time advisable to resort to it, but a still smaller quantity should be withdrawn.

There is nothing new in this plan: it was that of our medical ancestors. It was that of Tissot, who seems to have paid great attention to the subject. It was followed

by Hufeland, and still commended by him at the close of his patriarchal career, and it is still advocated by Meissner to whom we must accord the credit of improving the state of medical practice in Germany. A plan sanctioned by such great names commends itself; also by the facility of understanding that the well-timed subtraction of a small quantity of blood from the veins of women accustomed for more than thirty years to lose periodically some of the same fluid, is the best means of preventing or curing diseases originating in the cessation of menstruation, until the constitution has lost the habit of making so much blood or acquired some safe means of disposing of it.

Having shown the utility of bleeding, I now proceed to discuss briefly the different modes in which blood may be taken from a patient.

The effects of venesection are:—

1. To diminish the mass and plasticity of the blood, and thereby the amount of caloric produced by the processes of nutrition.

2. To slacken the energy with which it flows to some particular organ—its momentum.

3. To diminish the congestion of some particular organ.

4. To diminish the intensity of the vital powers.

The effects of leeches are similar to those of general blood-letting, but while they subtract from the system the best blood contained in the capillary system, they cannot give that shock to the system produced by its sudden withdrawal of blood from its vessels. Local blood-letting, or the application of leeches to the womb, or to the labia, or even to the anus, are modes of relieving the congestion of the ovario-uterine organs which first suggest themselves, and these applications are often highly valuable in some of the forms of menstrual suppression, but to have recourse to them to relieve the symptoms depending on the cessation of the function, would in general be injudicious, for their employment would tend to maintain a discharge, for which the term has been fixed by nature. It can only be in some very rare cases that the application of leeches to the womb at that time can be sanctioned, as in the following instance communicated to me by a medical friend:—

Case—The lady's maid of a patient of his, 45 years of age, complained of violent pain in the loins, for which Dr. Bennet ordered a mustard poultice, but as it persisted, he recommended a blister to the lumbar region. This application was immediately followed by paraplegia, and a neighbouring practitioner, who was immediately sent for, did not hesitate to give it as his opinion, that the application of the plaster in a case of lumbago was an extraordinary proceeding, which he would never have thought of adopting; and although this assertion was contradicted by another medical man, who had been subsequently called in on account of the persistence of the paraplegia, my friend received several letters from the solicitor of the family menacing him with an action, but as he set them at defiance he heard nothing more of this attempt to make him pay for an occurrence impossible to foresee. The patient went home to her friends, and a country practitioner, more clear sighted in this instance than the eminent men of London, putting together the circumstance of the patient's age and the irregularity of menstruation, applied leeches to the womb. The result was a gradual diminution of the paraplegia, and now the patient is able to walk with perfect ease. Thus the local application of leeches may be useful to cure a disease of cessation, but in general when it is necessary to draw blood, it should be from the arm.

Older practitioners assert that the effects are very different if drawn from the arm or from the saphenous vein; at present, however, we look upon such distinctions as hair-drawn. It was formerly the custom to draw blood from the vena saphena, in cases of suppressed menstruation, requiring venesection; but during pregnancy a practitioner, fearful of producing abortion by following the same course, used to bleed in the arm. When suppression of menstruation takes place in plethoric women, I have often seen the menstrual flow return most favourably after bleeding in the arm; and thus far I think the dogmatists of a former period have overstated their position, but I would rather be guided by their opinion in the treatment of those terrible cases of suppression, determining symptoms of cerebral congestion of the greatest intensity, and often speedily followed by death. Instead of bleeding in the arm, I would apply leeches to the labia, and bleed in one or both legs, in addition to other treatment. I mention this incidentally, reserving for another time the facts on which I would ground the practice. At present I treat of diseases of cessation; and with regard to the employment of venesection, there is no disagreement amongst those who sanction the practice. All recommend the blood to be taken from the arm, thinking that by so doing they not only diminish the quantity and plasticity of the fluid, but even diminish the tendency to congestion of the abdominal organs. Blood-letting has detained us too long to admit of our now discussing the other modes of treatment applicable to diseases originating in the cessation of menstruation.

CASE OF

POISONING BY OXALIC ACID.

By J. DEANE, Esq., Chatteris.

Poisoning by oxalic acid is rare. The pain produced by it is too instantaneous, and too severe, to make it the resort of the suicide; and these very reasons, together with the rapidity of its fatal results, conspire to make it ineligible for the stealthy wickedness of the manslayer. The cases met with are, for the most part, accidental.

There is considerable discrepancy among toxicologists in their description of the symptoms of this form of

poisoning. The sensation at the throat at the instant of swallowing is differently described, according, probably, to the different experience of different writers; and the amount of neurotic symptoms has been a subject of discussion. Many of these cases being fatal, they cannot be correctly reported, as in the urgency with which we are obliged to act, and amidst the exhaustion and pain of the sufferer, a description of his sensations, or of the *subjective* symptoms is impracticable; the *objective* symptoms alone being appreciable by the medical attendant. My patient's recovery has, however, given me an opportunity of comparing my notes with his own statement, and I believe the following to be a faithful description of his case:—

J. P., 22, nervous temperament, slender and delicate, habits steady; occupation, draper's assistant. On the morning of the 11th of March (Thursday), having expressed himself as not feeling very well, he was recommended to take a dose of Epsom salts, and, by mistake, an ounce of oxalic acid, duly mixed in a cupful of water, was handed to him instead of the salts. Not liking to take medicine in the presence of his friends, he took it away with him into the warehouse; he was, therefore, alone when he took it. It was about eight A.M. He drank as rapidly as medicine is usually swallowed, but from a peculiar sensation instantly felt at the throat, he desisted, after having swallowed about three-fourths of the poison. He "felt as though his breath was going," he "was almost strangled," and he "had a horrible feeling of burning at the throat and stomach." He wondered what he had taken; was sure it was not salts, but had no idea of poison. He then attended to two different customers, and thinks five minutes must have elapsed before he gave the alarm. His appearance and his sufferings proved there was something wrong, and a brief inquiry among his friends elicited the cause. I was soon with him. He was suffering from prostration of all the vital powers; his countenance was pale and haggard, upper lip trembling, lower jaw relaxed; he had cold perspirations, especially about the forehead, and the extremities were cold; pulse small, irritable, and at once frequent and intermitting. He looked stupid, and I have since ascertained that he had at this stage of his case very little consciousness. He was taciturn; he held his hands without pressure, and with a look of agony, to the pit of the stomach; the slightest pressure on the epigastrium occasioned pain; his tongue and throat were redder than usual; there was profuse catharsis; his fingers now became contracted, and the finger nails dark; the countenance gradually assumed a darker tinge, and respiration became very quick and laborious. I have since learnt that he had a strange sensation of numbness about his limbs. Here were distinct symptoms of poisoning, which, together with the information given by the attendants, admitted no doubt of the action of oxalic acid. A table-spoonful of mustard in water had been given before my arrival, but it had not produced vomiting. I gave immediately about four ounces of prepared chalk in water, and hurried it into the stomach with the aid of the stomach pump. I found the mere presence of the tube sufficient to excite the muscular action of the stomach. I pumped two large basins of chalk and water into the stomach, and found no difficulty in securing its return. Constant vomiting being now kept up, and the fluids ejected as rapidly as they were introduced, I exhibited the antidote so freely, that all the remaining acid must have been neutralized, and I washed the stomach so thoroughly with chalk and water, that the resulting salt must have been removed. About fifteen minutes were spent in these proceedings. He was then arranged as for bed, but for convenience sake, we placed him in a reclining posture on a sofa, and, fully aware of his danger, we anxiously waited the result of the contest which his system would have to undergo. He continued to be sick. I found, however, to my satisfaction, that the fluids ejected were free from oxalic acid. Knowing, however, the necessity of works of supererogation in these cases, provided they do not distress the patient, I prevailed on him to take a basin of thickened milk, considering that if any oxalic acid crystals happened to be in the stomach, they would be taken up by a substance so pultaceous, and viscid, and that they would thus be removed, because I knew that whatever was swallowed would soon be ejected. He was now rallying rapidly. I had found it necessary to administer stimulants in small quantities. About two hours passed in this way. At half-past ten the matters vomited were tinged with blood, and very soon they consisted, to all appearance, of pure blood, of a bright arterial colour, and fluid. At one P.M. it began to take, and gradually took, the form of coagulation, and ceased towards night. During the entire day he had frequent attacks of cramp in the legs and feet, which were soon relieved by pressure. At eight P.M. I found him still vomiting whatever was given, but there was no trace of blood. During all this time he was allowed warm drink freely, as it made his vomiting easy. His pulse was more or less intermitting during the entire day; at this particular visit, eight P.M., it was 125, small, irritable, and intermitting. The skin was hot, his head ached, he complained of great exhaustion, and of severe pain at the epigastrium, increased on the slightest pressure. His tongue and throat were much paler, had a dingy whiteness about them, were very hot and dry to the touch. Thirst very urgent. A large blister was applied to the epigastrium. The state of the pulse prohibited bleeding, even by leeches. The next morning (nine A.M.) I found his symptoms much milder; pain relieved; febrile heat less; pulse 100, small, irritable, but not intermittent. He had had frequent startings during sleep, and much cramp in the limbs; frequently his hands were involuntarily clenched when awake. His finger-nails were dark, and remained so for several days. During this day (Friday) vomiting was frequent; in general it was free from blood, slightly streaked at times.

Catharsis having been one of the most distressing symptoms on Thursday, I did not require to administer a laxative. During the night of Thursday a peculiar eruption presented itself over the whole surface of the skin; it was an exanthema, and the dermatologist

would call it roseola. As it subsided it left the skin very dark, so much so as to attract the notice of his visitors. The cuticle afterwards desquamated.

Whether the exanthema was the result of some condition of the blood, produced by oxalic acid, or whether it was occasioned by gastric irritation; whether the dark appearanee of the skin was the declining stage of the exanthema, or the outward manifestation of some temporary change in the condition of the blood, or in any way a result of the semi-convulsive state of the system, I shall leave the reader to decide. Its disappearance by desquamation seems to make it merely a natural sequel of the eruption. I am not aware that these cutaneous symptoms have been before noticed in these cases.

The night of Friday the 15th was favourable, vomiting having occurred at slight intervals only, and without blood. I found him on Saturday morning in every way improved. There was but little febrile heat; pulse 94, fuller, and less irritable; no epigastric pain; headache very slight. There was a slight streak of blood in the matters vomited, and at four P.M. some vivid arterial blood, a symptom which gave some little alarm. Two hours afterwards he vomited a quantity of viscid secretion, and about a table-spoonful of dark coagulated blood, after which he expressed himself as much relieved. Sunday was yet more favourable, and from this time he gradually recovered his usual health and strength. He complained for several days of heat in the throat, and he suffered very much from thirst. He required laxatives for some days.

I am inclined to think that the last ejection from the stomach, which I have just described, was occasioned by the detachment of a slough of mucous membrane; but I could not satisfy myself on this point, although I carefully examined both the matters vomited and the alvine evacuations. The mucous coat must have been severely injured. Certain it is that from this time the vomiting distinctly abated; and the next morning (Sunday) I felt pretty certain of his recovery.

I shall not enter into any statement bearing on the treatment of the case. I have drawn up this paper chiefly as a description of symptoms. Death from oxalic acid is in general so rapid that we seldom have a clear and full view of the symptoms of a case from its first morbid symptom through the horrible stage of its violent action on the system and on the stomach, onwards to complete recovery. The case shows, in a remarkable manner, the action of oxalic acid on the nervous system, as well as on the mucous membranes. It points out very clearly the instant burning in the throat and stomach produced by it; and seems to prove, by the feeling of suffocation as instantly produced, that the neurotic symptoms are not occasioned by the injury to the stomach, but simply a direct action on the brain and nervous system, produced after a very rapid absorbtion of the poison. No medical man could have seen the first symptoms in this case without coming to the conclusion, that the deaths, almost instantaneous, of which we hear as resulting from oxalic acid are due to this action chiefly, and approximate in their nature to death from prussic acid. Christison gives special prominence to the nervous symptoms, and describes them as immediately following the poison, as in the case just narrated; other writers describe them as setting in after the action on the mucous membranes is thoroughly established. In my case the nervous symptoms and the corrosive began, continued, and ended together.

Chatteris, Cambridgeshire.

CASE OF TUBAL FŒTATION.*

By JOHN MORLEY, Esq., Barton-on-Humber.

On January 13, 1849, 11 P.M., I was requested to attend H. T, aged 27, single woman, a servant at Barton-on-Humber, who, after having finished her work in apparent health, proceeded up stairs at 6 P.M. to wash herself, and was suddenly seized with acute pain in the abdomen, and faintness, which caused her to fall on the bed; she vomited once what appeared to be rice-pudding, (part of her dinner taken at one o'clock). At seven, she asked her mistress to milk the cows, as she felt too ill to get up. About half-past ten she became suddenly worse, and requested that medical assistance might be immediately procured, as she felt as if she should die.

I found her at eleven, undressed, on the bed, lying on her left side; surface universally cold and blanched; lips blue; mucous membrane of mouth exsanguine; respiration performed slowly, and with great effort; pulse at wrist almost imperceptible; impulse of heart very faint. She lay with eyes closed, yet perfectly conscious, and able to give an account of the commencement and progress of her case. The slightest attempt to raise her head from the pillow, (as when taking stimuli, which she partook of freely without increasing the abdominal pain), caused her to faint. She complained of severe pain in the abdomen, which increased at intervals. From the appearances presented by her breasts, I asked if she did not consider herself to be in labour, which she did not, although she admitted that she had given birth to one child eleven years ago, and had not been unwell since the beginning of last August. On examination per vaginam, I found the os uteri closed, the cervix in the unimpregnated condition. On making as careful an exploration of the abdomen as the state of the patient would admit of, no gravid uterus could be felt. On gently percussing the parietes, fluctuation could be detected on the left side. In the right hypochondriac region was a large tumour, which could be easily moved about. Stimulants were freely administered, and warmth applied externally, without, however, the slightest benefit; she gradually sank, and at two A.M., of the 14th, expired. Immediately after death I

* The preparation connected with the above case was shown at the Anniversary Meeting at Hull, but the case has only recently been forwarded to us.—Ed. J.

was able distinctly to make out the form and size of the tumour, which I considered to be a fœtal head.

Her friends having granted permission for an inspection of the body, I proceeded, in company with my friend, Mr. W. H. Eddie, surgeon of this place, to make it in the afternoon. *Abdomen:* on reflecting the parietes, we found the viscera concealed by a large coagulum of several pounds weight, together with some pints of fluid blood in the peritoneal cavity; having removed these, the first object which struck our attention was a male fœtus, (between the 5th and 6th month of gestation), with its head just below the margin of the liver; on tracing the funis we found that it terminated in the placenta, still partly attached to the interior of the parietes of the left fallopian tube, which was rent throughout, nearly the whole of its extent. The uterus was little, if at all enlarged; its cavity lined by the decidua, and the os plugged with mucus.

ON THE ACETATE OF LEAD.

By REGINALD BURRIDGE, M.D.,

SENIOR-PHYSICIAN TO THE SOMERSET AND TAUNTON HOSPITAL.

The excellent practical paper by my esteemed friend, Mr. Sweeting, of Abbotsbury, upon the above subject, in the last number of our *Provincial Medical and Surgical Journal*, would seem to call for individual experience of the remedy therein treated of. I had hoped that the experience of the last twenty years sufficed to place, beyond a doubt, the extreme value and the comparative innocuousness of the acetate of lead, where used, under ordinary precautions, as a therapeutic agent. For several years I had an opportunity of seeing this remedy largely employed, in doses of five or eight grains, by the first toxicologist of the day—Dr. Christison, and hence became early and usefully familiarized with its several properties.

In the year 1837 the town and neighbourhood of Taunton was invaded by an epidemic dysentery, in which the superior value of lead, in my hands, was most conspicuous. I shall not scruple to give an outline of two cases illustrative of its efficacy, and of Mr. Sweeting's main position; the one from my private case-book, the other from hospital practice.

In August, 1837, I was attending, with a very respectable surgeon of this town, a young lady of strumous habits, who was labouring under the then prevailing epidemic, or rather, perhaps, endemic. We were summoned very early one morning with an alarm that the patient was bleeding to death. The surgeon was prevented, by a midwifery engagement, from accompanying me—a distance of three miles—but I fortified myself from his surgery with half an ounce of acetate of lead and a bottle of compound spirits of ammonia. Arrived at the house, I was shown three evacuations, the two first containing about a pint of loose coagula each, the third being a solid coagulum, about fourteen inches long, and forming a complete mould of the colon. The patient was cold and pulseless; the eyes fixed and glazed; the tongue cold, and the cold dews of death had already descended upon her. The anæmic state was very marked, including the rare and sighing, almost sobbing, respiration. In this dilemma I gave two teaspoonfuls of brandy, with a few drops of Spt. Ammon. Co., rapidly followed by a scruple of the acetate of lead. In the meantime I had prepared a small starch enema, with a half-drachm of the acetate. Within less than half an hour the next coagulum passed, and I immediately administered the enema, and gave the second scruple of the acetate. One hour afterwards I gave a third scruple, and I had the happiness to see my patient convalesce without further hæmorrhage, without any unpleasant symptom, and I can add that she is now alive, and a most useful member of society.

Later in the same year I was called upon to advise for an old soldier of the Coldstream Guards. This poor fellow passed daily large sphacelated portions of the colon and rectum, the mutilated intestine protruding through the anus in large gangrenous shreds, like the fingers of a glove. He had been treated with mercury, and finally with large doses of crude opium, without the smallest relief. Here eight grains of the acetate every three hours acted like a charm, combined with the local use, and I meet the old man now, in my daily walk to the hospital, as hale and hearty as an octogenarian can be.

I have selected these two cases, not as those in which the largest amount of the remedy has been well borne, but as those in which full doses have been followed by the happiest possible effects; indeed, during twenty-one years' ample experience of this remedy, I have never witnessed a single untoward symptom from its therapeutic use.

I have stated above that such has been the universal effect of the remedy "*in my hands*," and I did so for this especial reason:—During the endemic of 1837, several of my professional brethren, hearing of my successful mode of dealing with it, inquired the particulars. The remedy came into general use, but produced such irritating and unfavourable symptoms, in doses of *one or two* grains, the limit to which it was THEN judged safe to restrict it, that it was, after a short and unfair trial, abandoned.

The only point on which I presume to differ from my old and excellent friend, Mr. Sweeting, is this—that of combination. In accordance with the practice of Dr. Christison, and the rule laid down by the late Dr. A. T. Thomson, of University College, I always give acetate of lead in a FLUID form; *never* without acetic acid, and very rarely indeed without Battley's Liq. Opii Sedativ. My large hospital and other opportunities have enabled me to test the relative value of lead and opium, separately and conjointly. The result has, *cæteris paribus*, determined me in favour of the combination.

Taunton, June 12, 1851.

Hospital Reports.

BRISTOL ROYAL INFIRMARY.

SURGICAL CASES ADMITTED UNDER AUGUSTIN PRICHARD, ESQ., SURGEON TO THE INFIRMARY.

Case V.

Removal of Scirrhous Tumour of the Breast; Death from Cancer of the Internal Organs.

Mary Vining, aged 40, was admitted into the medical wards for the cure of rheumatic pains of the limbs, and was transferred, on the 11th of September, 1850, to my care, in consequence of the existence of a mammary tumour. She has had the swelling coming on gradually for four years, and it is now of the size of an orange; the skin is adherent to it, and the nipple retracted. There is a large and hard gland in the axilla. She was anxious to have the tumour removed, and an operation was determined on in consultation.

September 20th.—Chloroform was administered to her in her bed in the ward, under the superintendence of one of the surgeons, (as is always done in this hospital), and when thoroughly under its influence the bed was carried into the operation room. Here she at once became so blue and collapsed, without any pulse, that for some time she appeared to be dying, and she required a vast quantity of stimulus before the pulse became perceptible, and the little re-action that occurred was so long in being developed, that it was obviously unsafe to operate, and she was taken back to the ward.

After a few days she had completely recovered from the effects of the chloroform, and was willing to submit to the operation without any more attempts to produce insensibility, which she desired very much, but of which I should have been afraid to run the risk, and it was performed on the 24th of September. The tumour was removed entirely, with the skin to which it was adherent; it was isolated by fat from all the surrounding parts. Two hard glands were then taken from the axilla, by dragging them down and freeing their attachments by a touch or two with the edge of the knife. Five vessels required ligature, and five separate points of suture were inserted, and the whole supported by compress and bandage. She was very sick for a long time after the operation, in fact all the evening. She was ordered a prussic acid draught and an opiate at night.

25th.—Sickness relieved, but she has had no sleep, although she took ten grains of the Pil. Saponis Comp. She complains of a little pain in the arm.

26th.—The bandages were divided, and on the 27th, all the dressings and sutures were removed. The wound was found to have united by the first intention over the greatest part; the upper part of the anterior lip of the wound close to the axilla, rather overhung the posterior lip, and require considerable pressure to keep it in place.

From this time she went on pretty well, feeling her general health much improved. The lower part of the wound suppurated, and was long in healing. She was discharged on the 5th of November with the wound healed, but the upper part of the cicatrix was thick and harder than the rest. Upon a section being made, both the tumour and glands were hard and fibrous, presenting the usual appearance of hard carcinomatous disease. Nucleated cells of the ordinary appearance were very distinct; more characteristic, however, in the tumour itself, than in the glands; in the former many were fusiform and caudate, in the latter, they were all rounded. She subsequently attended as my out-patient, when I ordered her cod-liver oil, with a view to improve her general health, and early in the month of December her appearance had much improved; she was florid, and stated that she was well. On the 24th of December she was brought into one of the medical wards in a state of apoplexy, and died about an hour after admission without recovering her sensibility at all.

At the *post-mortem* examination, several cancerous cavities were found in the cerebrum and cerebellum, and she had cancer of the lungs and liver. The existence of the cerebral disease, in all probability, caused the alarming condition of the patient when under the influence of chloroform, and may have rendered her less susceptible of the action of opium, and, at the same time, it is more than possible that the removal of the external disease hastened the growth and development of the internal and more rapidly fatal disorder. A great peculiarity about the case is the rapid way in which she became fat and even plethoric after the tumour of the breast was excised.

Case VI.

Strangulated Femoral Hernia relieved by the use of Ice.

Susan Dixon, aged 73, admitted in the middle of the day, December 26, 1850, has a swelling in each groin, the left for many years, but that on the right side came down suddenly five days ago as she was coughing. She has had constipation for three days, and continued vomiting all the time. The tumours are small; the right one is tender to the touch, and the abdomen is a little distended. She insists that the swellings have nothing to do with her symptoms, and she never wore a truss. Pulse rapid and tongue foul. Gentle attempts at reduction were made, but without any good effect, the size of the tumour remaining the same. A bladder of ice was applied to the right groin, and a purgative injection was administered, which produced a slight evacuation. As she was not suffering very much, it was determined to leave her for a few hours, and she was given a draught containing forty drops of Battley's solution of opium. When I saw her in the evening, she had been keeping on the bladder of ice as much as she could, removing it now and then for a few minutes to relieve the pain of the intense cold; the tumour had become very much lessened, and her bowels had been freely relieved. The intestine had, in fact, gone back, when its size was diminished by the cold, and no symptom of obstruction remained. She was dismissed

cured a few days afterwards, with a truss for the right side. The swelling in the left groin could not be reduced.

CASE VII.—*Strangulated Femoral Hernia; Operation; Death from Peritonitis.*

Elizabeth Mountjoy, aged 69, admitted in the evening of February 5th, 1851, suffering from strangulated femoral hernia of the left side. She has had a rupture for many years and has worn a truss. It came down about twenty-four hours before her admission, whilst she had the truss on, and she was unable to replace it, and attempts made by a surgeon who saw her likewise failed. She has had vomiting and constipation since, and the abdomen and tumour are tender. The tumour is of the size of an orange, in the usual position. After the application of ice, and the gentle use of the taxis, to no purpose, the operation was performed at half-past nine P.M., the symptoms being very urgent. The sac was easily exposed throughout its extent and opened; it contained a considerable quantity of fluid, and about five inches of intestine, which had all the appearance at first of being a portion of the colon; it was thick (in fact emphysematous) and had lost its polish, and was very dark, but not uniform in colour; it felt, however, firm, and seemed to contain solid fæcal matter. I divided the structure at first upwards, but as this did not appear sufficient, some of the fibres of Gimbernat's ligament were cut through, and the intestine easily returned. Three sutures were inserted, and it was dressed with adhesive plaster, compress, and bandage. An opiate draught was given.

6th.—The bandage feels rather tight, and she has been vomiting a good deal; pulse 108; abdomen tender and tumid. To have the bandages divided, and a poultice over the abdomen, and another opiate. In the evening the pulse was 120, and she complained greatly of thirst.

7th.—Complains of flatulence and thirst; pulse 120; abdomen tumid; a little vomiting; Haust. Rhei c. Magnes. Carb.; very low and weak. In the evening her bowels were slightly opened, but she began to hiccup. To take four grains of calomel, and fifteen of Dover's powder to night.

8th.—Ol. Ricini, dr. ij., in the morning; stitches removed, and poultice applied to the wound. The castor oil acted, and she was better in the evening.

9th.—Abdomen tympanitic; pulse intermittent and very rapid; complains of intense thirst, and weakness; vomiting came on with great prostration the next day, and she died early on the 11th.

Post-mortem examination.—General peritonitis was found, producing partial adhesions of purulent fibrin all over the abdomen. No union in the wound. Eight inches of the ileum, near the valve of the cœcum were extremely dark, and at one point adherent to the inner opening of the crural ring. This portion of the intestine which had been in the sac was very much thickened, and worse than it was at the time of the operation, but not yet sloughing. A single tubercle surrounded by the fine cicatrix of a cavity was found in the summit of each lung. From the tightness of the stricture in this case, the intestine, although it was strangulated for twenty-four hours only, was so altered in structure, that its return to the cavity of the abdomen did not enable it to recover its natural state.

CASE VIII.—*Strangulated Femoral Hernia; Operation with Removal of Omentum; Recovery.*

— Callow, aged 59, has had femoral hernia of the right side for ten years, but never wore a truss, nor has the tumour entirely disappeared for some years. It came down on Monday, March 10th, while she was lifting a pail, and became strangulated. Attempts were made to reduce it, but in vain; and she was sent to the Infirmary about six P.M., on Wednesday, March 12th. The tumour was of the size of an orange, hard, firm, and tense, red, and painful to the touch, and œdematous. She was suffering from constant vomiting, and had constipation. Her pulse was very rapid. This case was very urgent, and the condition of the tumour precluded any but the most gentle efforts to reduce the protrusion. The operation was accordingly performed about seven P.M. I was unable to draw up the integument into a fold, in consequence of the œdematous and tense state of the skin; but, with this exception, the operation was performed in the usual mode—the sac opened and the stricture divided upwards and inwards. As soon as the sac was thoroughly laid open, some very dark bloody fluid escaped, but in small quantity. The contents were a coil of intestine, quite black, but smooth and polished, with a considerable portion of omentum, the lower part of which was thickened and hard, and had obviously not been in its natural cavity for some time. The intestine was returned tolerably readily, and the omentum tied in detached strips, so as to prevent hæmorrhage, and the hard part was cut off. The external wound was closed by sutures, the ligatures upon the omentum being fixed so as to keep the divided portion at the neck of the sac. An opiate was given to her afterwards.

13th.—Vomiting came on about seven in the morning, but it was relieved by some soda water and a small dose of Battley's sedative solution. Pulse 108. Flatus makes its exit from the lower part of the alimentary canal; some abdominal tenderness; tongue foul. To take a pill containing two grains of calomel and three of Dover's powder every four hours, and an opiate at night besides.

14th.—She is still occasionally vomiting green bilious matter from the stomach. Pulse the same. The wound is in a great measure united, except where the ligatures pass from the omentum. To have an injection of gruel containing an ounce of castor oil, and to leave off the pills.

15th.—The castor oil acted freely; in fact some diarrhœa exists.

16th.—Much the same, except that she complains of great weakness and faintness. Diarrhœa still persists. To take chalk mixture, and to have six ounces of Port wine in the day.

In the evening she was much better, and from this

time she gradually mended. The ligatures came away in about seven days, and she had one more attack of vomiting when the diarrhœa was checked. She was, however, for some time, troubled with flatulence.

CASE IX.—*Strangulated Femoral Hernia; Operation; Double Sac; Recovery.*

Jane Powell, aged 33, somewhat deformed in the limbs from rickets in early life, was admitted on Sunday, May 25th, about two P M., suffering from strangulated femoral hernia of the right side. She has had a hernia for many years, but has taken no notice of it. It became strangulated on the 21st, and since that time the bowels have been confined, and her stomach has rejected everything that she has taken. Her abdomen at the time of admission was tender and tympanitic. The swelling was a little tender, about as large as a walnut, and unusually movcable.

Attempts at reduction under the influence of chloroform were made, but without success, and the operation was accordingly performed. After dividing the skin by holding it in a fold over the tumour, another single layer was cut through, and the sac exposed, having all the usual appearances, thin and semi-transparent, and containing fluid. It was punctured and laid open, and what appeared to be intestine was exposed to view. The surface of this projection was smooth and shining, and obviously of a serous nature; but as it was not quite so uniform as the intestine is usually, and as I found it quite impossible to pass my nail, as a probe, under the stricture (for, in fact, by dragging upon the divided edges of the sac I could shew that the convex surface of the projection and the concave surface of the sac were quite continuous with one another), we examined it more closely, and discovered that there was a second sac within the first. This was punctured, some more fluid came away, and the intestine fully exposed. It was a small knuckle of intestine, very black, but quite firm, smooth, and polished. The stricture was extremely tight, and it was with the greatest difficulty that I could pass in the director to guide the probe-pointed bistoury. The intestine slipped in immediately the stricture was divided.

She was treated with opiates and quiet, and had no bad symptoms. The bowels were not moved on the 30th, and she, therefore, was given a dose of castor oil, which acted well and relieved her of some little discomfort which she suffered. She had retention of urine for three days.

June 10th.—The wound is now healed, and she is, in fact, cured.

The peculiarity of this case is, of course, the existence of a double sac,* which was distinctly the case, both being serous and shining, as the interior of a sac usually is. The sac of the hernia, after its first occurrence, must have become cut off from the general peritoneal cavity by adhesion, and another protrusion must have taken place at exactly the same spot. In this way the occurrence of a double sac is satisfactorily accounted for. The case is, however, one of extreme rarity, and therefore, well worthy of record.

* "Lastly, the parts are sometimes included in a double sac. M. Chevalier mentions two instances of this kind. * * Dupuytren met with a similar case:—"On opening the hernial sac a spoonful of fluid escaped, and a substance resembling intestine presented itself. This was soon found to be another hernial sac contained within the former. It was opened with great care, when about the same quantity of fluid escaped, and a portion of omentum and intestine were discovered.' "—*Lawrence on Hernia* (Art Femoral Hernia) p. 505.

This case described by Dupuytren was exactly the same as that of Jane Powell, which I have recorded, except that the latter hernia contained no omentum with the intestine.

Provincial Medical & Surgical Journal.

WEDNESDAY, JUNE 25, 1851.

AT page 361 will be found a communication from our valued associate Mr. NEWNHAM, on the subject of the Benevolent Fund, which he seems to fear will be prejudicially affected by the establishment of the British Medical Fund Society. In this anticipation we do not concur, for the difference between the purposes of the two societies is so great, that the one can scarcely clash with the other. The British Medical Fund is set on foot to afford to the *provident* member of our profession, the best means of insuring himself against premature old age, and his family from the misery and want which his early death (before sufficient time has elapsed to allow proper provision) so often forces upon them. On the other hand, the Benevolent Fund has the more widely charitable object of affording assistance to the *improvident*, or, more frequently, to their families, who are indeed objects of compassion; and the more so, because while we sympathize with them and afford them some little help in their day of trouble, we have not the unsatisfactory reflection that their misfortunes are caused by their own neglect.

In an overstocked profession like our own, it is frequently very difficult to make such a permanent provision by accumulated savings, as shall raise the family of a medical man above the probability of want, and there are even numerous cases of destitution, as Mr. NEWNHAM has so often told us, where an ample investment has apparently been made, and yet from some unlooked for misfortune all has been swept away. For the former of these cases the British Medical Fund is intended by its projectors to provide, whilst the latter is only met by the Benevolent Fund connected with this Association. It is not our object to attempt an encroachment upon what has now become peculiarly Mr. NEWNHAM'S province. To enter upon the objects of the

Benevolent Fund, with a view to give encouragement to its promoters, would be indeed "to gild refined gold," and we shall therefore take for granted that every one is satisfied with its objects, and the application of its means. All that is wanted, is "the sinews of war," and if the benevolent turn a deaf ear to Mr. NEWNHAM, we think it would be a hopeless task to follow in his wake.

The British Medical Fund comes before us, not to work upon our feelings as an object of our charity, but upon our reason, as a good and proper investment against the ills which flesh is heir to. It has been found that in other professions and trades insurance societies chiefly confined to a limited circle, have answered beyond expectation. The promoters of the British Medical Fund have thought that the plan might be advantageously applied to the medical profession, and they have therefore set the Society on foot on the same principles as many other and similar societies, with this additional advantage, which certainly appears a most tempting one, viz., that if after a certain time, an insurer should be unable to continue his payments, the Society will advance the sum necessary for that purpose. We conclude that it will be a *sine quâ non* that the insurer should be able to shew that the defalcation is only brought about by a temporary or unforeseen cause; but still the income of a medical man is so fluctuating, and is so often affected by illness, accident, or the numberless other circumstances influencing either his incomings or his outgoings, that this, *in theory*, is a great boon. We are afraid that in actual operation great difficulty will attend the application of the principle, but we trust that this will be eventually overcome.

Independently of this accommodation-clause, we do not see that there is much in the British Medical Fund to attract the attention. The average of life in our profession is known to be much below par, and therefore a Society composed entirely of lives of inferior value, can scarcely be expected to prosper as a speculation. The rates cannot safely be lowered, and we should almost expect that they must be increased in proportion to the diminished value of a medical life, as compared with others of the same age.

We would be the last to think of discouraging so laudable an attempt at ameliorating the position of our fellow-labourers, but after examining the question in every point of view, we are afraid that, as we have already remarked, the principle of accommodation under temporary difficulties, is the only one which is really offered by the British Medical Fund Society, on terms more advantageous than those of collateral societies, which have been long established and are perfectly secure. This accommodation can only be offered at some risk to the society, and that risk must be met by the profits, whilst we have shown that these cannot be expected to equal those of other societies, on account of the diminished value of the life of a medical man. Time will show what these profits will amount to, and to what extent they will allow of accommodation; but whilst we sincerely trust that the most sanguine anticipations will be fulfilled, we have thought it our duty to look upon the unfavourable as well as the favourable side of an undertaking, which certainly, if successfully carried out, will be of incalculable benefit to our profession.

IN reference to the remarks in our last number respecting the UNIVERSITY OF ST. ANDREW'S and its homœopathic graduate, we have the authority of the University Professors to state that they are taking such steps to rectify their mistake as seem best suited to the case. They also beg the perusal of Mr. HALE'S answers to their questions, which we give below. From these it will be seen that they are fully justified in believing that their diploma was justifiably bestowed.

UNIVERSITY OF ST. ANDREW'S AND HOMŒOPATHY.

To the Editor of the Provincial Medical and Surgical Journal.

Sir,—As I am led to infer by your leading article in your *Journal* of the 11th inst., that you charge the University of St. Andrew's with having conferred the degree of doctor of medicine on a homœopathic practitioner, I must beg you to publish the accompanying extracts from the answers given by the gentleman in question.

1. Name the emetics included in the Pharmacopœia, and state the doses in which they should be prescribed.

Answer. Ipecacuanha, tartar emetic, sulphate of zinc, and sulphate of copper. The doses are, of ipecacuanha, one scruple; of tartar-emetic, from one grain to two grains, acting better if in combination with ipecacuanha; of sulphate of zinc, from five grains to ten grains; and of sulphate of copper, from two to four or five grains.

2. Name the cases in which croton oil, aloes, jalap, gamboge, scammony, and elaterium, are specially applicable, and the form and dose in which *you* usually prescribe them.

Answer. Croton oil is administered in cases of very obstinate constipation, where other milder purgatives fail. It is used externally as a powerful means of counter-irritation.

Aloes is a useful purgative, where there is inertia of, or accumulation of feculent matter in, the sigmoid flexure of the colon, or in the rectum, and in cases of atonic dyspepsia, chlorosis, &c.

Jalap is a useful purgative in a variety of diseases, and is useful in cases of worms &c. in children.

Gamboge and scammony are allied purgatives, the former being rather more drastic than the latter.

The dose of croton oil is usually from the one-eighth to the one-fourth of a drop, according to the strength of the patient and the urgency of the symptoms. It is seldom given uncombined, and generally in the form of pills.

Aloes are given in pills, in doses of from five to ten grains—generally given in combination with scammony, calomel, or blue-pill. The decoction of aloes is a useful form, the dose being from half an ounce to an ounce and a half.

Gamboge and scammony, mostly in pills. Dose, from three to five grains of the former, and about the same of the latter.

Elaterium is a powerful hydragogue cathartic, useful in various forms of dropsy, in carrying off a large amount of serum from the intestinal mucous membrane. Dose, from one-sixth to one-fourth of a grain.

3. Write a Latin prescription for an expectorant mixture suitable for a case of chronic bronchitis; also for a warm aperient draught.

Answer.

℞ Misturæ ammoniaci, uncias quinque.
Tincturæ scillæ, drachmas duas.
—— opii compositæ, drachmas duas.
Misce. Fiat mistura. Capiat cochleare unum amplum bis vel ter in die.

℞ Decocti aloes compositi, drachmas sex
Tincturæ rhœi compositæ drachmam.
Misturæ camphoræ, drachmas quatuor.
Fiat haustus quamprimum sumendus.

4. Describe the treatment of iritis.

Answer. Mercury is the chief remedial agent, preceded by general or local abstraction of blood, if the strength of the patient will bear it. It should be given in small, frequently-repeated doses—half a grain or a grain of calomel. In small doses, first, because the system is more rapidly brought under the action of mercury when the doses are small and frequently repeated; and, second, because opium being contra-indicated, owing to its effect in producing contraction of the pupil, it ought to be given in doses that will not irritate the intestinal mucous membrane, producing diarrhœa, by which it would be carried out of the system, and not absorbed into it. In the strumous diathesis, the mercury should be given with caution; the doses should be smaller; and the bichloride often acts better than the chloride, in such cases. In the gouty and rheumatic diathesis, colchicum may be combined with the mercurial; and iodide of potassium is advantageous in some forms of the disease.

Besides the local treatment by leeching, the external application of belladonna and the exclusion of light are most important means to prevent the closure and adhesion of the free margin of the iris.

Counter-irritation may be demanded, in addition to other treatment.

5. Describe the treatment of acute laryngitis.

Answer. The treatment consists in active antiphlogosis, bleeding, leeching, &c.; the exhibition of mercury, (calomel, two grains, every two, three, or four hours;) but this may be preceded, in most cases, by nauseating doses of tartar-emetic (one-sixth to one-fourth of a grain), every two, three, or four hours. Leeches should not be applied over the larynx, owing to the difficulty of using pressure to stop the bleeding. Cupping to the nape of the neck is often better than leeches.

6. Describe the treatment of enteritis.

Answer. Antiphlogistic treatment here must not be so rigorous as in many other inflammatory affections, as there is a tendency to prostration. Local abstraction of blood, fomentations and poultices; the exhibition of mucilaginous drinks, with the cautious exhibition of calomel or hydrargyrum c. creta, in combination with opium or Dover's powder, include the principles of treatment. In this disease the exhibition of opium alone, with other means tending to diaphoresis, will often be sufficient; and, under this treatment, the action of the bowels will become restored without the use of purgatives, which, in this disease, are questionable in any of the ordinary forms.

7. Mention the treatment of the various forms of intestinal entozoa.

Answer. For the tape-worm; the best remedy for ejecting it is the oil of turpentine, given in doses of from three drachms to five drachms, with castor oil.

The lumbrici are expelled by many purgatives, which have the effect of producing mucous stools, as calomel and jalap, scammony, &c.

Ascarides may be got rid of by using, in addition to the above, enemata of infusion of quassia.

In all cases of worms, the tone of the digestive apparatus should be improved by tonics and alteratives.

Although the above extracts from Dr. Hale's written answers "specifying the mode of treatment he is in the habit of adopting, and the doses of the medicines which he prescribes," [see the note to our third Examination Paper], are, I think, sufficient to demonstrate that he cannot be a homœopath, I may add the additional evidence afforded by some portions of his oral examination in *materia medica*. Dr. Anderson was his examiner, but I was present, and noted down the questions and answers.

Dr. Hale stated that the doses of bichloride of mercury, when given as an alterative, varied from one-twelfth to one-sixteenth of a grain; that in croup (in the case of a child of three years of age), he would give one-sixth to one-fourth of a grain of tartar-emetic every four hours; and that in the pneumonia of adults he would give half a grain of the same medicine every three or four hours; that in prescribing hyoscyamus as a sedative, he gave eight or ten grains of the extract; and, finally, that he used arsenious acid in certain forms of skin disease (the squamous forms), and in diseases of a periodic type, his dose being one-sixteenth of a grain, or from five to ten, or fifteen minims of Fowler's solution.

I am, Sir, your obedient servant,
GEORGE E. DAY, M.D.,
Professor of Medicine.
University of St. Andrew's, June 7, 1851.

Proceedings of Societies.

BIRMINGHAM PATHOLOGICAL SOCIETY.

APRIL 3RD, 1851.

MR. W. H. PARTRIDGE IN THE CHAIR.

Large bony Cyst in the Fallopian Tube, filled with Hair contained in fatty matter, in an old Woman; Cancer of the Liver; Diseased Gall-bladder; Gall-stones.—By Mr. CARTER.

A woman aged 66, mother of a large family, had been under the care of Mr. Carter, at the General Dispensary, for the last month. She used to complain of severe pain in the back and lower part of the bowels, when menstruating, for many years, and this pain in the back continued to the last. For the last two or three years she has had dyspeptic symptoms, pain and swelling in the region of the liver, and pain at the back of the

right shoulder. She has never been jaundiced nor yellow, until the *last three weeks* of her life, but the urine has been saffron coloured at times for the last twelve months. During nearly the whole period of my attendance she suffered from considerable nausea and from frequent retching. Her bowels were rather relaxed, her stools were reported to be brown, and during the last week, while jaundice was present, were stated to be *yellow*. Her urine was greatly loaded with lithates, was of a deep red, and stained the vessel. For a day or two during the last week, she had slight hæmorrhage from the uterus. The liver was felt very much enlarged and the edge much thickened; she had slight ascites, and the right leg was œdematous. About a fortnight before death she had an attack of severe pain in the right side, probably coincident with the effusion of the blood formed upon the liver. Her face bore the character of the cancerous cachexia.

On *post-mortem* examination the liver was found greatly enlarged, extending into the right illiac fossa; a recent coagulum of considerable extent was suffused over the convex surface of the right lobe of the liver; the proper tissue of the liver was almost entirely replaced by cancerous matter in masses of various size, so that scarce any of the normal tissue remained. The gall-bladder was greatly diseased; it was enlarged so as to be capable of containing a moderately-sized orange; its coats very thick and dense, and had the character of fibrous membrane; it was filled with inspissated mucus, so thick that none escaped when the gall-bladder was opened; and contained besides, three calculi the size of a walnut, and a vast number of small ones. The opening of the duct appeared at the upper part, quite patulous. The hepatic duct was large; the common duct was lost owing to the great brittleness of the tissues; spleen corrugated and tough; kidneys of usual size; a portion of one, by the microscope, was found to have its tubules filled with amorphous matter, abundantly mixed with small oil globules; only very few cells could be detected and they contained oil globules. There was considerable adhesion of the omentum to the edge of the liver, and to the intestines; some adhesions also of the intestines, recent and ancient; the abdominal cavity contained serum, in pouches formed by the false membrane.

In the right fallopian tube was a tumour of the size and exactly the shape of a fœtal head, of about seven months, saving that the bones of the face were wanting, it was oval and rather flattened; some masses of fat adhered to it. It was a complete case of bone, of about the usual thickness in the seven month's fœtal head, but had no vestige of sutures. It was quite filled with hair, contained in a mass of brownish yellow mortar-like matter, which was almost entirely composed of fat, as it was dissolved by ether and reappeared as fat by evaporation. The ovary lay close to the tumour; it contained a good deal of fat-like matter in its tissue. The other ovary was lost. The uterus contained a recent clot; it was not at all enlarged.

By the Microscope.—Examined by Dr. Russell, the wall of the cyst was found quite destitute of the structure of bone. The hairs were of a light brown colour, and one measured rather longer than two inches and a half. They tapered gradually to a pointed extremity, but none presented at the oposite end any vestige of a bulb, but were broken abruptly.

Scirrhous Tumour of the Breast undergoing Fatty Degeneration.—By Dr. Russell.

The tumour was presented to Dr. Russell by Mr. Percival, who had attended the patient and performed the operation. It was seated in a large mass of fat; it was irregularly rounded, and about two inches and a half in its longest diameter; it formed a lobulated prominence of a deep purple tinge above the mamma, the skin in that part being very thin, and entering into the state of ulceration. It had adhered closely to the fascia of the great pectoral. The circumference of the tumour presented a border of homogeneous tissue, partially transparent, from which an opaque fluid was expressed; this fluid was filled with cells, chiefly rounded or oval, with good sized nucleus and double outline, average diameter 1-1660th of an inch; the stroma of this portion of the tumour was composed of great abundance of fibrous tissue, crossed very irregularly by strands of like tissue, having the aspect, when out of focus, of large branching nerves; the tissue of the stroma did not present any definite arrangement of bundles. The main mass of the tumour was more opaque, and irregularly mottled with opaque yellow matter; in part it was of a rosy tinge, and presented patches of dilated vessels; under the microscope, it presented cells and stroma, as in the more transparent and homogeneous portion; but the great part of the tissue was obscured by a large abundance of molecular matter, and by a vast number of small fat globules, in some parts formed into little longitudinal groups following the course of the striæ of the fibrous tissue; there were besides, many large cells filled with fat globules and a dark opaque matter, of an average diameter of 1-1000th of an inch. Near to the root of the nipple the tissue of the tumour was quite diffluent, containing irregular broken down masses of cheesy matter, which, by the microscope, presented a still larger intermixture of fat than the portion just described. By acetic acid the fibrous stroma was rendered very transparent, and in parts became almost invisible.

The microscopic appearances indicated in a very interesting manner, the process of fatty degeneration in the tissues of the tumour, ending in complete destruction of the cohesion. The following history was furnished Dr. Russell by Mr. Percival:—

March, 1851.—Matilda Hall, publican, Cleveland, aged 53, a widow for the last four years, married thirty-one years, mother of ten children, husband when alive given to much drink, and in the habit of striking her heavily in his fits of drunkenness. Catamenia at 18; ceased to menstruate four years since. Could never suckle much on the right side; first found a hard lump on right breast, about June last, which increased rapidly. Had lancinating pain just before Christmas; says she believes the nipple was always drawn in; the prominence and blue appearance of the skin was situated above the nipple, a little towards the sternal aspect. There is no appearance of disease in the axilla. The

tumour is very moveable. She is of middle size, of loose, flabby make; has enjoyed tolerable health, but has a decided cachectic appearance. She does not inherit any malignant taint.

Removed by operation March 9th. She was very faint for some hours, more than twenty vessels required ligature, and she lost much blood, having troublesome cough, which disturbed her very materially.

Osseous Degeneration of Pericardium; *Heart adherent.* By Dr. Fletcher.

George Knight, aged 22 years, admitted into the General Hospital on the 28th February, 1851, under the care of Dr. Fletcher. Six months previously he was attacked with fits, during which he was insensible and much convulsed, and, being unable to follow his employment, went into the Wolverhampton Workhouse. These fits came on generally with severe palpitation and pain about the chest; and he was rarely more than a few days without one. Once, while wheeling a barrow, suddenly pain and beating began about his heart, and he almost immediately afterwards became insensible. About ten weeks ago he went into the Queen's Hospital, where he was under the care of Dr. Davies, who told him his heart was very much diseased, and (it is said) was of opinion that he might die suddenly. He remained in that hospital about three weeks. He complained of rheumatic pains in different parts of the body, but there were not any signs of inflammatory action nor heat of surface; and said that he had been affected with disease of the heart, of which the only signs were more extensive dulness upon percussion in the pericardial space, and the pulsations were more diffuse over that region. The valvular sounds were regular and normal. He went on very favourably during the earlier part of his stay in this hospital, under an alterative plan of treatment, but always had a slightly-puffed and livid aspect, and occasionally complained of pain in the chest. On the 9th of March he said he felt worse, and complained of pain in his left side; and his pulse was observed, for the first time, to be intermittent, which it continued up to his death. He seemed to be affected with the catarrhal epidemic, in common with many other patients in the ward, and was then treated upon a diaphoretic plan. On the 21st of March he was as well as usual until about eleven o'clock, A.M., when a patient in a neighbouring bed heard him rattle in his throat, and observed him to be slightly convulsed; his face was livid, and in a few minutes his pulse disappeared. He only breathed once or twice after he was seen by the resident medical officer.

Post-mortem Examination twenty-four hours after death.—The external appearance of the body was that of a stout muscular man. On sawing through the calvarium the bony structure was, if anything, softer than natural, but about the normal thickness. On removing the calvarium, the dura mater was slightly thickened over its whole surface, but the part covering the superior portion of the right hemisphere of the brain was at least three times its usual thickness. The dura mater being removed, the whole of the superior portion of the brain in the subarachnoid space was occupied by an opaque milky-looking fluid, which, on examination, appeared gelatinous. The membranes were stripped off with much greater ease than usual, and were much congested. A transverse section being made, the lateral ventricles were greatly distended with fluid to the amount of about six ounces. The brain itself was about the normal consistence; there was a cyst in the choroid plexus of the right side about the size of a horse-bean, the inferior surface of which was quite cartilaginous, or still more nearly approaching ossification. The weight of the brain was three pounds and a half. On opening the thorax there were very slight adhesions on the anterior surface of the left pleura, the lungs themselves in the posterior portion were much congested, in other respects healthy, weighing two pounds fifteen ounces. The pericardium was exceedingly firm in its structure, and in several parts was completely ossified in patches. As well as being ossified, there were some parts much more thickened than others, but three distinct ossific patches were to be found, one on the right side of the heart, about the sulcus between the right auricle and ventricle, a second clipping the apex of the heart anteriorly and posteriorly, and a third about the middle of the posterior portion of the left ventricle. There appeared before the heart was opened, to be an aneurism of the left ventricle; but after the section was made no abnormal appearance was noticed; the valves were healthy, but the external appearance spoken of was accounted for by the presence of one of the ossified portions of the pericardium pressing upon the apex, and so forming a vast sulcus. Weight, with pericardium, two pounds two ounces and a half. The liver was much enlarged, contracted at the edges, presenting a nodular appearance externally and internally, and weighing four pounds thirteen ounces. The spleen was much enlarged and congested, weighing one pound twelve ounces and a half; the pancreas weighed about four ounces; the kidneys were both much congested and enlarged, and contained a smaller portion of the pyramidal structure than usual, right weighing eight ounces and a half, left nine ounces. There was a slight effusion into the abdomen, but the intestines were healthy.

Scirrhous Tumour of the Mamma.—By Dr. Russell.

This specimen was given Dr. Russell by Dr. Mackay, who removed it by operation. The tumour occupied the mammary gland; it was of considerable size, of pearly aspect, and firm consistence. The fibrous bands very distinct, in one part they formed strong laminæ, penetrating, side by side, to some depth into the tumour; they enclosed a softer matter, quite distinct, which projected from the surface in the manner of globules of fat. An opaque fluid was expressed from the tumour; it contained a large abundance of cells, delicate, irregularly rounded, with distinct double outline, and bright nucleus, in diameter from 1-1667th of an inch downwards. The cells manifested great disposition to cohere, scarcely a single one floated loose; there were, besides, large cells, loaded with fat globules. The fibrous lamina was composed of strong fibrous tissue, imperfectly fibrillated, becoming transparent by acetic acid; the firm adhesion of the cells to the fibrous stroma, and to one another, increased the proportion of the solid frame-work of the tumour; in parts they had a kind of

imbricated arrangement, so as to arrange themselves somewhat into bands or ridges.

Dr. Mackay gave the following history of the case:—Mrs. S., aged 45, thin, but healthy looking, the mother of several children. She always menstruated naturally. She perceived a small lump in the left mamma eight months ago; it increased steadily, and latterly was the seat of lancinating or darting pains. It was moveable immediately under the nipple, which was unaffected, and seated over the centre. The tumour was removed by excision.

SOUTH WESTERN BRANCH.

The Annual Meeting of the South Western Branch of the Provincial Medical and Surgical Association, was held at Moorshead's Royal Hotel, on Tuesday, June 17th.

At 12 o'clock, P. W. Swain, Esq., of Devonport, the President-elect, took the chair.

The following were amongst the gentlemen present:—P. W. Swain, Esq., Devonport, the President; Dr. W. D. Kingdon, Exeter, the Secretary of the Association; George Rolston, Esq., Devonport; T. Rutter, Esq., Devonport; Dr. E. T. Roe, Plymouth; W. J. Square, Esq., Plymouth; Dr. Rae, Royal Naval Hospital, Stonehouse; Dr. Pennell, Venbridge House, Dunsford; Dr. Palmer, of the Lincolnshire County Lunatic Asylum; R. F. Burrough, Esq., Dartmouth; Dr. Shapter, Exeter; Dr. Nankivell, Dr. Hall, and T. Hunter, Esq., Torquay; Dr. Row, Devonport; R. Langworth, Esq., Plympton; G. Dansey, Esq., Devonport; Dr. Cookworthy, Plymouth; Dr. Tripe, Plymouth, &c., &c.

The Chairman, after expressing regret that more of his professional brethren were not present, addressed the meeting to the following effect:—

The greatest pleasure I derive from the honour done me of placing me in the president's chair, is the satisfaction of welcoming to Devonport, for the first time, any member of the Provincial Medical Association. The medical mind, so to speak, is always an actively-inquiring mind, and there are many objects in this town and neighbourhood eminently calculated to repay curiosity, and to gratify a thirst for information, be it ever so intense. I need not advert to the picturesque character of our panorama, nor observe that our arsenal is remarkable as well for its extent and efficiency as for the beauty of its situation. We can at once turn the eye from the oaks and pines of Italy and Norway, yielding to the saw and hammer of the artisan in our Dock-yard, to their congenus flourishing in all their verdure on the slopes of Mount Edgcumbe, while the mighty structures of stone now complete or in progress, suited to control the storms, or as recipients to the worn and weary vessel, may be looked upon from the very quarries whence they sprung; and which, whether on the granite peaks of Dartmoor, or in the variegated mountains of primitive limestone, serve to enhance the beauty of our prospects, and, as it were, to make a back ground to the extensive picture. The votary to natural history may find all the primitive forms of life in our zoophites and corals, and study the early manifestations of that vital energy which it is the business of our lives to modify and repair; nor can we fail, as phynologists, to value such illustrations of invincible, unextinguishable life as may be seen in the effects produced by the tiny *pholus saricava*, boring into our Breakwater, and making the timid tremble for its permanency. I must, however, quit these interesting topics with the observation that it will give me the greatest pleasure to act as guide to any of the members who will remain after the meeting, and who may wish to examine either our scenery, or natural history, or public establishments, to all of which admission is easily obtained.

The town of Devonport is not remarkable for its public medical institutions; although numbering forty thousand inhabitants we have no public hospital, a want however, in some measure, supplied by the contiguity of the South Devon Hospital, located in the neighbouring town of Plymouth. The two State hospitals, naval and military, connected with the port and garrison, receive of course, all the sick and hurt from either service, and are served by a staff of naval and military medical officers. The Military Hospital is remarkable in being the establishment where, many years ago, the first successful amputation at the hip-joint was performed in England, and by a rather singular coincidence, the *last* operation of the kind was conducted with wonderful dexterity and success, by my friend Mr. Whipple, at the South Devon Hospital, about two years ago. The patient is quite well, and though so extensively mutilated, pursues his calling as a butcher with much activity. All extensive accidents occurring in the Government establishments are attended immediately by the surgeons of those establishments, but sent for cure to the Naval Hospital. Our public Dispensary is situated in Chapel Street, and is an institution of extensive usefulness. Its duties are effectually carried out by six surgeons, two physicians, and two apothecaries; to the latter an honorarium is presented when the funds of the institution are flourishing.

Having said thus much of the public medical establishments connected with Devonport, I will pass in review a few circumstances of individual interest in its medical history.

Since the last meeting of this Association death has closed the career of a gentleman, who, while alive, formed a link of connection between the days of Hunter and our own. I allude to the late Mr. Dunning, who practised in this town for the better part of nearly half a century, and in the early part of the present year closed a long life of successful utility at the advanced age of 90 years. It is interesting to contemplate the career of our own body, which began in the last century, and to compare its difficulties and its advantages with those of the present day. No cloud of medical periodicals then diffused these showers of information which now irrigate and enliven our present labours. The metropolis, visited but for a short period for matriculation, henceforth became a place only to be heard of by the general practitioner. Communication of all kinds was costly. One can hardly realize professional life unaided by the railway, the electric telegraph, and the penny-post. Gutta percha was not known then; and I have heard the subject of the

present notice say that he remembered not being able to buy a bit of Indian-rubber in Devonport.

In such a state of society no small amount of energy was needful to stimulate the labouring practitioner beyond a course of ordinary routine; and hence I always look back on Mr. Dunning's life with a feeling akin to veneration.

Many subjects attracted his attention and stimulated his pen. He wrote numerous papers on medical subjects, but particularly one on Influenza, perhaps the earliest notice of that disease in modern medicine. His main energy, however, was displayed in the advocacy of Vaccination. Although they never met, he became the constant correspondent of Jenner, and their letters were published in the life of the great vaccinator, by Dr. Baron. I have heard Mr. Dunning narrate with great glee the following anecdote:—He had demanded from Jenner a supply of vaccine matter, which was announced by the latter as being on its way. His list of children was made out in anticipation, when behold the vaccine arrived, not on points or glasses, but in the shape of a large Cheshire cheese.

I have seen caricatures of the day, in which children were represented with cow's tails and hoofs growing from different parts of their body. Everything which prejudice could do by ridicule or otherwise to oppose vaccination, was launched against it, and it must have required no small degree of courage for a man dependent on public patronage to have risked at once his reputation and his livelihood in maintaining a practice, the novelty alone of which would make it suspected. Well, however, did our departed friend sustain the honour of his cloth. He converted his professional brethren to his own views, and led the van in satisfactorily establishing the practice of vaccination in this neighbourhood. I knew Mr. Dunning only in his latter days, when he was enjoying the toil-earned fruits of his early years; and perhaps none was so sweet to his mind as the reflection that he had lived to see the triumphant success of his early *protegé*. Towards the close of his life he lost his vision, but he never lost his enthusiastic devotion to the medical profession—nurtured and tended by affectionate children, he still, through their means, with continued energy adverted to his early pursuits—and until his latest hours, when the golden bowl was all but broken, his mind loved to roam amidst the productions of his more vigorous days, to fight again his controversional battles, to recall the triumphs of his art, and to see around him the professional friends, many of whom he had assisted in bringing into the world.

Happy, indeed, will be the lot of all of us, if we may anticipate such a closing scene. Full of years, and surrounded by respect, *he died*, and leaves deeply impressed on our minds the picture of an honourable, courteous *old English Gentleman*.

I will next advert to a circumstance highly honourable to the surgical history of Devonport:—

In the present day, I presume any ordinary practitioner would undertake all the operations in surgery. But forty years ago many of them were incomplete in their details, and uncertain in their result. This was particularly the case with regard to lithotomy. The best method for its mechanical performance was undecided, nor had experience yet definitely shown what were the causes of its frequent failure. Undeterred, however, by these difficulties, my old friend and master, Mr. Tripe, the elder, proceeded to operate on the first case that presented itself, and between the years of 1806 and 1827, in his private practice alone he operated on twenty-five cases, out of which three only died; he anticipated the plan now universally adopted, namely, that of using a simple long scalpel, and discarding all the paraphernalia of beaks and gorgets. I have examined all his calculi, which he kindly placed at my disposal to-day, but which I did not think time would allow us profitably to examine. It gives me much satisfaction that an opportunity is now afforded me of recording the brilliant example of provincial surgery I have alluded to, and at the same time to declare that I feel great pleasure in having Mr. Tripe as a fellow-townsman, and still more in the recollection that from him I derived my first lessons in surgery.

The next subject which I shall briefly notice, is connected with the medical history of Devonport, inasmuch as the gentleman, who will presently elucidate it more completely, is a native of the town, and passed the first years of his professional life under the tuition of my friend, Mr. Welch. Every one who has paid any attention to the subject, must have felt that the frequent assertion, that insanity left no morbid appearances in the brain, must be the result of inattention, oversight, or of our limited knowledge on the point. This subject appears to be about to be cleared up to a very great degree. Dr. Palmer has turned his attention exclusively to the subject of insanity, and through a numerous series of examinations, has detected a positive morbid change in the grey matter, which forms the periphera of the cerebrum. A case occurred to myself a short time since, where I had the opportunity of examining the brain of a patient, who had, during life, manifested many symptoms of insanity. Dr. P. was fortunately in the neighbourhood, and demonstrated to me so clearly the appearance in question, that I have no doubts on the subject. Should his views prove correct, they will have a double value, inasmuch as they will go far to show that we have been correct in surmising that the grey vesicular matter of the brain, is the active agent in producing intellectual phenomena. I have great pleasure in introducing Dr. Palmer to the Association, who, I am sure, will listen with much interest to his communication.

One other subject only will detain you from the general business of the meeting; a motion will be laid before you expressive of your approval of the memorial presented to Sir G. Grey, by the General Council of the Association regarding the sale of arsenic.

It gives me sincere pleasure to congratulate the members on the amicable termination of all discussion on the subject of Medical Reform. Mutual concessions have produced this happy result, and we may hope that we shall find that consideration from the rulers of our own old College of Surgeons, the withholding of which would have led to the establishment of a new, and I must confess, to me, an equivocal establishment.

The possession of diplomas and honorary titles is a temptation which often has too great weight with all of us. As tests of our capability to undertake medical practice, these distinctions are valuable, and the public

have a right to know who has studied and who has not. We cannot, however, nor may we compel them to distrust the pretensions of quackery, which unfortunately, in some shape, too often is found not incompatible with very honorary and high sounding titles. There is, however, one thing for which no titular distinction can be a substitute, and without which, we can never hope to command the respect of our fellow citizens, whether they be our wealthy patrons, or only dependent on our often-tried generosity. That one thing, gentlemen, is a high sense of the obligations imposed on us by our professional relations to each other. Nothing can tend to undermine the confidence of the public generally in the professors of our art, as the observation of the frequent disagreements between ourselves. And, gentlemen, my adherence to the Provincial Medical Association, rests on the belief that it is eminently calculated to knit us together in the firm bonds of friendly union. Our interests are the interests of the public, because, the more respectable we are, the greater is the guarantee that their reliance on us will not be misplaced. In no country in the world does the profession as a whole, take rank in society as it does in England, and I am bold to say, that in no class of Queen Victoria's subjects will be found more loyalty, greater love of order, or less infidelity to the trusts devolving upon them.

Impressed with such convictions, gentlemen, the integrity of our body becomes a high stake to maintain—its honour a bright light to cherish. Hand in hand, then, or as our Cornish friends will say, "One and all," let us strive by our own individual and collective efforts, to win the respect of the public, and of each other; and let each one of us feel—

> "To thine own self be true,
> It needs must follow, as the night the day,
> Thou canst not then be false to any man."

On the conclusion of his address the Chairman was heartily applauded.

On the motion of T. Rutter, Esq., seconded by R. F. Burrough, Esq., it was resolved,—"That the next annual meeting of the South-Western Branch of the Provincial Medical and Surgical Association, be held in Exeter.

P. C. De La Garde, Esq , of Exeter, was, on the motion of Mr. Burrough, elected president for the next year.

Dr. William Dashwood Kingdon was re-elected secretary, by acclamation; and the usual election of five new members of the Council (of fifteen) was made.

On the motion of Dr. Pennell, seconded by Dr. E. T. Roe, of Plymouth, a resolution was adopted, approving of the course taken by the Council of the Association, in forwarding an Address to Sir George Grey, in favour of the discriminate sale of arsenic, and asking the interposition of Government to prevent the evils which had resulted from a want of proper care in the vending of that article.

In the course of the conversation upon this point it transpired, that the principal feature of the measure of the Government was the establishment of a register, in which the names of every person buying arsenic would be registered, and that this measure was to be regarded as simply of an iniatory character, and as likely to lead to something more decided, and more efficient.

Dr. Palmer, of the Lincolnshire County Lunatic Asylum, then read a paper of some length, which he illustrated by diagrams and microscopical preparations, elucidating the essential pathology of insanity, and clearly demonstrating that this malady depends solely on the state of the cortical grey matter of the brain.

Some conversation followed Dr. Palmer's very able paper, and after an examination of his microscopical preparations, the members of the Association present appeared to coincide in the opinions he had advanced.

The President referred to the views developed by Dr. Palmer as being of the very utmost importance in relation to the treatment of insanity, and expressed a hope that they would lead to results which would enable the profession to cope with certain phases of that mysterious affliction, with greater probability of success than they previously could do.

Dr. Rae, of the Royal Naval Hospital, Stonehouse, brought under the notice of the Association the use of the tourniquet forceps in arresting hæmorrhage from wounded arteries, and also a new apparatus for treating fractures of the lower extremities.

W. J. Square, Esq., of Plymouth, mentioned an interesting case of wounded radial artery.

After the conclusion of the business and discussions, a number of the gentlemen present sat down to a dinner, and in the evening there was a general *conversazionie* of the members of the profession of the three towns, and the visitors who had come to attend the meeting of the Association at Mr. Swain's residence, in Ker Street. The splendid array of microscopes with which the rooms were plentifully furnished, were put into frequent requisition by the visitors; and the meeting, which was characterized by a warmth of cordiality which was quite refreshing, as a scientific reunion has been rarely equalled in the provinces.

NORTH WALES BRANCH.

At the annual meeting of the North Wales Branch of the Provincial Medical and Surgical Association, held at the Crown Inn, Denbigh, on Tuesday, the 17th of June last, the following resolution was unanimously agreed to:—

Moved by Dr. Chambers, seconded by Price Jones, Esq., and carried unanimously,—

"That the members of the North Wales Branch of the Provincial Medical and Surgical Association assembled at their annual meeting in Denbigh, having taken into consideration the subject of Medical Reform, do approve of, and entirely concur in, the steps taken by the Council of the Parent Association, as expressed in the memorial recently presented to Sir George Grey; and unite in hoping that the present unsettled and divided state of our profession may speedily receive that attention and wise legislation which the importance of the subject demands.

"(Signed) R. Lloyd Williams, President.

"E. Williams, } Hon.
"D. Kent Jones, } Secretaries.

"June 17, 1851."

[The remainder of the Report will be inserted in the next number of the *Journal.*]

Foreign Department.

FRANCE.

Extravasation of Blood behind the Uterus.

M. Monod presented a pathological specimen exhibiting an example of this extravasation. The patient had complained of extreme pain in the pelvic regions. M. Monod had at first thought that the case had been one of retroversion of the uterus, but on closer examination he discovered, behind the uterus, a voluminous tumour presenting fluctuation. A puncture was made, and gave exit to blood. The puncture was repeated, but the inflammation was not arrested, and the patient died. On the examination of the body a large quantity of blood was found collected behind the uterus.

M. Nelaton stated that he had several times observed these cases, and had drawn attention to them, under the name of retro-uterine hæmatoceles. The seat of the disease is behind the uterus, extending from the insertion of the vagina into the neck of the uterus upwards, without limit, in some cases filling both iliac fossæ, and reaching to the umbilicus. These tumours are only met with in menstruating women, and under various states of health, most usually where menstruation is difficult, and attended with pain. In one case it appeared upon a sudden suppression of the catamenia. Frequently these patients suffer also from hæmorrhage by the vagina. The course of the disease had been noted by M. Nelaton in seven cases. In one a simple puncture was followed by complete cure. In the second a cure also followed after several serious accidents. In the third, which M. Malgaigne had mistaken for a case of fibrous tumour, extensive incisions were made in the uterus, and the case ended fatally. The fourth and fifth were cured by incisions. In the sixth the blood was discharged by the rectum, and the patient recovered. In the last instance complete absorption of the blood had taken place. M. Nelaton observed, that it was not possible to say whether the extravasation was within or external to the peritoneum.

Varicose Dilatation of the Vessels of the Prepuce.

M. Beau (*Revue Medico-Chirurgicale*, Janv.,) describes a condition of the prepuce which has not been noticed by previous writers, and which depends on a varicose dilatation of the lymphatics of the part. This lesion appears as a transparent cord, resistant and hard to the finger. The fluid which it contains is perfectly limpid. The disease generally appears suddenly after friction of the prepuce during coition, and after a time it is produced by simple erection. At first it speedily subsides after the exciting cause is removed, but eventually it becomes permanent, and in some cases becomes as large as a crow quill. The treatment, when recent, is confined to simple measures, such as demulcent or astringent lotions. In the chronic state it may be cured by causing obliteration of the duct, by means of a thread passed through it.

Syphilitic Growths around the Glottis ; Suffocation.

M. Bourquet (*Gazette Médicale*, Avril 26) relates the case of a female aged 28, who was admitted in 1841, into the hospital at Aix, with tertiary symptoms. There was no question as to the nature of the disease, the patient avowing that she had chancres several years previously. She recovered under iodide of potassium, and was discharged.

In 1843 she was again admitted with symptoms of phthisis, together with suffocative dyspnœa and partial loss of voice. All treatment was unavailing and the patient sunk in a paroxysm of dyspnœa. After death, vegetations precisely similar to those which are seen round the anus or between the glans and prepuce, occupied and almost obliterated the chink of the glottis. They sprung from a little above the cordæ vocales. The lungs were perfectly sound.

Excision of the upper three fourths of the Humerus.

By M. Seutin.

In the cases of excision of joints hitherto reported, the portions of bone removed have been limited to the articulating surface. The following case is therefore interesting as exhibiting an instance in which a large portion of the humerus was successfully excised. The case is recorded in the *Revue Medico-Chirurgicale*.

A boy, aged 14, was admitted into the hospital to which M. Seutin is attached, in a state of utter prostration. He had fallen on his shoulder some time previously, and two months afterwards the joint became painful. On admission the left shoulder was enormously swollen and painful on pressure. The swelling extended to the acromion process, as far as the inferior third of the arm, and was evidently filled with fluid. An incision gave issue to a large quantity of purulent fluid, and the head of the bone could then be felt to be completely denuded of periosteum, and carious throughout the extent of the abscess.

It was obvious that no means could ensure the recovery of the patient until the diseased bone was removed either by amputation or resection, and the latter, after due consideration, was decided upon.

The incisions which were made to evacuate the pus were accordingly enlarged, (the patient being chloroformed) and the head and entire shaft of the bone to within two inches of the condyles was exposed. The diseased portion was then removed with a chain saw. The arm was then dressed and placed in a condition which precluded movement in the elbow and shoulder.

The portion of bone removed measured five inches and three quarters. The operation was followed by some reaction; but soon moderated. The patient was ordered cod-liver oil with generous diet, and in three weeks the wound had healed, with the exception of a small fistulous opening. In less than three months, bony matter had so far replaced the excised portion of the humerus, that the patient had a tolerably useful arm.

GERMANY.

Scarlatina.

Dr. Volz has recorded his experience of a severe epidemic of scarlatina in Carlsrhue, from which he draws the following deductions:—

1. The extent and redness of the eruption are not in direct ratio to the severity of the disease.

2. The proximate cause of the exanthem is a stasis in the cutaneous capillaries.

3. The exfoliating scales of epidermis do not transmit the contagious principle of the disease.

4. The mucous membranes undergo the scarlatinous eruption equally with the skin.

5. The lesions of the throat are of three varieties,—catarrhal, inflammatory, and gangrenous.

6. The inflammation of the parotid which accompanies scarlatina, seldom terminates in suppuration; that which follows the subsidence of the exanthem, often suppurates.

7. In the consecutive anasarca the alterations in the kidney are secondary, and depend on the change in the composition of the blood.

8. Death may occur in scarlatina from the following causes:—congestive apoplexy, suffocation, pyæmia, and anæmia.

Scrofulous Ophthalmia.

Dr. Spengler, (*Neve Zeitschrift für Med.*) recommends concine, the active principle of conium, in the photophobia which attends strumous ophthalmia. He prescribes the sixteenth of a grain, in six ounces of water, the dose being three tea-spoonfuls per diem.

General Retrospect.

PRACTICAL MEDICINE.

Symptoms of the Growth of Mediastinal Tumours.

In a clinical lecture on the diseases of the anterior mediastinum, Dr. Burrows points out the symptoms which indicate the presence of a tumour. He says that the earliest symptoms are those of irritation of the respiratory tube; then follow symptoms resulting from pressure on neighbouring parts. There are also the physical signs of some solid in the substernal region.

At first the patient has frequent attacks of urgent dyspnœa, such as is produced by pressure on the trachea and bronchi. These attacks are spasmodic, and the patient is supposed to be the subject of asthma. This distress may subside with or without expectoration. Auscultation at this period offers no diagnostic information. The frequent repetition of these attacks is soon followed by another train of symptoms which are the result of pressure on the vessels adjacent. The cutaneous veins about the upper sternum and one clavicle become more conspicuous than natural. This is more frequently noticed about the right side than on the left. The external jugular, the thyroideal, the mammary, and thoracic veins successively enlarge, remain constantly turgid, and become tortuous. If the course of the current, in some of the enlarged superficial veins on the thorax, be ascertained by means of pressure at different points, it will probably be discovered that the blood is moving in some of them in a retrograde direction to that which is natural. After awhile the superficial veins of one upper extremity become enlarged and conspicuous. This venous congestion is soon followed by œdema of the affected parts; some swelling is now observed on one side of the throat, about the upper portion of one side of the chest, of the upper extremity of the same side; and, lastly, if the patient be an adult female, by a gradual enlargement of the corresponding breast. This progressive œdema will at last extend to the face, particularly to the eyelids, which become puffy, while the expression of the eyes is peculiar. They have a glassy watery look, with rather dilated pupils, which state of the eyes is not unfrequently observed in cases where there is an obstruction to the passage of blood through the right cavities of the heart, and which condition of the iris may at will be temporarily induced by holding the breath for a long time and thus preventing the flow of venous blood into the thorax. And now, thirdly, we shall, by careful and repeated auscultation and percussion, detect physical signs which denote the presence of some solid beneath the sternum, which transmits the heart's sounds far beyond their proper limits, and which seriously impairs and modifies the healthy respiratory murmur in the upper lobe, and subsequently, perhaps more extensively, of one lung. The heart's sounds will be heard distinctly to the summit of the sternum, and to a varying extent, beneath the right clavicle, but without the peculiar blowing sound which is generally heard over a large aneurysmal sac. There is no pulsation in the intercostal spaces, nor over the sternum. The trachea is sometimes displaced, the vesicular sound is lost, and is replaced by bronchial breathing. As the case advances, these auscultatory signs become confirmed and extended. There is greater impairment of respiratory murmur. Percussion gives a dull sound all over the sternum, over the greater part of the affected side, while resonance is obtained by percussion in the axilla of the affected side. —*Medical Times,* June 7th, 1851.

SURGERY.

An account of a Fatal case in which Injury to the Brain was not detected during Life.—By George Anderson, Esq., 12th Lancers.

A trumpeter, of dissipated habits, was admitted into hospital in a state of confusion of mind, which was at the time partially attributed to drink. He had been fencing with a walking stick with one of his comrades, and had received a thrust in the face. A small punctured wound was observed in the left ala nasi, not larger than a leech bite. The part was fomented, and no unfavourable symptoms occurred on that day. The next day, however, stupor became more decided; subse-

quently he became violent, with stertorous breathing; right eye fully expanded, and staring, and its pupil greatly contracted; there was ptosis of the left eyelid, with great dilatation of the pupil. He passed his urine unconsciously. He expired after a violent convulsion.

The inspection revealed the following appearances:—On removing the calvarium, the dura mater presented nothing abnormal, but when this was removed a considerable chronic arachnitis was presented. When removing the brain, and about to divide the optic nerves, the scalpel struck against the metallic point of a substance directed obliquely upwards and backwards, and protruding into the cavity of the skull, close to the sella turcica.

The foreign body, which was at once seen to be the cause of death, was recognized as the brass ferrule of a small walking cane. On probing the nostril a foreign substance was touched, which proved to be the broken end of the cane, the point of which was previously seen.

It was evident that while fencing, the cane had accidentally struck the unfortunate man's face, and becoming impacted in the sphenoid bone, had broken off short. It would have been almost impossible to have extracted it during life, even if it had been detected, from the force with which it had been wedged in the bone.—*Dublin Quarterly Journal*, May.

Dislocation of the Femur directly Backwards.

Dr. Horner relates an instance of this rare dislocation. A man, aged 35, whilst assisting to push a line of coal cars, was jammed, with a companion, between two of them. As well as he can recollect, he was struck on the buttock, and jammed against the front car. His companion was killed, the patient owing his life to the death of his fellow-labourer. The terrible contusion, swelling, &c., which continued for three weeks after the accident, prevented anything like an accurate diagnosis, though a fracture of the neck of the femur was suspected. At the end of five weeks, as he suffered much pain in the hip and down the limb, and was unable to bear his weight on the leg, a further and more minute examination by Dr. Horner detected a dislocation of the head of the femur upon the ischium, between the spine and the tuberosity. The signs were as follows:—1st, increased width and flatness of this buttock; 2nd, a hard round tumour (head of bone) beneath the gluteus magnus muscle, or rather about the junction of the gluteus medius and maximus; 3rd, very slight shortening, the heel not touching the ground when the pelvis was held firmly; 4th, foot apparently natural when in bed; 5th, when standing erect toes can be turned to metatarso-phalangeal articulation of opposite foot, and no further; 6th, toes can be turned out about thirty degrees, and no more; 7th, abduction of femur imperfect; 8th, abduction nearly perfect, as also flexion and extension.

Summary of the symptoms.—Perception of head of femur and its motion, on motion of limb; very slight change in the length of the limb; very slight variation of line of toes, but impossibility of fully inverting, and especially everting the foot. Two days after the use of pullies, as before detailed, eversion of the foot possible to 90 degrees; inversion perfect; improved rotundity of buttock; reappearance of the hollow of the buttock, just above the trochanter major; abduction of the thigh easy, and the patient fully sensible of a change in the state of the part, as well as of more freedom in his motions.

Treatment of Obstinate Ulcers by the Electric Moxa.—By Bransby Cooper, Esq.

A case of obstinate ulceration over the ancle, the size of the palm of the hand, had resisted all treatment, until the author tried the electric moxa, when it rapidly healed. On this case Mr. Cooper remarked as follows on the history of the invention and its application:—The employment of the electric influence for the cure of indolent sores was first introduced into England by an American physician, Dr. Hull. He had previously observed its beneficial effects in such cases; and some years ago suggested its application in a case of a large indolent sore on the leg of a patient who was under my care in Stephen Ward. This sore had existed for some time, and had resisted all ordinary treatment; it was submitted to electric influence by connexion with the poles of a small galvanic battery placed by the bed-side of the patient. In a very short space of time there was a most decided and marked improvement; but, owing to a little misunderstanding on the subject, which occurred with others officially connected with the institution, the treatment was abandoned, and the patient some time afterwards discharged, unrelieved, from the hospital. I venture to assume, however, from later experience, that had it been persisted in, an opposite result would have occurred, and the patient have been cured of his malady. The application of the electric influence, by means of a galvanic battery, was however so inconvenient that, as a therapeutic agent, it would, probably, have sunk into oblivion, had not the invention of the electric moxa, by Dr. Golding Bird, rendered its employment ready and accessible for ordinary uses. There is no complicated apparatus required; no obstacle, no impediment to its application in the hands of the general practitioner. All that is necessary is a piece of zinc and silver foil, each about the size of a crown piece, which, connected together with a few inches of copper wire, forms the metallic portion of the battery, which is completed by the intervention of the living tissues.

A blistered surface being made a short distance from the sore, the zinc plate placed on this, and the silver plate on the sore itself, a simple galvanic battery is at once formed, and a circuit of electricity established, passing in a direction from the zinc or generating plate by molecular decomposition through the fluids of the tissue to the silver or conducting plate, and thence reconducted to the zinc whence it originated, by (according to the modern doctrine) a polar arrangement of the constituent molecules of the copper wire, thus completing the circle. The battery is excited by the

chloride of sodium contained in the animal fluids, the chlorine being set free at the zinc plate, combines with this metal, forming chloride of zinc, which, acting as an escharotic, gives rise to the eschar that is produced; whilst the sodium, being liberated at the silver plate, to which it gives up its positive influence, immediately decomposes water, combines with its oxygen, and sets free hydrogen. It is not absolutely requisite to denude the dermis by means of a blister previous to the application of the moxa; for if the cuticle be moistened with a solution of chloride of sodium or common salt, when the zinc plate is to be applied, a galvanic current is established, and chloride of zinc formed, which soon destroys the cuticle, and produces an eschar of the adjacent parts, if its application be persisted in.—*Medical Times*, May 24.

MIDWIFERY.

Anomalous case of Pregnancy; Absence of the Fœtus. By Thomas Churchill, M.R.C.S., &c.

A woman, the mother of five children, became pregnant in the beginning of June. In September was attacked with slight hæmorrhage, which she attributed to a fright. During December and January, 1831, she had a repetition of the flooding, and a still more severe one on the 6th of February, upon which the author was summoned. On examination the os was found undilated, and by proper treatment the bleeding was checked until the 7th, when it returned, accompanied by labour-pains. The os was now dilated, and placental presentation was ascertained. The membranes were ruptured, and eventually the contents of the uterus were expelled, but to the author's astonishment there was no fœtus, nor even cord attached to the placenta. On careful examination of the latter, it appeared to be of full size, and perfectly formed. The fœtal surface was level, and in place of a funis, the vessels terminated in a round knob. The woman recovered.—*Medical Times*, May 17.

[Is it not probable that the fœtus escaped in one of the earlier attacks of flooding?—Ed. P. J.]

On Laceration of the Cervix Uteri and Perineum during Labour.—By Professor Simpson.

At the Edinburgh Obstetrical Society, Dr. Simpson read a paper on the above subject, of which the following is a summary:—

1st. Fissuring and laceration of the cervix uteri and perineum are not, as is generally conceived, rare lesions during labour; on the contrary, they are very common occurrences, especially in primiparous labours.

2nd. These lesions are not, as has been often alleged, necessarily the result of mismanagement, but they occur constantly in practic, despite every modification of management, and in cases also in which no kind of management has been adopted.

3rd. Evidence of the great frequency of laceration of the anterior structures of the perineum is furnished by,—1, almost every careful autopsy of women after delivery, whether assisted or not assisted during their labour; 2, by the contracted or shortened state in which the perineum is almost always found, when vaginal examinations are made for uterine disease in women who have borne a family; and, 3, by the fissuring or laceration itself being usually traceable, (under careful tactile examination), particularly in first labours, when that examination is instituted in the interval of pain, immediately before the passage of the child's head, or after its birth.

4th. Lacerations of the perineum may be often felt beginning in the form of slight roughish rents or fissures upon the mucous surface of the perineum, and these may extend either backwards or forwards; and if they extend forwards, they at last run over the edge of the perineum, and along its cutaneous surface, the mucous and cutaneous structures of the perineum being thus sometimes lacerated, whilst its middle, cellular, and fascial tissues are comparatively entire, or at least not so deeply and extensively injured,

5th. The proper management and support of the perineum, no doubt, modifies and diminishes this form of perineal lesion, but it fails far more frequently than is generally supposed, in entirely preventing it.

6th. The evidence of the frequency of fissuring of the os and lower or vaginal portion of the cervix uteri is the same in character, and consists principally—1, in the frequency with which slight laceration of the edges of the os, and of the mucous and middle coat of the cervix, is detected in autopsies after natural labours, and particularly with first children; and, 2, in the permanent marks of its previous occurrence, as exhibited in those cicatrices and irregularities of the cervix uteri, which anatomists have long empirically, but correctly, laid down as proofs that they, in whose bodies they are found, have been previously mothers.

7th. Fissures and lacerations of the vaginal portion of the cervix uteri not unfrequently occur to a very considerable extent in cases in which the tissues of the cervix have been rendered rigid by previous inflammation, by carcinoma, or by other morbid causes; and in such cases this fissuring or laceration, if limited to the lower or vaginal portion of the cervix, seems to be accompanied with little or no danger.—*Edinburgh Monthly Journal*, May.

Correspondence.

THE BENEVOLENT FUND.

To the Editor of the Provincial Medical and Surgical Journal.

Mr. Editor,—Will you allow me a small corner of your valuable journal for inviting the attention of your readers once more to the above Fund?

When your next publication appears we shall be within five days of the close of our financial year. Allow me to avail myself of this fact to urge upon all those who have not yet paid their subscriptions to do so immediately; and to impress upon those of your readers who are not yet subscribers, the importance of

no longer neglecting this great duty, and of enrolling their names, while yet there is time, in this noble work of charity and piety.

Established as the Benevolent Fund has now been for sixteen years, it is yet a melancholy fact that it is not adequately supported by the profession; and that the only *purely charitable medical fund* in England languishes for want of revenue. I am willing to believe that this is only to be accounted for by the fact that the supplication of the widow, the piteous lament of the orphan, the cry for help of the destitute, the naked, the starving, does not break upon the ear and awaken the sympathies of home and kindred. But the great fact of irremediable distres is *not less a fact;* and to succour those who are ready to perish *is not less a duty* because we do not see and hear them.

The attention of the profession has been greatly distracted during the past year by the claims of the "British Medical Fund," which by constant advertisement;—by the praiseworthy labours of its travelling secretary and advocate;—by frequent meetings in the provinces;—and by notices in the journals respecting these meetings, has been kept constantly and favourably before the public; while the quiet and difficult—unobtrusive and inexpensive labours of the Benevolent Fund have not met with that frequent and that public advocacy which its pretensions merit.

You will, I am sure, pardon me, Mr. Editor, for reminding you that the Benevolent Fund forms an integral portion of the Provincial Medical and Surgical Association; and that as such it has claims upon yourself as Editor, upon your journal, and upon every member of the Association which no other Society can have. Also, the Benevolent Fund has existed *sixteen years;* and, therefore, has the advantage of sixteen years' experience and successful working, while the British Medical Fund is only in the course of formation; and fifteen years hence *may or may not* possess equal claims upon the attention of the public; but that at present the adult efforts of the Benevolent Fund ought not to be crippled in favour of a new aspirant to professional patronage.

Forgive me, Mr. Editor, for pointing out to you that the claims of the two Funds are essentially distinct. Ours is a purely charitable fund; while the British Medical Fund is essentially a *provident institution;* and that its relief is *confined* to those *who are members;* in this respect being of precisely the same nature with many local, or district, or county provident funds,—admirably deserving encouragement, but never to be supported at the expense of that far higher and more needed institution, the Benevolent Fund. Allow me again to remind you that the Benevolent Fund is *the only purely charitable* medical fund in England; the only one which can relieve the great mass of professional misery now existing—a mass of misery unrelieved and unrelievable by all the *provident institutions* of the kingdom. This fact is practically confessed by all these institutions; for they constantly send us cases which they *cannot relieve,* because the parties seeking aid *are not members.*

Finally, Mr. Editor, let me entreat your influence, as already a subscriber, and the powerful support of your journal, in inviting each member of the Association to allow the gentler motives of charity and religion to move his heart in the right direction towards his pocket; and to urge that each one should resolve at once, ere the year closes, to administer to the relief of "the hungry," "the thirsty," "the stranger," "the naked," "the sick and in prison;" upon whose conduct it has been pronounced in the words of unerring wisdom, "Verily, I say unto you, inasmuch as ye did it unto one of the least of these my brethren ye did it unto *me,*"—unto that Saviour, in whom we all hope to find mercy, and in whose sacred name I make this very benevolent appeal, remaining, with much esteem,

Yours truly,

WILLIAM NEWNHAM,

Treasurer, and a subscriber to the British Medical Fund.

Farnham, June 18, 1851.

THE SEXAGENARIAN.

To the Editor of the Provincial Medical and Surgical Journal.

Sir,—I cannot "condole," with you on your obligation to publish "Sexagenarian" or any other "thoughts:" your discretion and independence have been tested on many recent occasions, and the majority of our members are too well satisfied with your Editorial tact to entertain any fear that you may peril their literary honour, or shed their ink unnecessarily.

The truth is, our *Journal* is not and cannot be what many other medical journals are—a periodical net to catch the crude extravagancies of medical Sciolists. We set out from altogether an opposite point, with an earnest desire to hear each other's opinions on political as well as practical matters, and have established our *Journal* as the readiest means of accomplishing this end. The Sexagenarian is entitled to a fair hearing with the rest; and let our Associates be assured, there is much entertainment in store for them if they only bring a happy temper to the perusal of the writings of the *αυτοβοηθος.* There is a religious sect in England, which enjoins on its members a confessional exercise, called "telling the experience," and it may be that the Sexagenarian is of this persuasion, for the biographical portion of the "thoughts" is poured out with the earnestness of an overburdened conscience, with the agony of one who who is impelled by a stern necessity to speak or die. The passages which relate to the early struggles are given with painful force, and remind one of Coleridge's Ancient Mariner; for surely our Sexagenarian hath "strange power of speech," and from his late exposition we think that in reference to the fearful scenes of his youth he might exclaim with that venerable sailor—

> "Since then at an uncertain hour,
> That agony returns:
> And 'till my ghastly tale is told,
> This heart within me burns."

On one subject, however, it was much to be desired that the Sexagenarian should have extended his remarks—I mean on quackery. He has given us a graphic description of hydropathy and homœopathy, but the great blot on our page he has left untouched.

Mesmerism has not come under the lash of the Sexagenarian, and it is difficult to account for this omission, unless, indeed, "the European reputation," as distinct from "the British," is at the bottom of it. The doctrines of Mesmer have found favour in the eyes of many of our Continental neighbours, whilst in England the profession has been shy in receiving their claims; it would therefore, perhaps, be an ungraceful act in one holding a commission in the service of a foreign power, to question in an unfriendly spirit the truth of a system which is specially protected in the land of his adoption, and hence, probably, the silence of the Sexagenarian on mesmerism.

One word more. It is evident, from the notice which has already been taken of the "communication of the Sexagenarian," that he is regarded by the Association as a gentleman of no ordinary pretensions. Less virtues and less faults had escaped criticism. How grievous, then, that the solid and genuine structure of sound sense should be obscured by such a wholesale plastering of mawkish egotism! Every disguise is a violation of truth, and however pardonable or justifiable it may be to put on the mask in our insignificant acts, which lose naught of their effect through partial concealment, for merely to conceal is not wrong; yet when higher principles are involved, and we have to penetrate through a thick screen of vanity to reach the good gifts of nature below, the effect is to cast a suspicion on the reality of the gift itself. "There are some faults slight in the sight of love, some errors slight in the estimate of wisdom, but truth forgives no insult, and endures no stain."*

I am, Sir,
Your obedient servant,
QUADRAGENARIUS.

June 13, 1851.

Medical Intelligence.

APPOINTMENT.

Dr. Crowdy has been elected Physician in Ordinary to the Brighton Dispensary, and Mr. Thomas Fuller, House-Surgeon, in the room of Mr. King, resigned.

NAVAL.—Assistant-Surgeon Alexander Robinson (1814) additional, of the *Victory*, flagship at Portsmouth, for service of a naval hospital, to the Portsmouth division of Royal Marines; James D. Cronin (1850) additional, of the *Victory*, to be borne on the books of that vessel for service in a naval hospital; and Robert P. R. Sparrow to the *Victory*.

MILITARY.—2nd Foot: Assistant-Surgeon Henry Clinton Foss, from the 55th Foot, to be surgeon, vice George Roche Smith, placed on half-pay. 55th Foot: Assistant-Surgeon Alfred Crocker, from the staff, to be Assistant-Surgeon, vice Foss, promoted in the 2nd Foot. Rifle Brigade: Assistant-Surgeon Francis Reynolds, from the staff, to be Assistant-Surgeon, vice Robinson, who resigns. Hospital Staff: Acting Assistant-Surgeon Francis Walters Knox to be Assistant-Surgeon to the Forces, vice Reynolds, appointed to the Rifle Brigade. Acting Assistant-Surgeon John Wyatt to be Assistant-Surgeon to the Forces, vice Crocker, appointed to the 55th Foot.

* Ruskin—Seven Lamps of Architecture, p. 27.

EPIDEMIOLOGICAL SOCIETY.

The address of the offices of this Society is as follows:—The Hon. Secretaries of the Epidemiological Society, 38, Berners Street, London.

ROYAL COLLEGE OF SURGEONS.

The following gentlemen were admitted members on Friday, the 6th inst.:—Frederick Cock, Appledore, Kent; Henry May Davies, Hastings, Sussex; Charles West Roberts, Bristol; Alfred Wall, Stratford-on-Avon, Warwickshire.

The following gentlemen were also admitted members on Friday, the 13th inst.:—Charles Cooper, Dublin; Isaac Lionel Crawcour, London; Henry Duncalfe, West Bromwich, Staffordshire; John Baker Freeland, Antigua, West Indies; John Hemming, London; Joseph Henderson, Alfreton, Derbyshire; Thomas John Kelly, Dundalk, County Louth; Sydney S. Lynch, London; Charles Osborn, Bognor, Sussex; Joseph Stead, Manchester.

SOCIETY OF APOTHECARIES.

Gentlemen admitted on Thursday, the 5th instant:—Charles Arettingham, Finchley Road; Horatio Wm. Costerton, Great Yarmouth; Stephen Orson Lane, Braincton, Devon; Horatio George Anthony Wright, Stockwell; John Freeman Wright, London.

Gentlemen admitted on Thursday, the 12th inst.:—James Stacey Hichens, Redruth, Cornwall; Richard Clark Perkin.

UNIVERSITY OF ST. ANDREW'S.

List of gentlemen who had the degree of Doctor of Medicine conferred upon them, May 9, 1851:—Henry Allen Aldred, M.R.C.S., London; Charles Alexander Bisset, M.R.C.S., Peckham, Surrey; John Le Gay Brereton, M.R.C.S., Ed., Yorkshire; Charles Gage Brown, M.R.C.S., and L.A.C., Middlesex; Edward Somerset Cleveland, M.R.C.S., Madras; Cydwelyn, Ellis, M.R.C.S., and L.A.C., London; Samuel Turner Fearon, M.R.C.S., Slanstead Herts; James G. Gaff, M.R.C.S., Ed., Newmonkland, Lanarkshire; Robert Douglas Hale, M.R.C.S., and L.A.C., Norwich; Constantine Holman, M.R.C.S., Hurstpierpoint, Sussex; Henry Hooper, M.R.C.S., London; William Jackson, Montserrat, West Indies; John Joseph Ledsam, M.R.C.S., and L.A.C., Warwickshire; Peter Leonard, M.R.C.S., Ed., Forfar; John Glover Loy Merryweather, M.R.C.S., Ed., Yorkshire; Thomas L. Nash, M.R.C.S., Dublin; Lewis Newnham, L.A.C., Sussex; Robert Parker, Lic. Fac. Phys. and Surg. Glasgow, Lanark; John Burchell Peren, M.R.C.S., and L.A.C., Somersetshire; Thomas Peete, M.R.C.S., Ed., Margate, Kent; Samuel Reynolds, M.R.C.S., and L.A.C., London; Frederic Joseph Rowen, M.R.C.S., Tipperary;

Craufurd Smith, Lic. Fac. Phy. and Surgeons, Glasgow, Ayrshire; James Spark, L.A.C., Newcastle-under-Lyne, Staffordshire; Thos. Richd. Heywood Thomson, M.R.C.S., Isle of Man; Benjamin Webster, M.R.C.S., and L.A.C., Yorkshire; Edmund Sparshall, Willett, M.R.C.S., Norfolk.

OBITURAY.

On the 6th inst., at his residence, Great Stanmore, Wm. Rogers, Esq., M.R.C.S., aged 54.

On the 8th int., at Amisten Place, Edinburgh, Dr. R. A. Miller, F.R.C.S.E.

On the 13th inst., in Brunswick Square, in the 91st year of his age, Thomas Phillips, Esq., late Member of the Medical Board of Bengal.

June 11th, in his 63rd year, Dr. Holbrooke, of Andover House, Cheltenham. The deceased was a member of the Provincial Medical and Surgical Association.

BOOKS RECEIVED FOR REVIEW.

Practical Remarks on some Exhausting Diseases. By Sir James Eyre, M.D., &c. Second Edition. London: J. Churchill, 1851. pp. 110.

On the Prevention and Cure of Spinal Curvature. By Mrs. Godfrey. London: J. Churchill, 1851. pp. 90.

The Teeth and their Preservation in Infancy and Manhood. By A. Canton, M.R.C.S.L. London: H. Bailliere, 1851. pp. 207.

Plan and Description of the Original Electro-Magnetic Telegraph. By W. Alexander, F.R.S.E. London: Longman and Co., 1851. pp. 30. Pamphlet.

Nice et Son Climat. Par Edwin Lee, M.R.C.S.L. Paris: Bailliere, 1851. pp. 132.

The Mesmeric Mania of 1851. A Lecture, by J. H. Bennett, M.D., Professor of the Theory of Physic in the University of Edinburgh. Edinburgh: Sutherland and Knox, 1851. pp. 21.

What is Mesmerism? By Alexander Wood, M.D. Edinburgh: Sutherland and Knox, 1851. pp. 31. Pamphlet.

Monthly Journal of Medical Science—June, 1851.

A Voice for All Subjects. By Francis R. Bertollain, Esq. London: Privately printed, 1851.

London Journal of Medicine—June, 1851.

PROVINCIAL MEDICAL AND SURGICAL ASSOCIATION.

LANCASHIRE AND CHESHIRE BRANCH.

The Fifteenth Annual Meeting of this Branch will be held at the Town Hall, King Street, Manchester, on Wednesday the 25th June, inst. The chair will be taken at 12 o'clock precisely, by Thomas Turner, Esq., of Manchester, President for the year. Dinner will be provided at the Albion Hotel, (opposite the Royal Infirmary), at *three o'clock*, for those members or friends who signify to the Secretary, on or before the 23rd inst., their intention of being present.

JOHN HATTON, Secretary.

114, Oxford Street, Manchester.

SUFFOLK BRANCH.

The Anniversary Meeting of the Suffolk Branch of the Association, will be holden at the Town Hall, Framlingham, on Friday, the 27th of June.

Members of the Council will meet at the residence of the President elect, Wm. Jeafferson, Esq., at one o'clock, and the Chair at the General Meeting will be taken at two o'clock, precisely.

The members and their friends will dine together at the Crown Hotel, at five o'clock.

Short papers, or briefly detailed cases of practical value will be desirable; members unable to attend are respectfully informed that any communication they may wish brought before the meeting will be taken care of by the Secretary.

It will facilitate arrangements, if members would be kind enough to intimate to the President-Elect, Mr. Jeafferson, or myself, whether it is their intention to be present at the Dinner or not.

CHARLES ROBERT BREE,
Hon. Sec.

Stowmarket, June 9th, 1851.

P.S.—Members who have not paid their Subscriptions, and who are not likely to attend the Meeting, are requested to send them to me, by post-office order.

It is desirable that subscriptions should be paid before the 30th of June.

BATH AND BRISTOL BRANCH.

The Bath and Bristol District Branch will hold its annual meeting on Thursday, June 26th, at half-past two o'clock, at the Bristol Medical Library, Orchard Street, Bristol, under the Presidency of J. A. Symonds, M.D. The dinner will take place at the Bath Hotel, Clifton, at six o'clock.

JOHN COLTHURST,
Hon. Sec., Bristol District.

YORKSHIRE BRANCH.

The annual meeting of this Branch will be held at the Medical School, Surrey Street, Sheffield, on Thursday, July 3rd, under the Presidency of Ferguson Branson, M.D. The chair will be taken at one o'clock precisely. The members and visitors will dine together after the meeting.

W. D. HUSBAND,
Hon. Secretary and Treasurer.

York, June 19, 1851.

NOTICE TO MEMBERS.

The publishers having received information that there has been some irregularity in the transit of the *Journal* through the post, it is particularly requested that any gentleman not receiving it punctually will immediately communicate the same to the office of the Association. The *Journal* is published every alternate Tuesday, and despatched in time for the evening post or the Wednesday's day mail.

TO CORRESPONDENTS.

Communications have been received from Dr. Williams, Mr. Landor, Birmingham Pathological Society, Dr. Radford, Mr. Hardy, C——r, and Mr. Sands Cox.

It is requested that all letters and communications connected with the *Editorial department* be sent to J. H. Walsh, Esq., Foregate Street, Worcester. Parcels and books for review may be addressed to the care of Mr. Churchill, Princes Street, Soho.

CLINICAL LECTURES

ON THE

PRACTICE OF PHYSIC,

DELIVERED IN THE

THEATRE OF QUEEN'S COLLEGE, BIRMINGHAM.

By DAVID NELSON, M.D.,

Physician to the Queen's Hospital, and Professor of Clinical Medicine, &c.

[Reported by MR. HENRY GREEN, Student.]

LECTURE VII.

On Cardiac Inflammation, &c.

Gentlemen,—We now come to consider the important subject of cardiac inflammation. This may occur either in the muscular body of the heart, or in its fibro-serous linings; the former, however, is so very rare an occurrence that I cannot dwell upon it with any practical advantage. Certainly, if the mollification that takes place in scurvy or typhus fever, and other diseases, in which the blood is in a liquefied condition, were to be reckoned as a consequence of inflammatory action, then carditis would be by no means an uncommon event; this, however, is more than doubtful. This mollified condition has been remarked, from before the days of Dr. Matthew Baillie, who further observes, as a singular matter, that the softening should be chiefly apparent in the thick walls of the left ventricle; and that, quoting Portal, it "can neither be compared to the effect of gangrene, nor to a suppurative process." Taking into consideration the many additional observations that have since been made, it appears pretty clear that it is mainly owing to the fluidity of the blood in these diseases, and not to any strictly inflammatory action; and this being accepted as fact, it follows, as a necessary consequence, and in explanation of the softening being most manifest in the left ventricle, that that part must be mollified in the highest degree which happens to be most developed, and to contain the greatest proportion of morbid blood. In such a case, although there be no proper rupture of a blood-vessel, or of the walls of the heart, blood may yet be found intermixed with the pericardial serum. This appears to ooze from the walls in the same manner as it would ooze from a congested and relaxed kidney, or from the surface of the intestines or lungs. I lately witnessed this state of things in the body of a patient who died in our hospital, I think from apoplexy, consequent on long drunkenness. The pericardial serum was quite red with blood globules. There was no rupture of any proper vessel, but, on pressing the heart, small drops of thin blood were seen trickling over its surface, the muscular fibre being in a fatty and softened condition, but certainly with no appearance of inflammation in its common acceptation. But, when pus is found in the muscular tissue of the heart, there can, of course, be no doubt of a previous inflammation, and, rare as this is, it has been most decidedly recorded by certain high authorities, and there is no abstract reason why it should not take place. Andral has spoken of a case in which he found the muscular fibres infiltrated with pus. Dr. Latham, in cutting through a heart, found pus oozing from numerous pores over the whole minute structure. And Dr. Graves has also recorded an abscess which was found at the apex, under the floor of the left ventricle, and which contained about two ounces of proper pus. In the latter case the principal symptoms referable to the abscess, were palpitation, cough, and agonizing pain at the organ itself. There were hypertrophy with dilatation, and valvular disease besides, but I think that the pain and palpitation would have been the most marked symptoms, supposing nought else had existed. The treatment would be, by blood-letting, mercury, and antimony, if discovered in time, but under any circumstances, the slightest symptom of inflammatory action in any texture of the heart is to be boldly and decidedly combatted.

On the other hand pericarditis is no uncommon disease; it may arise idiopathically, from causes altogether unknown, but that is a rare occurrence. More commonly it is traceable to an inflammation extending from other parts in the neighbourhood, such as the pleura or lungs, (as in the girl Bates,) or from the pressure of a tumour, (as in Faulkner,) or from suddenly suppressed cutaneous exhalations, as in the numerous cases of idiopathic pericarditis from cold, but most usually it proceeds from a specific determination of rheumatic salts to the sero-fibrous textures of the organ. This is so frequent an occurrence in rheumatism, that the heart must always be examined while treating that disease. The chief danger, indeed, is to be apprehended from this organ, or the brain, becoming involved; and it is often from neglecting to attend to the cardiac complication under rheumatism, that the foundation of those organic changes is laid, which ultimately lead to all those secondary and tertiary consequences in after life, which, while they burden and oppress, and greatly shorten existence, yet only extinguish it by slow and painful degrees. If the pericardial inflammation be slight, there may only be observable a somewhat unwonted palpitation, or a merely quickened pulse, and a slight sense of uneasiness, or none at all; but if it be more extensive or severe, great anxiety will be present, as well as palpitation and frequent pulse. The patient will be able to refer his pain directly to the part affected, darting sometimes to the left shoulder or lower part of the left scapula, and down the left arm; and he will not be able to lie upon his left side, or upon either the right or left. The face will be pale; the respirations hurried; the alæ nasi expanded; the brow and eyes will express much uneasiness; and the sufferer will start suddenly in sleep, as from a painful dream; at the same time a faint dry friction-sound may, perhaps, be heard on auscultation, but without any increased dulness on percussion. This is the first stage, and, if not checked, it may next run on to effusion of fibrinous serum or lymph, which may afterwards either be absorbed as such, or degenerate into pus, or form permanent adhesions. In milder forms, this latter exudation may only

appear in slight proportion, rendering the serum milky white, as in the case of Faulkner and others; but in more severe inflammations, the heart may be bathed in a vast quantity of pure pus, say twelve ounces or more, which shall fill the whole pericardium. This I witnessed in the body of a lad in the Edinburgh Royal Infirmary, under the care of Dr. Christison, in whom the existence of such a condition was quite masked, partly by a contemporaneous pleurisy, accompanied with much effusion, and partly because, from the pressure of the pus, the motions and sounds of the heart were, as it were, buried. As these changes proceed, the physical signs will become altered according to circumstances. Thus, if the dry state of the lining membranes, as indicated by the faint friction-sound, and which is the first physical result of inflammation, be followed by a simple increase of the serous exudation, so as to fill the pericardium and press upon the heart, then there will be an extended dulness under percussion, while the sounds and motions of the organ will be obscured. But if fibrinous lymph be thrown out, and proceed to coagulate, and to deposit itself as a rough coat over the surface of the heart and pericardium, then the friction sounds will return with still a rougher and rougher note. Or if, after being worked up in this way for some time, it should form itself into tough plastic bands, uniting the heart and its bag, so as to be stretched out and twisted about at every successive contraction, then the sounds may resemble those of a file or saw, or creaking leather. The progress of these symptoms was well exemplified in the case of the little boy Bonny, aged 11. First, after a neglected attack of rheumatism, we had the to and fro friction-sounds, with vehement action of the heart. Next, we had an obscure and oppressed fluttering, as if the organ were pressed upon by fluids. Lastly, the friction-sounds returned, and were accompanied, at length, with creaking and chirping noises at the base of the heart. At this stage he left the hospital, as he longed very much to be at home with his mother; he was then still pale and thin, with some evidences of pulmonary tubercle, nevertheless, his appetite had improved, and his pulse fallen to 84. If the formations be so thick, strong, and inelastic, however, as to bind the heart down, the organ will assume a jogging, clogged, and irregular motion, as in the case of Bevan, spoken of in the former lecture; and, if they become resolved into thick pus, there will, as already observed, be extensive dulness, with a very marked obscuration both of motions and sounds, while dyspnœa is extreme, and the pulse is faint and small, and the face deadly pale. Such are the usual symptoms of pericarditis when it runs through all its stages. Nevertheless, we are to regard with strong suspicion any ascent of the pulse to 120, (as the earliest sign,) provided such ascent be not traceable to any local or general affection which shall account for it as a secondary result. In rheumatism, a pulse of much more than 100, should excite due attention to the heart.

Thus, by keeping steadfastly in your mind's eye the anatomical structure of the affected part, and the natural succession of pathological changes which are most likely to occur, you secure for yourselves a simplified mode of investigation, such as will prove available under any amount of complication, or even confusion of signs and symptoms. For, although there be certain occasions when many of the principal means of diagnosis are absent, and when the patient himself feels inclined to refer his sufferings to other organs, such as the lungs, or brain, rather than to the heart, which might seem, therefore, to be unaffected; yet I cannot admit that any distinct invasion of pericarditis, if examined through all its stages, could, under our present improvements, escape detection at one point or other of its progress. In such an instance of extensive pleurisy as the one in the Edinburgh Infirmary, already cited, doubtless there would be many difficulties surrounding its discovery, yet even there, I think we may fairly conclude, that if the sounds of the heart should be daily listened to from the beginning, while the patient held his breath, some evidences would be afforded of the existence of pericarditis before it could proceed to the extremity of creating such a store of pus. I do not say this with any view of reflecting upon its occasional non-recognition by eminent men; for a practical physician, who has to administer within a given period to numerous patients, cannot be expected to lose time in searching for minute complications, which, even if they were found to exist, would not materially alter the course of treatment; but I state it only as the expression of my conviction that practitioners of such skill would find little difficulty in discovering the pericarditis, if it were of any special importance in qualifying the management of the other disease. You will find, on perusing books and reports of certain cases, that many difficulties are stated as lying in your path, and numerous exceptions and deviations from common rules are mentioned as of frequent occurrence. You will find the same in actual practice. But it is no part of my duty to deter the clinical student from pursuing his studies, by arraying before him those negative evidences which he must encounter. I have laid down for you such positive and usual signs and symptoms as will most likely accompany certain positive and usual pathological stages. Follow these diligently and rationally, and you may rely upon it that you will find quite a sufficiency of difficulties and exceptional negations in your courses of practical study to teach you caution and reservation in any diagnosis, without that fore-knowledge, or rather fear of them, which is too apt to beget in the beginner the indifference and indolence of desperation. Throw aside, therefore, any discouragements which you have already received, and gird yourselves up for self-exertion. If all the actual difficulties which men were appointed to meet with in their expeditions were piled up before them on their first day's march, the race of heroes might be at an end. But while, with some reasonable caution, hope is inflamed for the adventure, such difficulties will be spread over a series of times, and so will be subdued by perseverance and experience. Let it thus be with you. Attempt, with all energy, to recognize clearly the positive evidences of healthy and morbid action, without

distracting your mind by any mere possibilities, founded on negations, and obscurities. Be ready, at the same time, to receive with caution and candour such explanations of negations and obscurities as higher experience may be able to offer, and you will certainly fulfil all those ends which I have in view, in adopting the plan of symthesis and simplification in clinical affairs.

Before proceeding to speak of the treatment of pericarditis, I shall first discuss another local inflammation with which it is generally connected in a greater or lesser degree; that is, endocarditis. Endocarditis may arise from precisely the same causes as pericarditis, and, like it, is most commonly dependent on rheumatism. It will give rise to an increased excitability of the organ; and, therefore, either palpitation or a permanently exalted pulse will be pretty sure to accompany it, though not much sensible pain. It may, like other inflammation, throw out serum, or fibrinous lymph, or pus. The former, however, is not likely to be discovered in such a situation; while, as to the latter, I am not aware that it has ever, to any amount, taken place, as most probably there would be a fatal termination before it could reach that point of action. Fibrinous lymph, therefore, is the ordinary exudation recognised in that situation, which may either be thrown outside so as to form clots or polypi, or what are called vegetations, within the cavity, or be so deposited upon or beneath the surface as to produce a very sensible thickening of the tissue. This, of necessity, will give rise to certain morbid sounds from the heart, more especially if the inflammation and its effects have fixed upon the coverings of the valves or of the root of the aorta, in which case there may be a blowing or still rougher murmur, either double or single, at each contraction of the organ. From the more stimulating quality of the arterial blood this affection has been found to seize upon the left side of the heart in preference to the right; and, therefore, the sounds are to be looked for over the aortic and mitral valves. As this morbid condition is often combined, as I have said, with marked symptoms of pericarditis, it may frequently be treated so actively as to ensure a resolution of the action and a reabsorption of the morbid deposits. But it has also often been neglected under rheumatism, and the consequence has been that chronic inflammation has continued for some time after, confirming the solidity of the deposits, and so transforming the fine elastic texture of the valves, &c., that they have become unfit for their proper office, and led to all the ordinary consequences of obstruction on the one hand, and patency on the other; that is to say, hypertrophy and dilatation, followed by venous congestion and general dropsy. Thus the plastic exudations may simply thicken and harden the valves, or the roots of the chordæ tendineæ; or they may be the means of effecting adhesions between these parts and the opposite walls of the organ; or they may form wart-like excrescences and prolongations that shall still more seriously impede the proper functions of the valves, causing them, it may be, both to offer obstruction to the passage of the blood forward and facilities to regurgitation. A further stage may lead to still further changes, by the induction of a degenerative action within these accidental tissues, so that there may follow deposits of scrofulous or calcareous matter; but as these latter will be treated of under another head they need not be dwelt upon at present. I shall only further observe that such alterations of structure necessarily lead to the emission of those morbid sounds during the action of the heart of which we have already spoken while treating of the mechanism of the organ. According to the narrowness or wideness of the apertures, or the roughness of the surfaces, they will assume every degree of harshness, from the gentle blowing murmur of a slight impediment, or slight dilatation, to the rasping, sawing, or loud croaking sounds of more confirmed disease, as already illustrated to you by sundry cases. I cannot proceed to convey to you by mere words more accurate ideas of these matters than are to be found in the descriptions of actual cases; and I shall, therefore, leave you, by diligent practice and observation, to acquire the real knowledge for yourselves. Proceed from day to day in the exercise of percussion and auscultation, both in the healthy and diseased body, until you become expert in them. Do not expect to recognise the sounds at once for yourselves, but seek, time after time, to discover them under the guidance of experience; and after you have once heard them you will not forget them. It is the careless neglect of this subject during the period of pupilage, and the shame of acknowledging ignorance of it afterwards, that constitute the number of incredulous and inefficient, yet self-satisfied practitioners. All such affections, interfering so directly with the current of the circulation, must either lead directly to secondary disease, or give an immediate liability to it. There will generally be anxiety, disturbed sleep, habitually knitted brows, and prostration of energy. The breath will be short, and the person prone to suffer from dropsical swellings in different parts of the body. Though every portion of the frame, however, is liable to be involved, yet some parts will, as already explained, suffer sooner than others, according to the side of the heart that may be chiefly affected. Thus, when the defect occurs in the tricuspid valve (for the pulmonic valves are rarely involved) there will follow a tendency to venous congestion and serous effusions in the general system, while, besides the sounds heard over that valve, the regurgitation will be apparent to the eye within the jugular veins. From the insufficient supply to the lungs, these will also become affected; and, as the additional efforts made by the ventricle ultimately lead on to hypertrophy, the right side will become so augmented in bulk that the impulse will sometimes be felt to take place underneath and to the right of the sternum, unless any adhesions have already bound the heart upwards. These facts were well illustrated in the case of John Wragg, out-patient. He was a car proprietor, aged 45, and had been much exposed to night air, &c. About three years before, he first began to experience pain at the heart, with dyspnœa and slight dropsical swellings. He had been under some treatment; but all the symptoms went on steadily increasing. When he at length

sought the aid of the hospital he was burdened with hydro-thorax, ascites, and hydrocele, along with enormous anasarca of both upper and lower extremities, causing paralysis of the left arm. He had a *grasping* agonizing pain at the heart, over which there was a great bulging of the ribs, and the apex beat violently to the right of, and beneath, the sternum. The dulness was extensive; a loud murmur was heard over the tricuspid valve; the jugular pulses were very distinct, pulse at the wrist 100; respirations 45, and laboured; urine slightly albuminous. The diagnosis was hypertrophy and obstruction of the right chambers, as the causes of the general dropsy. He was seen once a week by myself, and was very frequently visited by my late clinical clerk, Mr. Metcalfe. The indications were to remove the dropsy and diminish the hypertrophy, if possible. To this end he began, on July 2nd, to take cream of tartar and jalap every morning, along with digitalis and other diuretics thrice a day, while local derivants were employed for the local affection. On the 15th the pulse was 80, respirations 30; the left leg and scrotum were natural, and the right leg was diminishing. He was cupped to eight ounces, and continued the medicines. On the 22nd the swellings were entirely gone, and respirations 26; the motions of the heart were less tumultuous, and he felt generally easy, though the dulness, &c., were as before. Some nights after this I was suddenly requested to attend. He had ventured to partake largely of red currants, and all the heart symptoms were greatly aggravated. The stomach and bowels, distended with wind, pressed against the diaphragm. His eyes stared and rolled about; he gasped for breath; his heart jogged in the most irregular manner; and so he died, in great agony. Contrary to our usual custom, no *post-mortem* inspection was made in this case; but, at the same time, the symptoms were so clearly developed that no one experienced in such matters could have one moment's doubt on the subject. If the morbid alteration, on the contrary, has taken place in the left side, in the aortic or mitral valves, or both, the fact will be indicated by the sounds emitted from these valves respectively. In any case there will be induced a certain feebleness of the systemic circulation, leading to languor and debility, along with such an obstruction to the return of pulmonic blood as will bring about congestion of the lungs, with shortness of breath, perhaps asthma, and all the other disagreeable consequences of an imperfect action in that principal organ. Single sounds will indicate in such a case obstruction alone, or regurgitation alone; but double sounds will indicate both the one and the other; and as a certain continuance of this condition induces hypertrophy of the left ventricle, there will occur a harsh strong impulse of the apex, and an extended dulness on percussion, unless other complications should interfere to prevent them. At first the advances of these changes may be so gradual that the patient will only discover by slow degrees that his respiration is becoming markedly different from that of other people, and that his loss of physical energy and liability to the thousand ailments consequent on general or pulmonic congestion, are not consistent with his time of life, previous vigour, and hardihood. Ultimately, however, if unattended to, the results are of the most appalling kind, and the victim sinks under such a complication of pains and penalties, as reconciles the dearest friends to his death, as a simple release from suffering. Thus the whole body may become oppressed with dropsical effusions; not merely deforming the limbs, and distending the abdomen, but also filling the chest and pressing with additional weight upon the already gorged lungs. In this state both the lungs and heart continue to make violent struggles for the protraction of life. The patient cannot lie, but sits up, and yet he cannot sit in one position but for a few minutes at a time. His tightening pains and suffocating feelings compel him to stretch hither and thither in search of the necessary element of air, without obtaining it. His mouth is wide open, his eyebrows drawn up, and the white of the eyes is seen like a ghastly circle round the black, and so struggling from day to day, he at length dies, exhausted. Such is the ordinary course of such valvular disease when neglected and left to make its progress, under the usual excitements and exertions of an active life, as in the fatal cases of Wragge, Anderson, and Faulkner. But yet it must be stated, that with a slight obstruction or regurgitation, life may be protracted in comparative ease for an indefinite period, provided it be combatted occasionally, as circumstances may require, and the patient be able to pass that quiet and even tenor of life that shall never excite the respiration or circulation. Yet, even this person, with all his moderation, ease, and calmness of existence, must still be liable to the usual "ills that flesh is heir to," and under any such visitation, however trifling to another individual, his central organic affection will always render his case precarious, especially if the attack be one involving his lungs, such as asthmatic or common bronchitis, or more especially influenza. Such patients, if they desire to protract life, must not only live quietly, but must obtain instant advice on the first onset of any other disorder, but especially such as involves the lungs. Nay, they ought never to wait until cough, or tightness, or rawness supervene, but take protective measures as soon as they find their respiration increased beyond its standard, by any such exertion as a short walk, or running up stairs. By this means existence, as I have said, may be lengthened to an indefinite period; but otherwise there is but one end for the disease. Thus, in the case of Elizabeth Wheeler, already recounted, with double first sound of the heart, asthmatic bronchitis, and extensive anasarca, she was cautioned when leaving the hospital relieved of the two latter complaints, that under any great exertion they would be sure to return, and so, having to labour for her subsistence, she did come back after a short time, with ascites. Of this she is again relieved, but her life must be a perpetual struggle against this perpetual threatening of the enemy.

The principles of treatment that must guide us, in all these cardiac inflammations, and their consequences, are the same, viz., direct abstraction of blood from the

loaded vessels, and counter-irritation, with the internal use of those medicines which are known to counteract inflammatory action and promote absorption, as well as those which subdue irritability, or neutralize the poisons which may happen to be the exciting cause. Thus, in the acute cardiac assaults which take place in rheumatism, &c., if the onset be exceedingly sudden and formidable, it may be necessary at once to draw blood boldly from the arm, and follow up that step with the liberal administration of opium and mercury, as well as colchicum, &c. But, more generally, if the threatening of the attack be foreseen, as it usually may be, by noticing the preceding simple palpitation, or merely frequent pulse, *i. e.*, more than 100 or 110, smaller amounts of blood, locally abstracted, may serve the same purpose. If necessary, it may be followed by a blister and belladonna plaster, while mercury and antimony are exhibited in conjunction with a small amount of opium. At the same time that these means are pursued, as if for simple cardiac inflammation, the specific poisons must be sought to be neutralized and expelled from the system by other means. First in the list stands colchicum. Act how it may, it is now certainly established that, through its instrumentality, the uric acid in the blood is changed into soluble urea; and we have demonstrated in this hospital that all the beneficial effects of colchicum may be produced without the induction of its purgative or other physiological effects. Neither, when judiciously used, is it found to act injuriously on the liver, or to produce any such depressing effects as are sometimes attributed to it, the pulse and heat of skin being merely lowered, not by its sedative virtues *per se*, but by its beneficial decomposition of the morbid salts, and consequent removal of the irritation and pain dependent upon their presence. It behoves you to study such subjects most profoundly. Physiology may be the soul, but pharmacology is the right hand, of physic. Coupled with the colchicum, draughts may also be administered at the same time, of some diuretic, such as scoparium, holding in solution soda or potash, though I rather prefer the latter; and as the blood is generally in a fibrinous condition, it may be well to conjoin the carbonate and nitrate of potassa together, the latter having a special power in breaking down the "crasis of the blood." Phosphate of soda is likewise used as a solvent of the uric acid, and magnesia is an admirable agent, when acidity is suspected in the lower bowels; but while these are given with chemical views, irritability or pain is also to be subdued by the use of hyoscyamus, aconite, digitalis, or conium. I almost invariably use the two former, though the digitalis is of greatest use when violent action of the heart is increasing the inflammation; and, on reference to the recorded practice of the hospital, you will see the precise doses, times, and modes in which these medicaments are administered, as in the cases of Ryley, Wortley, Phillips, Bull, Charlton, Newton, &c., for rheumatism is exceedingly common here. If the inflammation be chronic, or the morbid deposits have continued as permanent incumbrances, the treatment is still the same, though of a more mild and persevering kind in accordance with the chronic character of the ailment, and modified according to the constitution of the patient. Thus, small abstractions of blood, repeated from time to time, along with occasional little blisters of two inches in diameter, or a seton, if the habit be not too irritable, are the most advisable steps. Friction of mercury and iodine may be employed at the same time. If the heart be very irritable, and quick in its action, it is to be soothed by digitalis, as already observed. Should the patient be corpulent and ruddy, the abstraction of blood may be more free, and the diet very moderate; but if he be weakly and pale, such tonics as cinchona and iron will have to be employed, along with generous diet, in order that he may be able to bear, from time to time, the small local bleedings that may be necessary under dyspnœa and the other more pressing symptoms of cardiac inefficiency. In this manner, even though we may not succeed in curing the disease, we may prevent its increase, and arrest the whole train of the usual secondary consequences, as illustrated in the cases of Twells, Capel, Bevan, Harrison, and sundry others. The practice consists in a vigilant watching of the constitution over a series of months or years, or to the end of life. The valvular forms of the disease of which I speak are very common in this town, and you have had ample opportunities of studying them in the hospital. Their local frequency is obviously traceable to the great prevalence of rheumatism at an early period of life, the masses of the population being exposed to alternations of temperature from the nature of their occupations, and often sitting with one part of their body towards a scorching fire, while the other part is open to cold draughts from a door or window. They will also remove themselves very incautiously from a heated factory to the cold air. Under the rheumatic attacks which may follow in consequence of this suppression of the invisible exhalations, they too often either do nothing at all beyond rubbing in a few inert domestic oils, and taking purgatives, so allowing the disease to expend its natural force, and leave these organic results behind, or they obtain nostrums from the shops, or from empirics, quite irrespective of actual symptoms, or resort to other sources of cheap but equivocal treatment. I state such facts to you only as illustrating the natural history of the disease now under consideration. And you must often have remarked what a very great number of extremely young persons present themselves here, labouring, not only under common rheumatism, but under serious organic affections of the heart, as the little boy Bonny and the little girls Isabella Robinson, Jane Hopkins, &c., not one being above twelve years of age. It will therefore, behove you, in that line of general practice to which so many of you may be hereafter devoted here or elsewhere, to examine most carefully the condition of the heart whenever you find any exaltation of the pulse, especially if accompanied with rheumatic pains, or lithic deposits in the urine. If once inflammation be kindled in such a quarter, and proceed to effect organic changes, there can be no longer any security against the other consequences, which I have

just been enumerating. Sooner or later they will successively marshal themselves upon the line of morbid action, and proceed with dreadful regularity to the final issue. And when you witness, as you have with us so many opportunities of witnessing, those painful, protracted, and laborious struggles which characterize the later stages of such cardiac disease, you will surely be inspired by a generous and holy desire to avert the induction of those causes, which now so often lead to a miserably oppressed life and premature death.

LECTURE

ON THE

DISEASES OF CHILDREN.

DELIVERED IN THE

Chatham Street School of Medicine, Manchester,

By Dr. MEREI,

Fellow of the Hungarian Academy, late Professor of the History of Medicine at the University of Pesth, Clinical Professor of the Diseases of Children, and Director of the Children's Hospital at Pesth; Fellow of the Imperial Society of Medicine at Vienna, etc.

LECTURE III.

Objective Symptoms and Physical Examination of the Organs of the Chest.

Gentlemen,—In my last I said that the physical examination of the organs of the chest forms the most perfect, the most splendid part in children's practice. In fact, not only does a little child not give us those accounts and indications by which an adult patient frequently enlightens us as to the state of the lungs and heart, but it even not seldom happens that in little children very severe acute inflammations of the lungs and of the pleura take place without cough, or, at least, without appreciable cough. I can state this not only as a fact which I have frequently witnessed in my life, but also as a source of mistake at the same time. Little children affected with very acute pleurisy are sometimes impeded in coughing (during the first stage of this disease) by severe pain, and by the exhaustion consequent upon it. Again, if a large transudation fills up one half of the chest, suppressing all the activity of the corespondent lung, and the other lung is perfectly healthy, they do not cough under these circumstances; and as there is in this state much oppression of the brain, and even a degree of sopor, I have seen persons wrongly apply leeches to the head. Then, if the child survives to that height of the disease, the cough begins, and increases in proportion with the progress of the absorption of the liquid. It may be that there was in such cases some slight cough, but it was, at least, very indecisive, and perhaps escaped altogether the attention of the assistants. In those cases either percussion or auscultation would have assisted us, and been enough to make clear the quality of disease. There are likewise other cases, less serious, but in great number, in which by no other means than by physical examination can we get exact information. It would be, however, extravagant and disadvantageous should we neglect to observe the external phenomena of respiration, crying, and cough.

Before we apply our ear to the chest we observe closely the child with our eyes. The *respiration*, if deranged, will be either slow, deep and heavy, or quick, superficial, and checked. The slow and heavy inspiration is peculiar to some adynamic fevers, or cerebral transudations. The quick and frequent, if not also checked, is common to febrile excitement; but if superficial and checked, then it denotes either an affection of the respiratory organs, or of those of the circulation. This sort of respiration is dyspnœa, united with much anxiety and occasional sighs in affections of the heart, and with expression of pain in the countenance in severe pleurisies. We look then at the *movement of the chest*, which, in cases of impeded inspiration, will appear to move more or less incompletely, *i.e.*, in lobar pneumonia and pleurisy. In this case there will be abdominal respiration. Sometimes we perceive proportionally less movement on the affected half of the chest; this is even the case in very strong rheumatic pleurodynia.

Crying is impossible in acute pulmonary or pleuritic affections, just because the *outcry*, as a more violent act of expiration, makes necessary a deeper inspiration incompatible with those affections. If, then, under such circumstances, the child inclines or begins to cry, we see immediately that the *back-draught*,—that is, the inspiration, is checked, and thus the continuation of loud wheezing is prevented. Speaking in general of crying, if the child at once begins violently to weep, and then ceases, and shows good spirits, and we observe this change several times, we may suspect either a spasmodic pain in the abdomen, or otalgia. The most sudden and severe pains in children are,—spasm of the bladder, (dysuria spasmodica,) of the stomach or intestines, and otalgia. If the child cries in consequence of dysuria, we observe the urine voided drop by drop; if ceasing to weep, and eructations come out, we conclude there is spasm of the stomach, and if flatulencies are emitted, the cause of the previous violent spasm may be a spasm of the intestines. If, during most violent cries, the child inclines its head laterally, and brings one of his hands near one ear, we may suspect otalgic pains. I must acknowledge, however, that in some cases I did not observe those latter signs, and it was only afterwards that the commencement of mucous or purulent discharge from the ear made clear the cause of violent crying.

On all occasions when children weep *violently*, there is a disposition to some convulsive movements, or to spasm of the larynx. The first consist in short and repeated shocks of back-draughts, the latter in impeded, noisy, forcible, and prolonged back-draughts. If this happens occasionally in consequence of long and vehement crying, it is of no importance; but if those abnormal modifications of crying are frequent and vehement, it signifies a nervous disease. Thus, in

laryngeal spasm, after each short checked outcry, there ensues a prolonged, forcible, and noisy back-draught.

Frequent and prolonged weeping, with some uneasiness and irascibility, this latter persisting even during the intervals, is very seldom to be attributed merely to the temper, but most probably to some illness of the child.

Coughing is a more or less vehement and suddenly checked expiration, preceded by either a free and deep, or a superficial and impeded inspiration. Cough, in simple bronchitis, consists of loud and full expirations, with a free and deep inspiration. In pneumonia the expiratory act of cough is more or less superficial, imperfect, and the inspiration laborious or checked. In acute pleurisy these qualities of the acts of coughing are the most pronounced, and we observe during their performance an expression of pain or of anxiety in the child's countenance. If the cough is only occasional, short, but not checked, with persistent expression of painful anxiety on the face, yet with slow, deep, and long inspirations, this is the general character of cough connected with affections of the heart. Violent, loud, short, but frequently and rapidly following expiratory acts of coughing, with interposed, single, loud, long, and full inspirations, is the character of convulsive cough. Cough is, in general, more moist in children than in adults, moist even sometimes in the first stage of acute pneumonia. After we have observed for some time the respiration of the child, or the respiratory acts of its crying or coughing, and after we have observed these acts in different positions, (dorsal and both laterals, because in pneumonia the respiration is more easy, and cough less irritable, if the child lies on the affected side,) we proceed to the—

Inspection of the structure of the chest.—We distinguish the phthisical and the rachitic structure of the chest. The former, always united with a delicate slender complexion, appears to be round, but evidently narrow in its upper part. The rachitic chest is laterally compressed, or better to say excavated, whilst prominent at the sternum, and presenting the shape termed "pigeon-breast." In those latter cases we find also frequently an abnormal curvature at the spinal part of the chest. It is most important to be aware of the rachitic structure of the chest, because I found the phenomena of visible respiration, as well as those of auscultation and percussion, considerably modified by it. For some years I was in frequent embarrassment with the diagnosis of similar cases, till at least clinical observation, united with repeated dissections of similar children, led me to some conclusions. A high degree of rachitic compression impedes the respiratory acts. The ribs deviating from their normal curve, cannot obey the respiratory movements of the intercostal muscles. Thus we see in these subjects a high degree of dyspnœa; then passive congestion takes place in the lower half of the lungs, and mucus accumulates. Auscultating on these very parts we perceive little or nothing of the vesicular respiratory murmur, but frequently some fine râles, resembling the subcrepitation, whilst towards the upper half of the dorsal part of the chest we hear a violent bronchial respiration, resembling the tubular soufflé in pneumonia, with occasional large râles. The sound of percussion is something dull at the lower dorsal part, in particular near the spine, where the spongy part of the vertebræ is frequently in a state of swelling. The percussion is, anteriorly, in general clear, and very clear at the lateral hollow of the excavated parts of the chest. All these abnormal phenomena proceed from the structure of the chest. Chronic bronchitis and passive congestion, are most common in these subjects, but it is important to know, that acute pneumonia and lobar hepatisation, are quite strange to them. In some of these cases I discovered, by dissection, that state of passive carnification, at the back margins of the lobes, which Legendre and Bailey term the "fœtal state."

The *particularities and difficulties of auscultation* on little children are many:—

1st. The respiration of young children is regularly quick and noisy. This must be allowed for.

2nd. There is much propensity to mucous secretion, and as they do not eject it, mucus accumulates, and causes a great many large and fine râles, which veil the respiratory murmur, and impede us sometimes in perceiving the crepitation in pneumonia, or the rubbing sound (frottement) in pleurisy.

3rd. Mucous obstruction of a large part of the bronchial tubes sometimes takes place, and prevents the perception of the vesicular murmur. This case we enlighten by percussion, as the sound in mucous obstruction is clear, or but very slightly dull. Nor is there true bronchial respiration in these cases.

4th. A little child's chest is of a small extent, consequently if we auscultate, even at the middle of the chest, our ear is struck by the respiratory sounds of the trachea and of the large bronchial tubes, and there is difficulty in perceiving slighter alterations of the sounds.

5th. The child will neither perform a deep inspiration, which sometimes we need to observe, nor will it speak words at our wish and command; thus, bronchophony, pectoriloquy, and œgophony, are lost from us, we can only hear sometimes the modified sound of the voice during cries.

In order to get a full inspiration, as fall as the child can perform it, I find the best plan the following:—I order the child to be taken in the arms of its mother or nurse, in a position which allows auscultation, behind and laterally; then I approach cautiously from behind, and lay one of my hands on the upper part of the abdomen, and exert with it a gradually increased pressure, thus the abdominal viscera pushing the diaphragm upwards, the child exerts its power to overcome this impediment by a more extensive inspiration. If this act is prevented by pleuritic pain, we perceive it by its anxiety or irascible struggle with its trunk and hands, and by moans and cries, as far as they are possible. In this manner we should always assist the physical examination of the organs of the chest. The *percussion*, on the contrary, is the most enlightening means of examination in children. The walls of their chest are thin and flexible, consequently we perceive more imme-

diately the sound of the pulmonary texture, and even its consistence.

If we are aware of the above-mentioned circumstances, by and by, with patience, careful exercise, and intelligent combination of all that we see and hear, and of all that we feel with our percussing fingers, we cannot fail to arrive at a high degree of certainty in this sort of diagnosis. A new practitioner must proceed in a very simple way. He must not attempt to discover scattered lobular pneumonia, or single tubercles; this is, in general, a matter of approximative induction or conclusion. The pathological knowledge of the respiratory organs is carried to-day to a certain minuteness, which makes the subject rather difficult to the understanding. My anatomical line and gradation is the following:—

Simple bronchitis.—Inflammation of the bronchial tubes of large and middle size.

Capillary bronchitis.—An extension of the former into the fine bronchial ramifications. The highest degree is—

Broncho-pneumonia—by some authors termed catarrhal pneumonia, by others vesicular bronchitis, which, taken anatomically, is all the same; and it is even difficult to draw a line of separation between capillary bronchitis and broncho-pneumonia, only we may apply this latter name, or its mentioned synonymes, to the highest degree of capillary bronchitis. As merely an appendix, or a somewhat higher degree, or neglected state of broncho-pneumonia, may be considered the—

Lobular pneumonia.—This consists in the hyperæmic, indurated, or suppurated state of either single scattered lobuli, in which case we say *scattered lobular pneumonia,* or there are a great many of them present in one part of the lung, and then we say *generalized lobular pneumonia,* and hence, then, the gradual transition to lobar pneumonia. The expression "mamellonous *lobular pneumonia,*" signifies a circumscribed indurated state of single lobuli; and with the term "*partial lobular pneumonia,*" French authors understand a lobular inflammation whose centre presents much hardness, but gradually less towards the periphery. These are pathological subtilties important in science, but less available in practice. Then we have—

Lobar pneumonia.—This is the phlegmon of the lungs; it takes a whole part of one or both lungs, with all its constituent elements, and begins in general in the finest parenchyma of the lungs, without, or at least frequently without, bronchitis. In all these forms of broncho-pneumonia and pneumonia, there can be a complication of tubercles, either scattered, or extensive infiltration. We can only conjecture at their presence. Tuberculous caverns are seldom found in little children.

Pleurodynia.—Pain in the pleura, without fever or inflammation.

Pleuritis.—I term the first stage of acute pleuritis *pleuritic transudation*; there cannot be any mistake in this term.

Carnification has just the same value as in adults, but is less frequent in children.

Now, I am sure, that for practical purposes we can limit our diagnosis upon the following points:—*Simple bronchitis*—numerous large râles, clear sound of percussion, much cough, free inspiration, free movement of the chest. Or, *broncho-pneumonia*—very much diffused large and fine râles, the vesicular murmur not always, nor everywhere, audible, the inspiration imperfect, the movement of the chest lessened, the sound of percussion less clear, in some cases even partially a degree of dulness. In this latter case, and by the more pertinacious course of the malady, we may suspect lobular pneumonia complicated with it; and if these fine râles and some dulness are perceived between the scapulæ, and the habit of the child scrofulous, we suspect tuberculosis. Or, there is a high degree of dyspnœa, the movement of the chest much impeded, no vesicular murmur in a large part of the chest, but around it some fine râles, or crepitation and respiration present, we are induced to suppose *lobar pneumonia.* Lastly, with regard to pleuritic affections. Impeded inspiration, with evident expression of pain in the countenance, without fever, denotes pleurodynia on that side where the chest moves less freely, and where we perceive, by auscultation, less distinctly the respiratory murmur. If, under these very phenomena, fever be present, we regard the affection as the *first stage of pleuritis.* If over the lower part of the lung, much dulness is present, no respiratory murmur, no râles nor crepitation, no bronchial respiration, this denotes a large *pleuritic transudation.* If the transudation is less, or begins to be absorbed, then râles appear, and bronchial respiration.

Gentlemen, these are the most important significations of physical symptoms of the respiratory organs important for practice, and attainable by the well-informed practitioner even in a tender child.

On the next occasion we shall speak on the symptoms of the heart, and proceed to those of the abdomen.

CASE OF POPLITEAL ANEURISM,

CURED BY PRESSURE ON THE FEMORAL ARTERY.

By W. WARD, M.D., Huntingdon.

Read at the Cambridge and Huntingdon Branch Meeting of the Association, held at Ely, June 17th, 1851.

Thomas Baker, of Spaldwick, aged 36, admitted into the Huntingdonshire Infirmary, March 13th, 1847. Has been for the last ten years of his life an ostler at an inn, and previously to that time a post-boy, and in the habit of drinking much beer, but has always had good health; is a stout muscular man, of sanguine temperament. In August last he first felt pain in the popliteal space and about the knee, which made him lame, but did not observe any swelling or pulsation. The pain and lameness then disappeared, but came on again three months ago. His wife then observed a pulsation under the knee, which had escaped his own observation; since that time it has gradually increased.

For the last month or five weeks the pain has much increased, especially at night, not being much complained of in the day time; but there has been much difficulty in moving the limb from a state of rest. When admitted the limb presented the following appearance:—In the popliteal space of left leg there is a somewhat diffused swelling, which has a distinct pulsation through its whole extent, especially on the outside. Upon compressing the femoral artery the pulsation ceases, and the tumour diminishes in size; the stethoscope gives a distinct bruit de soufflet; the tumour appears about the size of a small egg; there is great pain felt in the tumour, which prevents his sleeping at night; the general health is good; the heart's sounds are normal; the posterior tibial can be distinctly felt, although pulsating feebly; the anterior tibial more feeble, and not so distinct.

19th.—For the last day or two there has been increased pain and swelling in the integuments and cellular tissue over the inner hamstrings, but apparently not connected with the aneurismal tumour. In consequence of the success which has attended the treatment by pressure of late, especially in two cases by Mr. Storks (*vide Lancet*, May, 1846), and this case appearing favourable, from the small size of the tumour and general good health and age of the patient, this treatment was adopted. Signorini's tourniquet was applied over the superficial femoral, at the upper-third of the thigh, not to completely stop the circulation, but only to impede it, the intention being not to apply pressure too forcibly at first. It was borne very well for a few hours, when the tourniquet was slightly slackened by the patient. Before the application of the tourniquet the temperature of the affected limb below the knee was lower than the sound one; three or four hours afterwards the temperature increased, and became higher than the other, and a slight swelling of the foot and leg appeared.

20th.—Had no sleep; at intervals has tightened and slackened the tourniquet; the posterior tibial can be felt beating distinctly; there is slight œdema of the limb. The circumference of the sound limb is thirteen inches and a half, that of the affected seventeen inches, measured round the knee. Ordered an aperient. Pulse 80; tongue clean; slight thirst.

21st.—Slept tolerably well; there is considerable swelling of the leg; bowels open from an aperient.

22nd.—Slept but little; obliged to slacken the tourniquet, or could not sleep; pulse 84; slight thirst; the temperature of the leg higher than the sound one; felt much ease from the application of Goulard lotion to the foot and leg. Size of the limb seventeen inches. On removing the pressure, pulsation of the tumour more feeble than before it was applied. The posterior tibial artery cannot be felt, probably owing, in part, to the swelling of the foot.

This treatment was continued, with variation of the pressure according to circumstances.

April 22nd.—For the last three weeks he has had no pain under the ham, and the aneurismal tumour has considerably diminished, and so altered in its character as to leave little doubt that the aneurism is becoming obliterated. Pulsation in the posterior and anterior tibial cannot be felt. During the whole of this month slight pulsation could occasionally be felt, and pressure was continued, with occasional intermission.

In the middle of June, some slight pulsation with bruit still continuing, the pressure, which had been left off, was reapplied. This was continued for three weeks, when no further pulsation could be felt.

August 28th.—There is now little or no swelling to be perceived in the ham; no pain upon walking; no pulsation. There is a slight bruit to be heard when the leg is flexed, and the stethoscope pressed deeply into the popliteal space; but this is probably produced by the compact coagulum around the artery.—Discharged.

June, 1851.—Up to the present time continues perfectly well.

Hospital Reports.

BIRMINGHAM GENERAL HOSPITAL.

CASE ADMITTED UNDER THE CARE OF J. HODGSON, ESQ.,

(Reported by ALEX. H. PATERSON, Esq., Altringham)

Gun-shot Wound of Thigh, with injury of the Neck of the Femur.

Edward Miller, aged 18, glass-maker, admitted into the Birmingham General Hospital, November 2nd, 1845. On examination, a wound about two inches in diameter was found in his glutei, behind and a little external to the hip-joint. It was bleeding freely, appeared about three inches deep, and on being probed by the finger was found to contain a great number of shot, some wadding, and so many splinters of bone, that the surgeon who first examined it considered the trochanter and neck of the femur to be blown to pieces. The boy said that, being out shooting, he had, when clambering through the gap of the hedge, held his gun behind him by the upper part of the barrel, and that the piece had gone off, the whole of the charge being lodged in his right thigh.

Ordered a yeast poultice to the wound, and to lie on his chest. The bleeding soon ceased, most of the shot, the wadding, and some of the splinters, were removed by the finger.

3rd.—Passed a bad night; bowels confined; face rather flushed; tongue moist and white; wound very painful, filled with dark blood, some of which has discharged into the poultice.

4th.—Passed a bad night, general symptoms much as yesterday. No tenderness in the abdomen; pulse 106, not hard; bowels open. Ordered a glass of wine daily, and three grains of carbonate of ammonia every four hours in an ounce of camphor mixture.

5th.—Passed a bad night and otherwise much the same. Ordered half an ounce of castor oil, and an enema. This acted freely in the evening.

7th.—Slept pretty-well; appetite pretty good; feels much more comfortable; wound discharges healthy matter freely.

9th.—Going on well; tongue still furred. The house-surgeon enlarged the wound three inches and extracted several shot.

11th.—The wound now looks quite clean, and is rapidly filling with healthy granulations There is a sinus extending a short distance down the thigh.

13th.—Continues to improve, but complains of much pain in the stomach. Omit wine.

18th.—Going on well. Omit poultice; the wound to be closed with sticking plaster, and covered with water-dressing.

24th.—General health pretty good. Wound filled with granulations, and much reduced in size. A small sinus appears in one part of it, and probably communicates with the bone. Is able to flex and extend the limb.

December 18th.—Continues much the same. Wound slowly heals.

January 24th, 1846.—Free motion in the limb, but unable to bear much weight on it. External wound not quite healed. From this time I lost sight of the case, but believe that after the discharge of some fragments of bone the patient recovered.

Remarks.—The patient in this case was young, thin, and suffered from considerable hæmorrhage before he reached the hospital; but allowing for these favourable circumstances the amount of reaction was very slight, particularly when it is considered that a charge of shot was lodged in and around the great trochanter, and that the capsular ligament can scarcely have escaped some injury. The treatment was very simple, and in my opinion very much more successful than an immediate dilatation of the wound for the minute examination and removal of the splintered bone, &c., would have been. I give the testimony of the gentleman who first examined the case respecting the extent to which the bone was splintered. The eminent surgeon, (Mr. Hodgson,) whose case it was, decided that the bone, though splintered, could not have been broken through, as there was no shortening of the limb, and motion was so soon restored in it.

Provincial Medical & Surgical Journal.

WEDNESDAY, JULY 9, 1851.

Our readers will perceive by a letter published at another page, that a Dr. Hilbers, of Liverpool, has come to the rescue of Mr. Hale, of Norwich, upon whom we thought it right to animadvert for his dishonesty in obtaining a degree from the University of St. Andrew's, by exercising what he, in the *Lancet*, calls by the mild term of "reserve," as to his homœopathic sentiments. Much as we consider Mr. Hale to blame, we pity him for his defence; for his advocate, so far from dispersing the moral cloud in which his conduct has enveloped him, has but given it a more sombre tint. He admits, in fact, that equivocation is justifiable, when it is necessary for obtaining a given end. His argument, if argument it can be called, amounts to this:—Any individual, who is acquainted with the present state of medical science, and with the recognized principles of treatment therein involved, (which, be it understood, he affects to repudiate,) but who is also a believer in homœopathy, and as such, knows something of billionths, trillionths, and other more impossible doses of drugs, is justified in order to gain a specific object, in suppressing this supererogatory knowledge, and exhibiting so much and no more as shall be satisfactory to the examiner. And a very pretty argument it would be, if this information which he possesses over and above the examiners, were admitted by them as truth. But when it so happens that what Dr. Hilbers calls extra *knowledge*, is not only not admitted by the examining body to be truth, but is regarded by them as a mischievous fallacy, which, if fairly acted upon in *real* disease, is pernicious to the welfare of the community, what becomes of the argument? Is there no difference between the suppression of supererogatory knowledge known and admitted to be such but not required, and the suppression of that which is considered to be an error, and the practice of which is held as a disqualification for the object sought? Knowing, as a homœopath must know, that the latter is the view in which his tenets are regarded, and being moreover, aware, as he must be aware, that the University, whose honours he was ambitious of possessing, would infallibly have refused those honours, had his sentiments been candidly avowed, not even the sophistry of Dr. Hilbers can make it appear that it was consistent with honourable principles to obtain a diploma as has been done in the case in question. If Dr. Hilbers cannot see this we are sorry for him; it merely shews the truth of the adage, "*facilis descensus averni;*" his own conscience, from his first lapse from the principles of medical practice, which have received the sanction and have been elaborated by the highest intellects of successive ages, must have sadly lost the fine sensibility which is the characteristic of the man of honour.

Should we be thought too severe in our expressions, we invite Dr. HILBERS to put this case to any gentleman of character, or to a clergyman :— I am in want of a certain honorary distinction, in the gift of a certain university, but my principles are such, as if they were known, would assuredly prevent my obtaining the object of my wishes. Am I, as a Christian and a gentleman, when interrogated with the express intention of testing those principles, justified in disguising them? This is the simple moral proposition, divested of the flimsy sophisms by which Dr. HILBERS has sought to surround them. Let him honestly put this question, and we venture to affirm that, from any member of the sacred profession, or from any right-minded man, he will have but one answer.

We would remind Dr. HILBERS, that in our remarks upon Mr. HALE, we did not find fault with him for his belief in homœopathy; we were willing to concede that he was one of the few who were honest in their convictions on that matter; we blamed him only for what we considered a wilful act of deception. But as Dr. HILBERS has challenged us to state whether our opinion that homœopathy is a humbug is derived from actual experimentalization in its absurdities, we do not hesitate to answer in the negative. We have never thought it requisite to torment the bowels of our patients with Morrison's pills, nor to anoint them with Holloway's ointment, as a necessary preliminary to our condemnation of those particular forms of quackery; why should we make an exception in favour of homœopathy for which there is even less appeal to common sense, and which is utterly repulsive to logical induction. We presume that Dr. HILBERS abjures Mahomedanism; has he thought it necessary, before so doing, to examine carefully into the tenets of Mahomet, and to study the Koran?

But though we have not ventured for the sake of pandering to the depraved taste of the *blasè* votaries of fashion, who would fly to anything for a new sensation, or of the silly multitude, who take *omne ignotum pro magnifico*, to trifle with those who confide in our judgment; we have both in public and private practice seen but too many instances of health frittered away and life lost, under the wretched system which Dr. HILBERS advocates. Bitter have been the lamentations, and severe the self reproaches of many, in our own personal knowledge, for suffering themselves or those dear to them to be the victims of this inanity. We have seen tubercular disease allowed to hurry, unchecked, through its fearful stages, the credulous patient believing the dictum of his homœopathic oracle, that he had been poisoned with mercury. We have seen trifling dyspepsia, that a first year's student would have cured, allowed to subside into confirmed anæmia; we have cured in four or five days, ailments that had been globulized unavailingly for six months. But we are free to confess that, had we not witnessed these warnings, we should still have pinned our faith to principles which have had the sanction of a Sydenham, a Baillie, and an Abercrombie, and are maintained by a Chambers, a Bright, and a Williams, rather than be attracted by a pseudo-science, which in this country is supported either by men whose only notoriety is that which it affords, or who have previously been distinguished for their adoption of any and every charlatanism, by which, for the time being, the public could be deluded.

Dr. HILBERS demands a refutation of the homœopathic doctrines They have been refuted over and over again, in a manner which would satisfy any mind capable of comprehending a logical disquisition, or which is not warped by self-interest. We will neither waste our own time, nor weary the patience of our readers, by a further attempt to expose the errors of a system, of which, in spite of their magniloquent assertions to the contrary, it is so clearly the object of its professors not to be convinced. In a man who can believe and practice homœopathy, in our deliberate opinion, either intelligence or conscientiousness must be deficient; an appeal to either would therefore be entirely thrown away.

Reviews.

Portraits of Diseases of the Skin. By ERASMUS WILSON. FASC. IX.

Pathology of the Human Eye. By JOHN DALRYMPLE, F.R.S., &c. FASC. VII.

Surgical Anatomy. By JOSEPH MACLISE, F.R.C.S.

THESE splendid works proceed with unprecedented regularity, and with no falling off in practical value, or faithfulness and beauty of execution.

Mr. Wilson's work contains illustrations of the

following diseases:—lichen solitarius annulatus; lichen syphiliticus confectus; roseola annulata, and psoriasis guttata.

Mr. Dalrymple's seventh number embraces the subject of the varieties of cataract and the operation of depression. It is impossible to speak too highly of the life-like accuracy of the drawings.

In the present number of the "Surgical Anatomy," Mr. Maclise gives four plates illustrating the operation of lithotomy, and congenital and acquired malformations of the urethra and prostate gland. The next number is to conclude the work, which, from its cheapness is, or will be, we doubt not, in the hands of every scientific surgeon.

Proceedings of Societies.

MEETING OF THE SUFFOLK BRANCH.

The anniversary meeting of the above Branch of the Association was held at Framlingham, on Friday, the 27th of June. The meeting was held in the Town Hall, a spacious and commodious room, which is built within the ruins of the ancient and far-famed castle. There were several reasons which conspired to prevent the members of the Association from attending the meeting, the principal of which was the attraction of the Great Exhibition. Severe and important cases kept away some of our valued associates, but notwithstanding, it will be seen that the attendance was fair, and the contribution of papers and cases supported the scientific character to which our Suffolk Branch, we think, fairly lays claim.

The following members were present:—Dr. Durrant, Ipswich; Dr. Kirkman, Melton; Dr. Chevallier, Aspall; Dr. Millar, Eye; Wm. Jeaffreson, Esq., Framlingham; C. G. Read, Esq., Stradbroke; H. L. Freeman, Esq., Saxmundham; R. V. Gorham, Esq., Aldborough; E. Gross, Esq., Earl Soham; J. Beales, Esq., Halesworth; Wm. Muriel, Esq., Wickham Market; Chas. Marshall, Esq., Woodbridge; J. C. Edwards, Esq., Ipswich; P. Weston, Esq., Yoxford: John Wilson, Esq., Framlingham; C. R. Bree, Esq., Stowmarket.

At two o'clock the chair was taken by Dr. Kirkman, who, on having addressed the meeting resigned it to Wm. Jeaffreson, Esq., who spoke at some length and with much kind feeling upon the honour of being called upon to preside at the meeting.

Mr. Bree then read letters of apology for non-attendance from Dr. Baird, W. Image, Esq., (enclosing his annual subscription of £5. 5s. to the Benevolent Fund,) Dr. Ranking, J. Manning, Esq., J. Growse, Esq., R. Growse, Esq., Dr. Growse, W. E. Crowfoot, Esq., John Gissing, Esq., W. C. Worthington, Esq., W. Davy, Esq., C. Mann, Esq., G. Baker, Esq.,

The following papers were then read to the meeting:—

1. A successful "Case of Operation for the removal of an Ovarian Tumour, weighing twenty-six pounds, by the Large Incision." By John Beales Esq., of Halesworth.

2. A "Case of Diseased Bladder." By R. V. Gorham, Esq.,

3. A severe "Case of Diseased Neuralgia of the Face, successfully treated (after all other remedies had failed) by Cod-liver Oil." By Dr. Durrant.

The relation of this case brought out the following remarks from members present upon the remedial powers of this valuable remedy:—

a. Its successful use in the treatment of hœmorrhoids, administered internally, by Dr. Durrant.

b. Two cases of phthisis pulmonalis as diagnosed by well-known stethoscopists, cured by cod-liver oil, by C. R. Bree, Esq.

c. Its successful use in the treatment of chronic rheumatism, by John Beal, Esq.

d. A case of phthisis pulmonalis, in which great improvement had resulted and was still going on from the internal administration of almond-oil, by H. L. Freeman, Esq.

The President asked if any member had any experience of its use in sciatica, and no answer being given to the question,

Mr. Bree related a severe and long protracted case of sciatica, in which quinine in large doses, iodide of potassium, aconite and belladonna (externally), acupuncturation, blisters, &c., had failed, which was entirely cured in a fortnight by the unguentum veratriæ, ten grains to the ounce, rubbed in every night with a horse-hair glove.

4. A most interesting "Case of Fungoid Disease of the Dura Mater, running its course and proving fatal in six months, illustrated by the Preparation and well-executed Gutta Percha Models." By C. B. Read, Esq.

5. A "Case of Stricture of the Urethra." By Wm. Jeaffreson, Esq.

Dr. Kirkman mentioned a "Case of Hay Fever," occurring in his own family, which had resisted all treatment. Dr. K. promised to detail the case, with some remarks upon this curious disease, at the next meeting.

The following resolutions were then passed unanimously:—

Proposed by Dr. Durrant, seconded by H. L. Freeman, Esq.,—

"That this meeting regards, with the utmost satisfaction, the resolution passed by the College of Surgeons on the 19th and 24th of March last, upon the subject of Medical Reform; and entirely concurs in the spirit of the memorial presented by the Central Council of the Provincial Medical and Surgical Association to Sir George Grey upon this subject."

Proposed by Dr. Chevallier, seconded by J. V. Gorham, Esq.,—

"That the place of meeting of the Suffolk Branch of the Provincial Medical and Surgical Association for

1852 be at Stowmarket, and that Dr. Bedingfield be requested to preside."

Proposed by Dr. KIRKMAN, seconded by C. GROSS, Esq.,—

"That the best thanks of this meeting be presented to those gentlemen who have read papers and cases."

Proposed by Dr. MILLER, seconded by C. READ, Esq.,—

"That the best thanks of this meeting be presented to the Masters and Fellows of the Pembroke College, Cambridge, for the use of the Town Hall for the purposes of this meeting."

Proposed by G. R. BREE, Esq,, seconded by W. MURIEL, Esq.,—

"That a memorial be presented to the Central Council, requesting them to take into their consideration the eligibility of holding the Annual Meeting of the Parent Association at Ipswich, the first vacant year after 1852, and that the following gentlemen do form a Committee, to draw up and present this memorial to the Council at the ensuing meeting at Brighton:—Mr. Jeaffreson; Dr. Baird; Mr. Martin, Holbrook; Dr. Kirkman; and Mr. Bree."

The following gentlemen were elected members of the Association:—Charles Marshall, Esq., Woodbridge; John Wilson, Esq., Framlingham; Thomas Jarmain, Esq., Holbrook; Robert Rowe Corley, Esq., Laxfield. And the following were recommended to be added to the Council:—Dr. Wake, Southwold; Wm. Edward Crowfoot, Esq., Beccles. Votes of thanks were then passed upon the President and Secretary, and the meeting separated.

Between twenty and thirty members and their friends sat down at five o'clock to an excellent dinner at the Crown Hotel, Mr. Jeaffreson in the chair, supported by the Rev. Mr. Attwood, Drs. Durrant, Kirkman, Chevallier, &c., and thus ended a very pleasant and agreeable meeting.

MEETING OF THE

CAMBRIDGE AND HUNTINGDON BRANCH.

THE annual meeting of the Cambridge and Huntingdon Branch was held at Ely, on Tuesday, June 17th. Between thirty and forty members were present, including Dr. Ward and Mr. Isaacson, of Huntingdon; Dr. Whiting and Mr. Sayle, of Lynn; Dr. Webster, Mr. Carter, Mr. Johnson, and Mr. Humphry, of Cambridge; Mr. Muriel, Mr. Robert Muriel, and Mr. Jones, of Ely; Mr. Girling, St. Ives; Mr. Newton, Alconbury; Mr. Pinchard, Cottenham; Mr. Hitch, Fulbourn; Mr. Calver and Mr. O'Connor, March; Mr. Faircloth and Mr. Peck, Newmarket; Mr. Porter, Peterborough; Mr. Steele, Stoke Ferry; Mr. Joy, Northwold; Mr. Archer, Feltwell; &c., &c.

Dr. Ward, of Huntingdon, vacated the chair in favour of Mr. Muriel, of Ely, who had been chosen president for the ensuing year.

Aortic and Popliteal Aneurism; Excision of the upper end of the Humerus and Femur; Discussion on Chloroform; Tubal Pregnancy; Deficiency of Abdominal Parietes and fore-part of Bladder; High Operation of Lithotomy.

Mr. HUMPHRY, of Cambridge, exhibited a specimen of aneurism of the commencing part of the descending aorta, which projected the left pleura, and had made its way through the ribs, so as to form a swelling on the left side of the spine. The coverings of the tumour were formed by the lung which was adherent, and condensed over it, by the pleura, the muscles of the back, and the vertebræ. It had no distinct lining, but the several parts forming its wall were coated by a thin layer of lymph, or by laminated, loosely-adherent fibrinous coagula. The bodies of four vertebræ were deeply excavated by the pressure of the blood, their exposed surfaces being rough and uneven, like those of an ulcerated bone. The intervertebral substances stood out in strong relief, having undergone very little change. The theca of the spinal cord was exposed for nearly two inches. The ribs were destroyed as far as their angles, and their rough extremities projected naked into the aneurismal cavity. The opening from the aorta, situate one inch and a half below the left subclavian, was round, an inch in diameter, with thick smooth edges; the inner coat of the artery was sharply everted, and continued for a short distance into the interior of the sac, but was soon lost.

The patient, aged 54, had been attacked in October, 1849, with pain in the left side and shoulder, thought to be rheumatic; it was very severe, and was only partially relieved by blisters and other treatment. In March, 1850, his wife discovered a swelling on the left side of the spine; this swelling was soft, and pulsated, but no bruit could be detected. He died September 3rd, 1850. Two months before death he was so much better as to be able to go to work in the fields. Paraplegia came on suddenly two weeks before death. He had been in the army many years. Had served twelve years in India, where he had rheumatic fever. In the last few years had been a farming labourer in England.

The specimen was an illustration of the havoc which ensues when, owing to accident or disease, the elastic coats of an artery give way and cease to retain the current of blood within its proper channels, no other tissue being capable of resisting the impulse of the blood. The absence of bruit was probably dependent upon the character of the opening into the aneurism, and upon the flow of blood through it being slow. The previous occurrence of rheumatic fever is worthy of remark, because aneurism of the aorta and other arteries is not uncommonly traceable to that disease.

Dr. WEBSTER wished to call attention to the position which coagula occupy in aneurismal sacs. He had observed that they were often situated, not as is generally stated, in the parts where the blood is most at repose, but in other places, the locality being probably determined in many instances by some inflammatory condition of the interior of the sac.

Dr. WARD related the particulars of a "Case of Popliteal Aneurism, cured by Pressure upon the Femoral Artery." (Printed at page 373.)

Mr. HUMPHRY also related a case of the same kind.

Mr. SAYLE produced the diseased upper end of a humerus, which he had removed from the stump of an arm by an incision through the deltoid muscle. He had performed this operation in preference to amputation at the shoulder-joint, in the hope that the remaining soft parts, in which some bone had been deposited, would admit of the application of an artificial limb. So far as the case had at present gone it appeared to justify his expectations.

The same gentleman also produced the ulcerated upper extremity of a thigh bone which he had removed from a patient with diseased hip. The head and considerable part of the neck had been destroyed by ulceration. Though the incision healed, an abscess had formed subsequently in the pelvis and the case had not been, on the whole, quite satisfactory.

In a discussion which then ensued upon the subject of "Chloroform," Mr. HUMPHRY said there could be no doubt that the vapour is transmitted through the medium of the blood, and brought into direct contact with the nervous centres, the several parts of which it affects, in the order of their susceptibility to impressions, viz., 1st., the sensorial; 2ndly, the emotional; and 3dly, the reflex; in the same manner as alcohol, ether, and other agents of that kind. Like them, it first stimulates and subsequently exerts a depressing or paralyzing influence. The vivid ideas, the perception of brilliant lights, of various sounds, the dreams and restlessness, succeeded by gloom, quiet, and insensibility; the laughter, crying, and struggling, succeeded by complete tranquillity; the deep quick breathings, followed by snoring, stertor, and suspension of respiration, are the result of the stimulating and depressing influence exerted upon the several parts of the nervous system in succession. The great danger in its administration consists, not, as the ultra-advocates of chloroform would have us to believe, in suffocation from the exclusion of atmospheric air, so much as in surcharging the blood with a quantity of the agent, whereby the different parts of the nervous system are paralyzed in rapid succession, and a powerful influence is exerted upon the reflex functions, before time has been allowed to observe its operation upon the sensorial. Care, should, therefore, be taken not to administer it too rapidly, more particularly when the patient begins to show signs of falling under its influence. Especial caution is required during the stage when the inspirations are deep and quick, because a large quantity is then likely to be inhaled in a short time; and the inhalations should be discontinued when snoring occurs, because it is an indication of commencing paralysis of that part of the reflex apparatus which presides over respiration. It is rarely necessary to proceed to this extent, complete insensibility, being produced and maintained by careful management without affecting the reflex system; indeed it is not essential to paralyze the emotional tract for the sake of preventing pain, though it is often desirable to do so for the purposes of the operation. Another danger resulting from the use of chloroform is severe fainting, when its influence is passing off. He had seen this to a very alarming degree in a few cases, and in one instance, where insensibility had been maintained through a tedious operation for the removal of necrosed bone he had found it necessary to resort to artificial respiration; after this had been continued for a few seconds natural breathing returned. In most cases dashing the face with cold water suffices to restore the patient, and Mr. Humphry had not yet witnessed any immediate disastrous results or any after ill consequences from the use of chloroform. Its influence is most easily induced in patients who are delicate or debilitated by disease or loss of blood, and is peculiarly valuable in these cases by lessening the shock of the operation. With regard to the cases suitable for its administration, Mr. Humphry was of opinion that the instances are few in which a patient fit to undergo a capital operation, may not have the benefit of chloroform provided due care be employed in its use. He was by no means prepared to say that even under the most cautious management, fatal results will not now and then occur, but he was of opinion, that on the whole, the success of operative surgery is increased by the judicious employment of anæsthetic agents. He had given it internally in half-drachm doses, with immediate and permanent benefit in some cases of severe spasmodic pain; in others it had been productive only of temporary relief, and in others it had quite failed. Indeed it seems that we cannot calculate with certainty on a beneficial result from the internal administration of chloroform in any of those affections in which it has been tried, such as spasmodic pains, tetanus, delirium tremens, &c.; its effects being very variable in all these diseases.

Dr. WHITING and Mr. SAYLE had used chloroform in the Lynn Hospital in nearly every important operation, and had seen no evil results. They were both of opinion that the wounds bled rather more freely when the patients were under its influence.

Dr. WEBSTER had administered chloroform in a great number of cases, and spoke of the necessity of subjecting the patient slowly and cautiously to the influence of the agent. During the return of the patient to his natural condition, the several parts of the nervous system may be observed to recover their sensibilities in the inverse order to that in which they had been deprived of them. He had given chloroform internally with good effect in some cases of delirium tremens.

Mr. JOHNSON related a case of severe delirium tremens in which, after opium had failed, he gave chloroform, at the suggestion of Dr. Webster, with very great benefit.

The SECRETARY read the particulars of a "Case of Tubal Pregnancy," forwarded by Mr. Peck, of Newmarket. The patient, a single woman, aged 21, was seized with sickness, faintness, and pain in the body, and died in 14 hours. A large quantity of blood was found in the abdominal cavity, and a fœtus of four months which had escaped from a pouch formed of the dilated

fallopian tube; that pouch was lined by placenta. The uterus presented a thickened deciduous membrane, and the os was closed by a quantity of gelatinous substance.

Mr. PINCHARD introduced a male child, five years old, with congenital deficiency of the fore part of the bladder and abdominal parietes. The hypogastric region was occupied by a vascular mucous membrane, which was the posterior surface of the bladder; upon this the ureters opened, and the urine was continually trickling away. The penis, in a state of epispadias, projected from the fore and under part of this mucous surface; and beneath the penis, corresponding in situation and appearance with the scrotum, was a considerable swelling, extending transversely across from side to side, and looking as if caused by two large scrotal herniæ meeting in the middle line. The testicles could not be felt, perhaps because the child was so restless that no accurate examination could be made. There was a deficiency of the fore part of the bony structure of the pelvis. No umbilicus was visible.

Of this malformation several examples have been described, corresponding very closely with the present. It depends upon an imperfect formation of the bladder and ureters, which are developed from the lower part of the allantois; hence the deficiency extends up to the umbilicus, which is involved in the malformation, but has no relation to the other abdominal organs. The fore part of the abdominal wall, corresponding with the bladder, including the pubic bones is also deficient in development.

The lad, Thomas Sutton, who underwent the "high operation of lithotomy," in Addenbrooke's Hospital, Cambridge, in September, 1848, and whose case is reported in the seventeenth volume of the "Transactions" of the Association, was present. He was in perfect health; able to work in the fields. There was a slight bulging at the lower part of the abdomen, though the divided linea alba and recti muscles had reacquired strong attachment to the ossa pubis, and no inconvenience whatever results from the operation.

It was determined that the next meeting should be held at St. Ives, in June, 1852; Mr. Girling having consented to preside on the occasion.

MEETING OF THE

NORTH-WALES BRANCH.

THE annual meeting of the North-Wales Branch of the Provincial Medical and Surgical Association was held in the Board Room of the Infirmary, at Denbigh, on Tuesday, June 17th. There were present,—Dr. Lloyd Williams, of Denbigh, President; Dr. Edwards, of Chester; Dr. Hughes, of Mold; Dr. Edward Williams, of Wrexham; Dr. John Roberts, of Bangor; Dr. Williams, of Mold; Dr. Pierce, of Denbigh; Dr. Turnour, of Denbigh; Dr. Chambers, of Denbigh; Dr. Roberts, St. Asaph; Mr. John Lloyd, of Llangefni; Mr. Kent Jones, of Llangefni; Mr. Richards, of Bala; Mr. Robert Jones, of Carnarvon; Mr. Price Jones, of Rhyl; Mr. Peter Norcliffe Roberts, of Denbigh; Mr. Llewelyn Lodge, of Rhyl; Mr. Green, of Buckley, near Mold; Mr, Hughes, of Bangor; Mr. Roberts, of the Infirmary, Denbigh; Mr. Jones, of the Asylum, Denbigh; and Mr. Owen, of Abergele.

The PRESIDENT opened the business in the following address:—

Gentlemen,—When I inform you that I am only just beginning to crawl about after a severe attack of that most prostrating complaint—influenza, I feel assured you will more readily pardon the inefficiency for which, at any other time, I should have had to crave your indulgence; indeed, nothing but a deep sense of the honour conferred upon me in being selected as your president for this meeting, and my anxiety to meet your wishes, and to perform the duty imposed upon me to the best of my feeble powers, would have induced me to undertake the responsibility of presiding upon this present occasion. The objects of this Association have been so ably and eloquently set forth to you by one much more competent than myself, and to whose zeal and kindness we are mainly indebted for the formation of this branch of the Society, that I will not enter upon so hackneyed a subject. If the benefits derived from the formation of this Association went no further, it would be sufficient that it brought us together for the purpose of social and friendly intercourse, and to value our better acquaintance with each other. I feel, gentlemen, that some little account of my stewardship as an old—perhaps the oldest—surgeon within the circle of our Association, will be expected of me upon this occasion, and I think the best way I can evince my gratitude to you for your kindness in selecting this town for the locality of your meeting, is very briefly to relate a few of the most interesting cases which have fallen under my care during the thirty-six years I have held the appointment of Surgeon to the Denbighshire Infirmary. I take shame to myself that I have allowed so long a period to elapse without making some of these cases public; nothing but our meeting to-day would, probably, have stimulated me to relate them. I hope my younger brethren will avoid the indolence of which I plead guilty in having neglected to keep more faithful records of important cases than I have done. I regret to say, that beyond the records of the case-book I have nothing to refer to, and consequently my dates are very defective. (These cases will be hereafter published.)

Mr. LLOYD, the treasurer, read a statement of the accounts, which were passed.

Dr. Hughes, of Mold, was unanimously elected President for the ensuing year, and it was resolved that the next annual meeting should be held at Conway.

The honorary secretaries and treasurer were re-elected, and the following gentlemen were named for the District Council:—Dr. J. Roberts; Dr. Edwards; Dr. O. Roberts, of St. Asaph; O. Richards, Esq.

The following resolution was also proposed and carried unanimously:—

"That the members of the North-Wales Branch, assembled at their annual meeting in Denbigh, having taken into consideration the subject of Medical Reform, do approve of, and entirely concur in, the steps taken by the Council of the Parent Association, as expressed in the memorial recently presented to Sir George Grey,

and unite in hoping that the present unsettled and divided state of our profession may speedily receive that attention and wise legislation which the importance of the subject demands."

The party at the close of this meeting adjourned to the house of Dr. Lloyd Williams to lunch, and then visited the North Wales Lunatic Asylum, under the guidance of that gentleman, expressing themselves highly delighted with the elegance of the structure, the beauty of the site, the cleanliness, order, and comfort observable in the interior, and the care bestowed upon the unfortunate inmates.

At half-past four o'clock they reassembled at the Crown Inn, where an excellent dinner was provided—Dr. Loyd Williams presiding, and Dr. Edward Williams acting as vice-president.

The usual toasts—"The Queen," "Prince Albert and the rest of the Royal Family,"—having been drank, the PRESIDENT called for a bumper, and proposed "Prosperity to the Provincial Medical and Surgical Association." He said he should not enter upon the great advantages which they had derived from its formation. These had already been described to them in much more lucid and eloquent terms than he could employ, by his predecessors in office; but he must say that amongst its other good results was that of the members of this branch being brought together, at least once a year; and he hoped that this would be continued when the voice which now addressed them would be at rest. They would then become better acquainted with each other; they were enabled to exchange the information which they had gained in the course of their practice, and thus assuage the sufferings of their patients; they would have an opportunity of reconciling any personal differences which might exist, and in so numerous a profession they could scarcely expect to be altogether free from such differences, and emulation and honourable rivalry would be excited. He trusted that they would, individually and collectively, endeavour to make their profession as honoured as it was honourable, and to foster those kindly feelings which they were called upon as Christians to cultivate towards each other, and thus to elevate still further a profession whose objects are the restoration of that blessing, for which, as Dr. Abernethy used to say. "sick kings would gladly give their diadems." In connexion with the toast he would give them the health of "Sir Charles Hastings." Drunk with much applause.

The PRESIDENT next gave, with a high eulogium upon his character and talents, "The President of the past year, Dr. Cumming," whose absence they much regretted; which was drunk with enthusiasm. He then said as they had worshipped the setting sun, it was now their duty to turn their faces and pay their homage to the rising sun—"The President of the next year, Dr. Hughes, of Mold," whose health they would also drink in a bumper, Were that gentleman not present he should say a great deal about him that he could not now utter; but he might, perhaps, be permitted to add that he had been in the habit of meeting him in consultation during a long series of years, and he was so indefatigable, and his professional knowledge was so extensive, that he invariably left him nothing to do or to suggest. The toast was drunk with honours.

Dr. HUGHES thanked the President and the company for the glowing and complimentary manner in which they had received his name, and also for the honour which they had done him in electing him their President. The task which they had imposed upon him was not so easy, considering that he came after his talented and skilful seniors, who had discharged their duties in the most superior manner; but now, as ever, his best endeavours should be directed to the promotion of kindly feelings amongst his brethren of the profession, not one of whom had he knowingly or wilfully injured. Meetings such as this and that of last year would make him ashamed of himself had he done so. Some fifty years ago had a number of medical gentlemen met together in this manner they would have constituted a sort of happy family, exchanging cat and dog greetings. The better class of the profession in his time had always behaved well, but still there were some who would pick holes in each other's coats through envy. Now he was glad they found the necessity of exerting themselves to prove their superiority to each other, and to obtain honours in their profession. He proposed the health of "the President," who had practised successfully during a period of thirty-six years. They had held their meeting that morning in the Infirmary, and where so fit a place as that in which his picture was deposited for the services which he had rendered to the charity, and the benefits which he had conferred on the community? Hence they proceeded, with feelings of no ordinary gratification to that splendid monument of his successful exertions in the cause of suffering humanity, the North Wales Asylum for the Insane, and surely he must have much pleasure in seeing visitors examine this solid momento of his zeal and kindly feeling.

Dr. JOHN ROBERTS warmly supported the proposition, and observed that even at a distance the President was known, not only as an ornament to the profession, but to the country. If not already, he ultimately would be, at the head of his profession in North Wales. All present fully appreciated his merits, and applauded his conduct; and they were glad to see him hale and vigorous, though advancing in life. To whatever years or honours he might attain, he would ever have the satisfaction of looking back on a life well and usefully spent.

The toast was drunk enthusiastically.

Dr. LLOYD WILLIAMS was so oppressed with a sense of the kind manner in which Dr. Hughes and Dr. Roberts had spoken of him, that he could not acknowledge the compliment as he wished. During his whole life nothing had been so precious to him as the good opinion of his professional brethren and that of the public; and now in the downhill of life, when he was falling into the sear and yellow leaf, these testimonies that he had succeeded in obtaining and retaining it, were especially valuable. Whenever he had met a professional brother in consultation, if he did not leave him on good terms with his patient it was not his fault; but he was happy to say that he had generally left him on better. This ought to be the endeavour of every man in his position. He could only reiterate his heartfelt thanks for the honour that had been done to him; and he should be glad to meet them again and

again, as he considered such gatherings of inestimable advantage to the profession. He concluded by proposing "The health of the Vice-President, the Honorary Secretary, and the Treasurer," with many thanks to them for their kindness, assiduity, efficiency, and constant attendance.

Dr. Edward Williams responded, and proposed the health of "Dr. Edwards and the other new Members," observing that he looked forward to much good being derived by the Association from the talent and information which Dr. Edwards was possessed of. Drunk with unanimity.

Dr. Edwards said he was highly complimented, not only by their drinking his health, but also by their having elected him a member of their Association. He greatly appreciated this opportunity of opening an intercourse with the profession of North Wales. Though he had not the privilege of calling himself a Welshman, yet, coming to settle amongst them, he was more especially gratified with this introduction. He had never expected, when he made up his mind to pay them a visit, to find so full a number of members at the anniversary meeting of their Association. He was last year the president of the Cheshire Branch of the Association, and he was somewhat surprised to see, in the small and inland town of Denbigh, a better muster than was made by that Association in the populous and thriving town of Liverpool. He had enjoyed much experience in such associations, and anticipated the best results from the operations of that which he had been permitted to join; and for the sacrifice which he had made in coming to Wales this meeting was a sufficient compensation. He trusted that as the next meeting was to be held at Conway, where he was about to take up his residence, there would be a very full attendance, and his zeal should not be found wanting in promoting the prosperity of the Association.

Dr. Hughes proposed the health of "Dr. Chambers and Dr. Turnour, as connected with the Infirmary," which was drunk and acknowledged.

The Chairman, with a high compliment to the attention which Dr. John Roberts devoted to the Anglesey and Carnarvonshire Infirmary, which he had no doubt would, under his fostering care, shortly rank as high as any in the country, proposed that gentleman's health, with "Success to the Institution."

Dr. John Roberts replied, and proposed "the health of Mr. Griffith, of Wrexham."

Mr. D. Kent Jones gave "the health of Mr. Charles Turner Jones, House-Surgeon to the Denbigh Infirmary," to whose merit the President also bore warm testimony.

Mr. Robert Jones, of Carnarvon, proposed "the health of Dr. Roberts, of St. Asaph," who responded, and gave "The Press," expressing a hope that its report of the proceedings of the day might induce those of the medical profession who had not yet joined the Association, to lose no time in doing so.

Mr. Martin, of the *North Wales Chronicle*, and Mr. Jones of the *Carnarvon Herald*, responded.

The President next gave "The health of Mr. Robert Jones, of the Asylum," eulogizing his Christian charity and kindness, and unabated attention to the patients, and noticing the high respect in which he was held by the people of the town in which he resided.

Mr. Jones returned thanks, and Dr. Edwards then endeavoured to incite the profession to a more numerous attendance at Conway, after which a plate was passed round for contributions to the Benevolent Fund, when the sum of £2. 2s. 10d. was collected.

The other toasts were "Mr. Price Jones," "Mr. Peter Roberts," and "Dr. David Hughes, of Mold," all of which were suitably acknowledged.

M. Lloyd, of Llangefni, mentioned that at the last meeting he had in his paper, alluded to the impropriety and the danger of the free sale of poisons being permitted. Since then the subject, at the instigation of the Association, had received the attention of the Earl of Carlisle, who had passed a bill rapidly through Parliament to check the evil. The noble lord has also been much concerned in sanatory improvement, and he should be sorry if this meeting passed over without some echo of their satisfaction and pride at its progress, especially as the measures were originated by the profession who were much interested in them.

EPIDEMIOLOGICAL SOCIETY,

June 2, 1851.

At the ordinary meeting of the Society, held this day, at the house of the Royal Medical and Chirurgical Society, Dr. Babington, the President, in the Chair, Mr. R. H. Cooke read a paper

On the Epidemic Mental Diseases of Children,

founded chiefly on Hecker's "Children's Pilgrimages" and "Sympathy." It commenced with an inquiry as to the propriety of applying the term epidemic to diseases of this class. The chief reason against it lay in the consent of the will, which was requisite to their production. The same objection, it was remarked, would lie against the application of any epithet of pathology to mental disorders. No medical observer of mental phenomena, however, would be disposed to grant to the will that freedom which may be claimed for it by the metaphysician; and the normal characteristic of childhood is the weakness of this self-determining faculty. At first wholly destitute of it, the infant is guided in its movements solely by instincts and stimulants acting upon the reflex nerves. The first impulse to voluntary movement is the instinct of imitation. The first articulations of the child are thus learned, and are only subsequently associated with ideas. This imitative instinct continues strong during childhood and youth, but becomes now an impediment, not a stimulant, to the will.

That this faculty should produce morbid results, it is necessary that, in the feelings or actions of the adults with whom the child is placed in communication, there be something morbid or overwrought.

How widely such a feeling may react upon children was remarkably shewn in the thirteenth century, during the era of the crusades. The popular ardour for the recovery of the Holy Land was still strong, though restrained by the indisposition of the governments. What the men could not do, the children undertook

Almost simultaneously, children of all ranks, some girls among them, collected from all parts of Germany and France, and marched in procession to various seaports on the Mediterranean. Many perished by the way. Most of those who reached the coast were sold into slavery. The number was estimated at more than 60,000.

In the delusions respecting witchcraft and similar commerce with the invisible world, which prevailed through Europe from the Reformation almost to our own day, the children participated. Some suffered death on their own confession of having familiar intercourse with Satan; and multitudes bore testimony, fatal because unquestioned, against those accused of such practices, swearing that they had been carried through the air by them, had seen their disguises and been privy to their secrets, and that they had been in various ways afflicted by them.

Allusion was made to the well-known convulsive epidemic in the Orphan House of Amsterdam, recorded and treated by Boerhaave.

It was observed that, notwithstanding the general mental excitement of the last half century, and the marked tendency to belief in the supernatural, there was no record of any occurrence similar to those first described; the nearest approach to it, in our times, was the attempt to enlist the children in the advocacy of total abstinence. From extensive inquiries respecting the Orphan Asylums, and the great educational institutions, there did not appear to be any prevalence of imitative convulsive disorders. These immunities were attributed to a better understanding of the position of children in society.

It was suggested that probably much of the epidemic constitution of the present time was due to the repressed excitability. Confessedly it was more nervous than at any previously recorded epoch.

Short of positive illness, there appeared to be an increasing asthenia during five or six years preceding the completion of physical development, apparently the result of exhaustion, and requiring much care, but commonly passing into full health and recruited energy.

In conclusion, it was observed, that the office of the medical practitioner and of this society, was not so much to cure these cases, as to direct the public attention to them with a view to their prevention. The evil was in the hands of parents and preceptors. It was suggested that, in some cases, there was an undue call upon children for aid in religious objects. It was, however, a most difficult problem how best to prepare the child to meet the excitement of the world. Probably the chief thing to be supplied was opportunity for bodily activity, combined with mental relaxation.

An animated discussion followed, in which Dr. Sibson, Mr. Hunt, Col. Sykes, Mr. Walsh, and Dr. James Bird took part.

At half-past nine Dr. Snow read the remainder of his paper

On the Mode of Propagation of Cholera,

commencing, however, with an abstract of the portion read at the former meeting. He enumerated many circumstances in the history of Asiatic cholera, and some particular facts, which he considered to prove that the malady was propagated by human intercourse, as, indeed, he believed all epidemic diseases to be. He stated his belief that there was no evidence opposed to the communicability of cholera, for the facts thought to bear this construction were only considered to do so on the assumption that if cholera be communicated, it must extend itself, as the eruptive fevers are believed to do, by means of some emanation given off from the patient into the surrounding air, or by contact with the patient or articles of clothing, &c., which have been near him. Nearly all the arguments which were thought to disprove the communication of cholera would apply equally well to syphilis, did we not happen to know the way in which it is communicated. He considered that cholera always commenced by a local affection of the alimentary canal, and that the constitutional symptoms were always the result of the local disorder. It followed, therefore, that being a communicated disease, and commencing by a local affection, the morbid poison must be applied to the part first affected; that, in short, the cholera poison must be swallowed—must multiply itself in the alimentary canal, and pass off in the fæces and matters vomited; and that the disease must be communicated by these evcuations being accidently swallowed: this being a method, however, by which the complaint might still be communicated, providing it did not begin in the alimentary canal, but by constitutional symptoms, like the eruptive fevers. He enumerated many circumstances giving a general support to this view of the propagation of cholera: one of these circumstances being its increased prevalence from want of personal cleanliness, whereby those waiting on the sick could not fail to contaminate the food which they ate themselves or prepared for others. Some particular instances of apparent communication of cholera by means of articles of food were also related.

The author continued to the effect that, in his opinion, cholera was likewise often communicated by means of drinking water, owing to the contents of drains and sewers being emptied, either accidentally or systematically, into the source whence supplies of water were taken. He related the particulars of many violent local outbreaks of cholera connected with the contamination of limited portions of water, and stated that the sudden way in which these outbreaks took place, immediately after the evacuations of one or more cholera patients entered the water, precluded the supposition that the impure water was merely a predisposing cause. The great prevalence of cholera in the south districts of London, and in many large towns, was connected with the drinking of river water into which sewers emptied; and in Rotherhithe and Bermondsey—the metropolitan districts in which cholera was most severe—many of the inhabitants had no supply of water except from certain tidal ditches which received great quantities of excrementitious matters. In the towns, such as Birmingham, in which this connection between the sewers and the drinking water did not exist, the cholera either did not spread or it extended itself only amongst the poor and dirty. All the early cases of cholera in London, in the autumn of 1848, following one in a seaman from Hamburgh, occurred amongst persons who obtained their water by dipping a pail into the Thames, or from St. Bride's pump,

which had a communication with the river by means of the Fleet ditch sewer. He believed that several diseases, including abdominal typhus and the plague, were communicated in the same way as cholera, and that ague was often caused by drinking the ditch-water of marshy places. He considered that the progress of cholera could be better stayed by sanitary measures than by quarantine regulations; but the sanitary measures should have a relation to the mode of communication of the disease, or they might be injurious instead of beneficial; the late epidemic of cholera having, he believed, being much aggravated in London, and especially in Hull, by presumed sanitary measures.

The reading of the paper occupied the time of the meeting until a quarter past ten: the discussion was, therefore, adjourned until the next ordinary meeting, when a paper "On the Use and Limits of Statistics, as applied to Epidemic Diseases," by Mr. Hunt, will be read.

BIRMINGHAM PATHOLOGICAL SOCIETY.

April 3rd, 1851.

MR. W. H. PARTRIDGE IN THE CHAIR.

Absorption of the Tissue of the Left Kidney, with dilatation of the Pelvis and Infundibula, probably from obstruction in the Ureter by pressure of the Sigmoid Flexure, the Kidneys being placed abnormally.—By Dr. Russell.

Henry Hunter, aged 44, married, a barber. I visited him first January 21st, 1851. He had been under Mr. Welch, as a dispensary patient, since January 8th. I have my imperfect notes of his—

History.—He has been ailing for ten years. For five years and a half he has been attended by Mr. Williams at various times. He has been subject to pain in the region of the loins, according to his own account for twelve years, but never has had dysuria, and to repeated attacks of severe and uncontrollable diarrhœa, sometimes with bloody stools, for four or five years. His present severe illness is of six months' duration, during which term he has suffered from severe lumbar and abdominal pain. His bowels were severely purged at the beginning of his illness, but have been confined through the greater part of it. His feet have swelled for four or five months. He has been subject to indigestion for some years. Some years ago he suffered from severe vomiting; for the space of two months he rejected every thing swallowed. This symptom has not returned till lately; for a long time, however, he has had trouble to keep his food down, and has swollen very much, at times, from flatulence. For the last three or four months he has been much troubled with prolapsus ani on going to stool. He continued to go about until the time when my attendance began; he then took to his bed. He has suffered great reverses, and has been much depressed thereby, and has had great anxiety. On my visiting him on the 21st of January I found him in bed; his chief complaint was of very severe diffused pain over the whole loins, and over the abdomen. He had œdema of the legs. He was a small spare man, of very nervous temperament. I could not detect any disease by careful examination, nor did he wear in his face any character of severe organic disease. He obtained no relief from the pain, which was still diffused over the loins and over the abdomen. The anasarca increased, and for a short time the scrotum filled with fluid. For the last month he was troubled with cough. Emaciation became very apparent only during the last three weeks of his life. The pain continued to the last. He died in the evening of March 22nd. The urine was free from albumen, and presented no peculiar microscopic appearance.

Sectio-cadaveris sixty hours after death.—Thorax: The left lung generally much engorged and firm, crepitated imperfectly; it contained several small abscesses, of recent formation, probably from the diseased condition of his blood. There were no tubercles. The pleura at the apex was thickened and white, like cartilage; there were no adhesions. Heart flabby. Aorta free from atheroma, but in the thoracic part, below the arch, the delicate lining membrane looked as if frayed, and separated very readily. *Abdomen:* The pyloric valve of the stomach was very considerably thickened, so as materially to diminish the aperture; the coats at the valve were a quarter of an inch thick, but the hypertrophy did not extend further. The mucous membrane of the stomach, near the valve, was dark coloured, from enlargement of its minute vessels. The duodenum was much contracted. We opened the entire length of intestines, to below the sigmoid flexure, but found no ulcer, no cicatrix, nor enlarged follicles, except two or three oval ulcers in the cœcum—a curious fact in connection with the prolonged diarrhœa in his history. The lower portion of the ilium was greatly thinned by atrophy of its coats, and the small vessels were enlarged, and loaded with blood. Liver large, its vertical diameter much increased; it was very homogeneous in texture, and of a uniform brownish yellow colour; its cells were greatly loaded with fat. Pancreas healthy. Spleen looked healthy, but was not opened. The kidneys were situated more forwards than natural, their lower extremity being united upon the spine, just above the promontory; the proper tissue of the left was partially absorbed, a series of large cavities having been formed, chiefly at the expense of the pyramids. These cavities were placed around the circumference of the organ; they were lined by a smooth dense membrane, apparently derived from that of the pelvis of the kidney, with which most of them freely communicated; they were separated by varying strips of renal tissue, almost all derived from the cortical portion, for only a a few fragments of pyramids remained, some of them approached very closely to the exterior. The right kidney was free from cavities, its cortical portion seemed disproportionably increased. The ureters from both kidneys were healthy; they passed forwards at once, descending over the front of the respective kidneys, and were quite free from dilatation. Bladder healthy.

By the Microscope.—The epithelial cells of the tubules

were found completely disintegrated, and to an equal extent in both kidneys; the tubules were filled with amorphous matter, evidently the debris of the celis, which in some tubules was washed out, leaving the proper membrane of the tubules, and the structure of the kidney disclosed.

Dr. Russell stated that he had submitted the details of this curious case, with the specimens, to his friend Dr. George Johnson, of King's College, London. Dr. Johnson confirmed his statement of the microscopic appearances, and attributed the cavities in the kidney to distension of the pelvis, from obstruction to the egress of the ureter; he supposed that the obstruction was caused by the pressure of the sigmoid flexure of the colon upon the left ureter, as it passed over the front of the kidney, as it was evident, from the undilated state of that tube, that the obstacle had existed at its very commencement. "The condition of the kidney and epithelium," he says, "is such as I have commonly seen in the kidney of persons beyond the middle period of life, who have been intemperate, or half starved, or both." This condition, he adds, "would not be associated with albuminuria, nor other symptoms of deficient excretion." He believed that the state of the kidneys had no share in killing the patient, and doubted if the slow process of dilatation would be associated with much pain. The condition of the renal cells, and the abscesses in the lungs, both prove the blood to have been in a morbid condition, and probably that was more concerned in producing the latter symptoms, and the fatal termination.

SOUTH-WESTERN BRANCH.

In our account of the meeting of this branch, in our last number, the following new members of the Council were omitted:—Dr. Miller, Exeter; Dr. Shapter, Exeter; Mr. Pridham, Exeter; Dr. Field, Torquay; Mr. Ward, Bodmin; in the room of those who retire, according to rule, viz.:—Dr. Budd, Exeter; Mr. Price, Lympstone; Mr. Woodward, Honiton; Mr. Symes, Axminster.

Foreign Department.

FRANCE.

PROCEEDINGS OF THE FRENCH ACADEMIES.

ACADEMIE DES SCIENCES.

M. Colin, of Alfort, has published his experiments on the "*Pancreatic Juice in the larger classes of Ruminants*," instituted with the intent of observing whether the effect is the same as has been ascertained in the case of the carnivora. His conclusions are:—

1. That the secretion is intermittent, being at one time abundant, at another almost absent.

2. That the greatest abundance is secreted towards the close of the act of rumination.

3. It has the power of emulsionizing the oils, as in the case of carnivorous animals.

ACADEMIE DE MEDECINE.

M. Berard reported at some length several communications from M. Duchenne, of Boulogne, on the "*Study of Muscular Action by means of Local Galvanism.*" M. Duchenne's proceeding is entirely new; instead of forcing the needles into the muscles, he uses moist excitors applied to the skin, as a means of transmitting the current to the muscles to be experimented upon. By the same treatment it is possible to ascertain the exact action of the various muscles, and to elicit certain phenomena of great interest.

M. Gimelle reported on an essay by M. Hutin, on the "*Importance of Extracting all Splinters and Foreign Bodies in the Treatment of Gun-shot Wounds.*" The author cited a great number of cases observed by him in the Hospital for Invalid Soldiers, in which the most serious consequences had resulted from allowing splinters to remain in the flesh. He would advise every effort to be made, short of compromising life, for the purpose of extracting these foreign bodies. M. Velpeau, in discussing the paper, exhibited the necessity of greater caution than the author suggested, and pointed out that more danger would, in many cases, accrue, from the attempt to remove splinters than from leaving them. The same sentiments were expressed even more strongly by M. Malgaigne, while M. Hutin's practice was defended by M. Gimelle.

M. Cazeaux has been named a member of the Obstetrical Section. The opposing candidates were,—M. Chailly-Honorè, M. Depaul, and M. Devilliers.

GERMANY.

Germany has sustained a loss in the person of Nægele, the celebrated accoucheur. He was born at Dusseldorf in 1777, and was early destined for the medical profession. After a preliminary education in a Jesuit college, Nægele commenced the study of medicine in his native city, and became prosector of anatomy at the Medical School. In subsequent years he made a scientific tour, and in 1810 settled at Heidelburg, where he became Professor, and soon after President of the "Institute d'Accouchements" of the Grand Duchy of Baden. His principal writings are:—"*Experimental Researches on the Diseases of Females*," 1812; and on the "*Obliquely Contracted Pelvis*," 1839, besides other works and numerous contributions to periodical literature.

General Retrospect.

PRACTICAL MEDICINE AND PATHOLOGY.

Aphonia and Cough from Prolonged Uvula.—By Dr. Ready, (U.S.)

The case of a young lady is recorded who had been unable to speak above a whisper for over four years, during which period she suffered from incessant cough, which she said attacked her after exposure to cold. She had consulted many physicians without relief. Upon

examination of the fauces, Dr. R. found the uvula enlarged to an enormous size, about one inch in length, hanging over the rima glottidis, and all the adjoining parts inflamed and engorged with blood. "I immediately came to the conclusion," he says, "that the secret of the aphonia and coughing was an enlargement and prolongation of the uvula, and determined upon excision of the same, which I did, and in ten minutes after the operation she could speak as loud as any one in the room, and has continued to improve from day to day ever since, so much so that she can now sing a tune in as good style as she could before her attack. A slight coarseness of the voice, and inability to execute high notes in singing, is all the difficulty she experiences. It is a curious fact in this case that out of some half-dozen physicians who had before attended her, not one had ever examined her mouth and throat, and thus overlooked what would most certainly have relieved her years ago.—*St. Louis Medical Journal.*

[This is no uncommon cause of persistent cough. We are acquainted with a case of supposed hysterical cough, in which an eminent London physician has lost credit for want of taking the trouble to examine the fauces.—Ed. J.]

Phthisis Pulmonalis.

Dr. Speer advances the following propositions as embodying his views of the pathology of phthisis:—

1. The tubercular and scrofulous diathesis are identical.

2. Inflammation of the pulmonary substance is modified by this diathesis; its products being either scrofulous pus, scrofulous lymph, or tubercle.

3. In the great majority of instances the earliest phase of phthisical disease is local excitement of the air vesicles and smaller tubes.

4. The local excitement differs essentially from the analogous condition which exists as the commencement of sthenic inflammation, in its slow progress and difficulty of recognition.

5. That all the symptoms of phthisis are the result of scrofulous inflammation of the lungs.

6. That where this tubercular diathesis is very strongly marked, tubercle may be deposited under very trifling local irritation.

7. That the auscultatory signs of incipient phthisis may be divided into—1st. Those which occur in cases where the tubercle is thrown out simultaneously with, or subsequent to, the local excitement. 2nd. Those in which it is not deposited until actual inflammation of a specific character has set in.

Lastly. Incipient phthisis may present all its characteristic symptoms before any tubercular matter has been eliminated.—*Medical Gazette*, June 13.

SURGERY.

On the Position of the limb in Diseases of the Hip-joint.

Mr. Holmes Coote, makes the following observations on the difficulties attending the diagnosis of this affection:—There are but few surgeons who have not experienced occasional difficulty in forming an accurate opinion as to the character of the morbid changes which occur during life in chronic disease of the hip-joint. In the early stages there is frequently but little pain, and children so affected, especially amongst the poorer classes, are permitted to walk about and pursue their daily avocations, without notice being taken of their lameness, until at last a fall or some other accident excites more acute symptoms, and induces the parent to seek professional assistance. The surgeon finds the pelvis oblique; the affected limb apparently elongated, and slightly everted; he finds that in bending the thigh upon the trunk, the whole pelvis moves with the femur; pressure over the hip-joint excites, perhaps, little pain; there is flattening of the buttock, and the trochanter major appears more sunken than natural. The history accompanying such a case is often as follows:—The child was in perfect health, and able to run about until about a week or two ago, when, in consequence of an accident, it was thrown down upon the side. Upon being taken up, it was found to be lame and has been unable to walk ever since. The history of the case, and the position of the limb, might lead to the belief that the head of the bone was dislocated upon the thyroid foramen, especially amongst those who consider that inversion and not eversion of the foot, is the position assumed by the inferior extremity in the earlier stages of hip-disease. I propose offering a few remarks upon the position of the limb, granting that, as is commonly asserted, there may be inversion and not eversion; that there may exist a resemblance to dislocation on the dorsum ilii, or to dislocation on the thyroid foramen; but denying that such varieties can ever be referred to accident.

In the commencement of an inflammatory affection of the hip-joint, the thigh is bent upon the body; the whole limb is slightly everted and abducted; the anterior superior spinous process of the ileum of the affected side is either raised, when the limb appears to be shortened, and the sound hip more sunken than the opposite, or it is depressed or thrown forwards, when the whole limb appears elongated, the knee being bent, and the toes touching the ground a short distance in front of the toes of the sound limb.

The elevation or the depression of the anterior superior spinous process of the ilium of the affected side depends upon whether the patient happens to have been forced to follow his occupation during the early stages of the disease, or whether he has been in circumstances which allowed him to rest when in pain or uneasiness. The spine of the ilium is generally sunk and thrown forwards, and the limb apparently elongated; that position being the one in which the diseased joint will be easiest, the patient standing upright. But if he be forced to walk about, the pelvis becomes oblique in the opposite direction, the spine of the ilium is raised, and the limb is apparently shortened. The patient, throwing as much as possible of the weight of the body upon the sound side, limps upon the extremities of the toes of the affected limb, the foot being extended that its tip may just touch the ground.

The flexion, eversion, and abduction of the limb constitute the position into which it would be naturally thrown by the combined action of the powerful muscles which surround the hip-joint. The synovial membrane is inflamed and tender, and unfit to bear pressure; the patient, therefore, indistinctively endeavours to relax every muscle directly in contact with the joint. The psoas and iliacus, passing over the front of the synovial membrane and tightly pressing upon it where the limb is extended, flex and evert the thigh, the gluteus minimus will contribute to flex it; the pyriformis will abduct the limb; the gemelli and the two obturators, especially the obturator externus, will evert the limb. it is unscientific to refer the position of the limb to effusion of fluid into the synovial membrane; it is but rarely that we find the joint so distended, especially at the commencement of the disease, when eversion is the common symptom. It may be true, that if the joint be tightly distended by the artificial injection of fluid after death, the limb will assume the position above described. The attachments of the capsular ligament are in harmony with the sphere of action of the muscles which surround the joint. That the muscles which evert the limb may act with greater freedom, the fibrous capsule is unconnected with the posterior part of the neck of the femur; it forms there a ring not very unlike that which surrounds the head of the radius in the forearm. After a sudden fall, or a blow on the hip, the limb becomes at once everted, if the joint is bruised, long before sufficient time has passed for the capsule to become distended by fluid.

In course of time, as has been proved by innumerable *post-mortem* examinations, the disease produces thickening of the synovial membrane, absorption of the articular cartilage, and ulceration both of the head of the femur and of the acetabulum; the shortened neck of the femur slipping upwards and backwards in the enlarged acetabulum, approximates the fixed points of insertion of all those muscles which have everted the limb. They waste and become atrophied, being no longer in action, and the buttock appears much flatter than on the sound side. The gluteus medius and the adductor muscles then influence the osition of the limb, their power being increased by the absorption of the neck of the femur. We may therefore say that, in the second stage of the disease, the limb passes from abduction to adduction; from eversion to inversion. Still flexed it is drawn across the sound thigh, the toes pointing downwards, when the position somewhat resembles that of a limb in dislocation upon the dorsum ilii.—*Medical Times*, May 17, 1851.

MIDWIFERY.

Ovarian Cyst: Death from an unusual cause.—By Dr. Van Buren.

The patient, a widow, aged 29, first discovered a hard moveable tumour in the right iliac fossa five years since. At the time of her admission into the hospital (May 30th, 1850), the existence of an ovarian tumour was clearly ascertained. She was very subject to colicky pains in the bowels. The tumour was very moveable, and was thought a favourable instance for ovariotomy.

August 28th.—Was seized with symptoms of peritonitis, and was treated with calomel and opium and a blister.

On the 1st of September all evidence of peritonitis had disappeared, but the symptoms of a more alarming character supervened, such as pinched and sunken face and thready pulse. She sunk exhausted.

Post-mortem examination twelve hours after death.—The abdomen was opened by crucial incisions. The flaps thus made were found to be adherent, by their peritoneal surfaces, to the tumour, which was very dark in colour, almost black, and at points greenish. The peritoneum in contact with the tumour was stained of the same colour by imbibition. The omentum, small intestines, and colon, wherever in contact with the tumour were adherent to it, and stained of the same colour. These adhesions were torn through without difficulty, being evidently of recent deposition. There was no fluid in the cavity of the peritoneum, and no evidences of peritonitis except in contact with the tumour. On separating the tumour from its adhesions, which had thus fixed it in its position, it was found to be connected with the uterus by the right broad ligament, and, in fact, to consist of the right ovary. In the broad ligament, which was somewhat elongated, and the sole pedicle to the tumour, was a short very tight twist, which was found to have been produced by the revolution of the tumour upon its axis one and a half times. On the distal side of the twist a mass of very much distended (ovarian) veins were visible. Internally the tumour was deeply stained with blood, with which it was yet intensely congested; its structure was evidently fibrous, with irregular cavities throughout its substance (fibrous overgrowth of the ovary).

Dr. Van Buren attributes the peritonitis and enteritis to inflammation originally set up in the pedicle of the ovarian tumour, which by some accident had become twisted.—*New York Journal of Medicine*, March.

MEDICAL JURISPRUDENCE.

On a certain and constant Diagnostic between vital and post-mortem Burning, with some Directions for the due Investigation of this question.—Dr. Giuseppe Piretti.

Having considered the various tests already suggested by science for deciding whether combustion has taken place in the living or the dead body, the author adduces others which are fully established by the facts he brings forward. Accidental or criminal burning, produced in the living body, besides being distinguished from spontaneous combustion and from death by lightening by characters well known to science, may also be diagnosed from that which has taken place in the body after death, by various sufficiently evident external and internal marks. He details such characteristics, and among the external produced by burning in

the living body, he remarks the red lines on the skin surrounding the burns, and the blackness of the blood, which demonstrates a change effected in its normal condition by the heat. These lines, he observes, are not removed by the pressure of the finger. The changes he detailed could only, he states, take place under vital influence. He also describes the internal characters, which, according to him, consist in inflammatory and gangrenous spots scattered over the internal surfaces of the serous membranes, especially on those which cover the organs contained in the cavities. These phenomena, he adds, ought to be considered as quite characteristic of criminal or accidental burning, because they are never present where combustion has taken place in the dead body; and he asserts that, even if all the external signs enumerated by him be thought insufficient to establish the distinction, the internal inflammatory or gangrenous marks certainly cannot mislead; and that therefore he is entitled to conclude that the objections of those who hold these signs to be doubtful and insufficient to solve this important medico-legal question are untenable.—*Il Raccoglitore Medico di Fano*, 15th January, 1851, page 35.—Quoted in *Dublin Quarterly Journal*, May.

CHARTER OF THE ROYAL COLLEGE OF SURGEONS.

To the Editor of the Provincial Medical and Surgical Journal.

SIR,—I am directed to forward you the enclosed copy of proceedings, and to request you to be good enough to insert it in the next number of your journal.

I am, Sir,
Your obedient servant,
GEORGE BOWRING.

Manchester, July 2, 1851.

A meeting of members of the Royal College of Surgeons was held yesterday afternoon, at the Town Hall, "to take into consideration the present state of the charter of the College, previous to the introduction into Parliament of a bill for the regulation of the medical profession." The gentlemen present were Dr. Sinclair, Messrs. W. W. Beever, D. Noble, G. Southam, John Hatton, G. Bowring, Henry Winterbottom, J. M'Keand, Trafford Whitehead, John Walsh, R. H. M'Keand, G. V. Birks, W. Briggs, W. E. Manley, of Tyldesley; Fawsitt, of Oldham; Leah, of Gee Cross; and Bellot, of Stockport; &c., &c. Mr. Beever was called to the chair, and resolutions to the following effect were unanimously agreed to:—That the resolutions of the Royal College of Surgeons, passed on the 19th and 24th of March last, are of so just and conciliatory a character that they should be accepted, so far as surgeons are concerned, as the basis upon which a final settlement of the medical reform question should rest. That, as the resolution in question concede the proposals submitted to the Right Hon. Sir George Grey, Bart, in May, 1850, by a deputation of provincial physicians and surgeons, with the exception of the points relating to the payment of a fee, and the standing of members on admission to the fellowship, this meeting deems it right that a decision upon these two questions shall rest with Her Majesty's Government. That this meeting reiterates the condemnation of any measure of medical reform that provides for the establishment of what has been designated a college of general practitioners, &c. That a memorial, embodying the substance of the above resolution, and signed by the chairman on behalf of this meeting, be forwarded to Sir George Grey, Bart., with a request that he will proceed with the subject of medical legislation during the present Session of Parliament, and that the following be adopted as the memorial to be signed by the chairman:—

"To the Right Hon. Sir George Grey, Bart., Her Majesty's Principal Secretary of State for the Home Department.

"Sir,—The undersigned, as chairman of a public meeting held in the Town Hall, Manchester, of members of the Royal College of Surgeons of England, begs respectfully, on behalf of the same, to call your attention to the following circumstances:—Certain resolutions, adopted by the Council of the College in March last, are deemed by the members residing in Manchester and the immediate neighbourhood, to be of a character so just and conciliatory, that they may be accepted, so far as surgeons are concerned, as the basis upon which a final settlement of the vexed question of Medical Reform should rest. You will have noticed that, with the exception of two points, the resolutions in question concede the several demands submitted to you by a deputation of provincial physicians and surgeons, in May, 1850; these points, involving the payment of a fee on admission to the fellowship, and the standing rendering members eligible to it, the surgeons of this locality respectfully submit should be determined by yourself on behalf of Her Majesty's Government. And tendering to you, Sir, our grateful acknowledgements for the anxious consideration which you have given to this subject, we have once more to urge that, in any measure of medical legislation which you may introduce, all provision be excluded for a separate incorporation of general practitioners so called. Believing that the differences upon the subject of Medical Reform that have hitherto obstructed the several attempts at legislation, may now be satisfactorily accommodated, the undersigned, on behalf of those whom he represents, most respectfully prays you to introduce a bill for the better regulation of the medical profession, during the present Session of Parliament.

"Signed on behalf, &c., of the meeting.

"W. W. BEEVER, Chairman.

"Manchester, July 1, 1851."

The proceedings concluded with a vote of thanks to the Mayor, for his kindness in granting the use of a room for the purposes of the meeting; and to Mr. Beever, for the able manner in which he had presided.

Correspondence.

DR. HALE AND THE UNIVERSITY OF ST. ANDREW'S.

To the Editor of the Provincial Medical and Surgical Journal.

SIR,—On the principle of *audi alteram partem*, and as fellow sinner with my friend Dr. Hale, whose recent

"gross deception" you have so energetically exposed, permit me to offer a few remarks illustrative of my ideas on the subject.

The charge against Dr. Hale, as I understand it, is this:—That when he was examined at St. Andrew's touching his knowledge of the practice of physic, he answered the questions, not according to his own judgment, but in the way he imagined his examiners would best approve of.

But first, as regards the heading of the examination paper. If this was designed to prevent a believer in what is called Homœopathy from passing an examination, a gross act of dishonesty was attempted to be perpetrated by the University? On it certain powers have been conferred, to be exercised for a certain definite object. This object is, that candidates who are possessed of a sufficient amount of qualification and medical knowledge, shall be empowered to exercise it, in virtue of a diploma received from the University. If a candidate who possesses this amount of knowledge is refused a diploma, the University is guilty of an act of dishonesty towards the practitioner, and of deception on the public. His being possessed of a *greater* amount of knowledge than they require, that is to say, his having acquired a knowledge of the use of a number of remedies of which the examiners know nothing, cannot disqualify him. In all fairness and reason it ought to be left to *him* to decide whether he shall communicate this *extra* knowledge to his examiners. If he chooses to do so it is a work of supererogation. If a set of men can be found so blinded by prejudice to a sense of their duty, as to punish a man because he knows *all* that they do, and *something more*, any reasonable amount of "deception" is justifiable, when the object to be attained is a laudable and necessary one, and when, through their dishonesty, it cannot be obtained without it. If you were to be tried by a judge who always managed to obtain the conviction of every prisoner who had red hair, surely if you were so unfortunate as to be of the number, it would be a pardonable deception for you to dye your hair black.

As long as so great an uncertainty appertains to the practice of medicine, the "deception" practised by Dr. Hale, is more or less practised by every candidate for a diploma, who has any practical knowledge of his profession. Do you not yourself remember, Mr. Editor, when you were preparing for your examination at "the Hall," that it was again and again inculcated on you, that if Mr. A. asked you a particular question you were to answer it one way; whereas if Mr. B. asked you the same question, you were to answer it in another? Was it not the same at "the College?" And would you have imperiled yourself by departing one jot from the indicated track?

Suppose a disciple of Broussais were to be examined by a staunch Brunonian, (for even such still exist) is it reasonable to suppose that he would contend for all the dogmas of his master? Suppose a hoary-headed disciple of "Young Physic," whose long experience has taught him the dangers of the heroic practice, and that it is much more easy to do harm than good; for example, (*vide* Forbes' Review, vol. 22, p. 243,) suppose such an one to be examined by the dauntless hero who presides over the Edinburgh College of Physicians, fulminates anathemas against homœopathy, glories on slitting up the os uteri on the smallest provocation, leaves a sponge tent for days in the womb, physics *ad libitum*, what chance would he have, if, when asked how he would treat disease A., he should answer "do nothing;" disease B., "amuse the patient;" disease C., "give cold water;" disease D., "bread-crumb pills," &c. It would be manifestly impossible for any one so circumstanced ever to obtain a diploma; and such there are in our profession, who probably have been the examiners of the examiners. I might extend these examples to an indefinite length, but I spare you further details; I only ask which of these should cast the first stone at Dr. Hale?

In sooth, Mr. Editor, you are treading on dangerous ground. You are exposing the nakedness of your own kith and kin. You know as well as I do, that if you were ill, and were to consult on the same morning any six practitioners, no two of them would recommend the same treatment. You know that there is no such thing as an approximation to an uniform treatment of disease, and that if a dozen really thinking and practical men were to be examined by the same examiner, and were conscientiously to found their answers on their individual experience, and the examiner was to reward them according to his idea of their merits, no two of them would pass. Such a thing never has, and never will be done, as long as medicine remains in its present state. Ninety-nine candidates out of a hundred give a certain orthodox routine practice, which they have gathered either from authors or lecturers who, in practice, would probably be the first to repudiate their own teaching.

One word as regards homœopathy. The practitioners, in many instances, have based their conviction of its truth on large experience. There was a time when they were as sceptical as yourself. Have you, Sir, any really practical knowledge of the system you denounce? If so, for the benefit of the profession, and the confusion of the homœopaths, inform the world of it. Have you ever (as is the case with the humble individual who now addresses you) patiently persevered for months with experiments with the homœopathic medicines? If not, let me recommend you to set about it, or at all events to urge on your readers to undertake the task. I will give a prize of twenty guineas for the best series of experiments illustrative of the *failure* of the homœopathic medicines, if you will give a similar prize for the best series of successful cases; your readers would then be able to decide on facts, not on empty words. Of one thing you may be certain, that the believers in homœopathy laugh to scorn all the attempts at petty persecution and bitter invective founded on ignorance. If their system is true, you might as well attempt to fetter the waves with a thread, as to extinguish the smallest spark of truth which it contains. When their system is *proved* to be false, they, of all others, will most rejoice to aid you in its destruction.

I am, Sir, yours obediently,

GEORGE HILBERS,
M.D., UNIVERSITY OF ST. ANDREW'S, M.R.C.S.E., AND L.A.C.

19, South Bedford Street, Liverpool.
June 23, 1851.

MEDICAL BENEVOLENT FUND.

To the Editor of the Provincial Medical and Surgical Journal.

Sir,—That the present state of the profession is one of extraordinary depression and distress is well known to most of its members as well as to the Committee of the Benevolent Fund. The provincial practitioners especially, are suffering indirectly from the pressure of agricultural distress, and the practitioners of cities are not only too much crowded together to live, but the bone for which they are contending is too often carried off by the quack. I believe, however, that the public are but little aware of the sufferings of a class of men, who, perhaps, more than any others, shrink from the public gaze, when the hand of adversity is upon them. The design of these remarks is not to reiterate (in tones more feeble than his own) the claims which the worthy Treasurer of the Benevolent Fund has so frequently urged upon us, for in attempting this I might weaken the effect of his heart-stirring yet truthful eloquence, but to point out how much the profession at large *gains* by what it does for its depressed members. The public have much personal sympathy with medical men. It cannot be otherwise. Who can regard with indifference or scorn the hand that has delivered them from suffering, and rescued them in danger; the eye that has cheered them in distress; and the voice whose accents have inspired them with hope and confidence in the midst of alarm and trepidation? Yet, how often is the feeling confined to the individual. How seldom does it occur to the patient that the whole profession is employed by night and by day in the same blessed offices of healing, soothing, and saving from danger and from death. Like the clerical office, ours is one of sacredness and sanctity. It stands out from among the ordinary engagements of the world as something not merely professional, or commercial, or artistical, but dignified and unsecular; only one degree less noble than that of the minister of religion. Yet, from a singular perspicacity in the public mind, it will never esteem us rightly until we have learned rightly to esteem and care for each other. When we have fully learned our corporate duties and privileges, so that if one member suffers the whole body suffers with it—if one is offended all burn with indignation, then the world would be touched with a proper sympathy with the sufferings as well as the merits of the profession. To the world we have abounded with charity: to each other we have been cold, distant, unpitying. We have laboured to exterminate small-pox, to prevent the spread of epidemics, to promote the general health, all for the public good and to our own loss. Yet public men insult and scorn us. We have laboured gratuitously for the poor more than any other class of men: yet, who so bitter and brutal to us as Poor-law Commissioners and Guardians? And the reason of all this is we are not true to ourselves. Our public spirit is wasted on the ungrateful world at the expense of our brethren, and to the jeopardy of our position in society. Now, much of this would be corrected in ourselves, and much of the coarse feeling of the world towards us would be refined and softened, if we could only unite not by half-dozens, but *as a whole*, to anticipate and relieve the distress which may come most unexpectedly upon any one of us, and assuredly will come on very many of us. I therefore, plead for the destitute, not for their sakes alone, but because it is more blessed to give than to receive, and because the reflex influence of this brotherly love sheds a halo of honour and dignity throughout our ranks. And this is not all. The world properly refuses to help those who will not make an effort to help themselves. Our own benevolent efforts are not the single handed ministers of good which they appear to be. They are the germs of a goodly progeny. The benevolent Mr. Propert, (the Newnham, of London) in his noble undertaking to furnish the profession with an asylum for the destitute, and a collegiate education for their sons, has awakened, the interest of not only our gentry, but our nobles and prelates, who are cheerfully coming forward to plead so noble a cause; and it must needs be that the profession will rise in the esteem of such men in proportion as they witness its works of faith and labours of love, exercised in behalf of their own necessitous brethren. On this principle the still too much neglected Medical Benevolent Fund is not only a charitable fund, but is a fund of influence and power, for the benefit of the whole profession. If every member of the Association were to solicit from every wealthy patient an annual contribution to this fund, he would stand better in the eyes of that patient. He would by this act of charity and good-will be himself a gainer, even if the boon be refused. A man who begs importunately for a suffering brother may be repulsed, and counted as a bore; but, in spite of that, he will be held in involuntary respect. No man, however brutish, can wholly withstand the mollifying influence of sweet charity, doubly blessed. And it is impossible that several hundred members of our profession can be seen earnestly soliciting charity for their poorer brethren (it may be their opponents whom their own success has impoverished) without making an impression on the public mind highly favourable to the profession at large. The effort should be made discreetly and advisedly, and within proper bounds, yet not without zeal, constancy and perseverance.

The above sentences were penned previously to the meeting held at the Hanover Square Rooms on the 25th instant, in furtherance of Mr. Propert's noble scheme; but at that meeting a singular confirmation of the views above stated dropped from the lips of Lord Manvers, the Chairman, and was reiterated by other speakers. His Lordship most emphatically stated that it was not to be expected that this most needful and benevolent scheme would receive the support of the public unless the heads of the profession, and those members of the profession generally who were able to do so, came forward to the relief of the necessities of their own brethren. It was urged, that the clergy and other professional as well as trading bodies had their schools and their alms-houses, while the medical profession—the one of all others most exposed to want and distress, both by the nature of the occupation and the low scale of remuneration—had hitherto appeared indifferent to the claims of its poorer brethren; and yet that so

strong was the sense of benefit derived by the public from our needful offices that it could not be supposed that the public will refuse to help us. Indeed, no person present at that meeting, seeing a nobleman in the chair, three bishops, a baronet, other Members of Parliament, and several clergymen, on the platform, most of whom, with eloquence and energy, advocated the cause, could for a moment doubt that the public sympathy is strong for us, and that it is our own fault if we do not find it ready to help us when we are seen ready to help each other.

In alluding to Mr. Propert's scheme while professing to advocate the cause of the Medical Benevolent Fund, it may appear to some that there is danger lest I should distract the attention from the one by admitting the claims of the other. And in the very last number of the *Journal* there is evidently a fear implied, if not expressed, that the British Medical Fund Society may become the means of diminishing the subscriptions to the Benevolent Fund. Allow me to express a hope that this is a mistake. Dr. Forbes, who was on the platform at the meeting, most emphatically admitted that the British Medical Fund was in no danger from the Medical Benevolent College, the success of which he most heartily desired. Clergymen always find it more easy to procure subscriptions from their parishioners to half a dozen charitable objects than to one alone. The members of the Association who are really prosperous, and on whom ought chiefly to depend the success of the fund, only want to be brought into the *habit* of considering the poor and needy, and to feel that in that habit there is really and truly a blessing for them, and then there will be no danger of their pleading an excuse. Excuses will be found by those only who, being ignorant of the blessedness of giving, are determined not to give. But who is there among us who may not soon be deprived of the privilege of giving, and placed among the destitute and the distressed? A short time since a well-known member of the Association was in happy and prosperous circumstances, and had every prospect of providing for his family, but suddenly, poverty, like an armed man, has come upon him. The hand of affliction has touched him, and his prospects are now gloomy and desolate. He is one among the many whose history one of the speakers at the meeting above alluded to, graphically and touchingly summed up in these words:—"They do not retire from practice, they do not die, but they *disappear*." Poverty spreads her dark mantle over their path, and they are *seen* no more. They cannot dig; to beg they are ashamed. The Medical Benevolent Fund finds them bread. The Medical Benevolent College proposes to find them shelter. And both of these institutions are necessary. Nor can there be any reasonable doubt that they will help to support each other, and that the man who has willingly and cheerfully spared his annual guinea for the one, will find some method of self-denial which will enable him every twelve months to save a guinea for the other.

PHILALETHES.

THE BENEVOLENT AND BRITISH MEDICAL FUNDS.

To the Editor of the Provincial Medical and Surgical Journal.

SIR,—I did not think to have encumbered the pages of your valuable periodical with any observations respecting the "British Medical Fund," as I trusted by this time its merits would have been appreciated, and its principles understood, so as to have rendered advocacy unnecessary.

Your own editorial remarks, with the letter from Mr. Newnham, have induced me to say a few words, not, indeed, in the way of reply, but rather as explanatory on some points which both he and you have omitted.

I stand in a peculiar relation to this "Fund"—I will not say its founder, but as the projector of an institution out of which this Society has arisen. I trust, therefore, my observations will not be thought intrusive.

You may remember that, in 1845, at the annual meeting at Sheffield, I brought forth a proposition for establishing "A General Medical Annuity Fund," on co-operating principles. I never thought for a moment of disturbing, or superseding the "Benevolent Fund," already established—indeed I am convinced it never would have done so—on the contrary, my convictions are, it would have strengthened it. Others thought differently: not at the time, for, mark you, there was not a dissenting voice at Sheffield; but, subsequently, when I became involved in the affair too deeply to retrace my steps, a negative was passed upon my project at Norwich, and the Institution, which I had cherished so carefully for twelve months, was thus deprived of a home. It, however, obtained a location, for it became a "citizen of the world," or rather "a citizen of the three kingdoms." From its ashes, phœnix-like, has sprung the "British Medical Fund." Now, what injury can this Institution do your Benevolent Fund?" My belief is, the majority of its members have no connection with your Association; and I am convinced that those who are members of it, will not withhold their contributions to the noble charity so ably advocated by Mr. Newnham, a gentleman for whom I entertain the highest esteem, and to whose zeal and Christian philanthropy I wish to pay that homage and respect so eminently his due.

I certainly should never have stirred in this matter if the "Benevolent Fund" of the Association had come up to my notions of *permanent relief* to the sick, the aged, the widow, and the orphan.

As a *charitable* Institution it always had my warmest approval and support; and had I not latterly drawn so much upon my own resources in furthering my own project, it would have been my delight to have given it more substantial evidence of my good feeling than mere approval. As it is, it has my mite, and will have, while I have health and means. Still, the profession stands in need of something beyond *charity*—nay, it is not well that any class of men should look to such a source for help in time of need. There is a nobility of soul, which all men admire, in refusing unmerited gifts. If it be good to give, there is, nevertheless, ignominy in receiving; more particularly when

men might, by prudential combination, avert the necessity of it.

I do not intend to speak of "The British Medical Fund" as an insurance society, or to say whether the *scale* of payments are too high or too low; one thing I do know, that the calculations were made by Mr. Neison, whose reputation as an actuary, and his long connection with all the details of "Insurance" business, seems to put mere speculation out of the question. If I except myself too, I can say that the directors of this institution are gentlemen whose very names are a guarantee of safety; and I know full well how hard they have laboured, and how anxious they have been to render the Society as perfect as any human institution can be. The great feature of this institution to which I should wish to call especial attention at this moment, is that branch of it called the "sickness fund," the value of which seems to have escaped your Editorial notice. Here is a provision to meet the casualties of accident or illness—whether their consequences be temporary or permanent—to find support while the individual victim to either, is prevented from following his avocation. A provision, let me say, never yet attempted by the profession, and yet of all others, one would think the most needful; for what other calling under the sun is so liable as our own to such casualties. The darkness of night, and the confliction of elements keep not the medical man from the exercise of his duty. Nor will plague or pestilence hinder him from entering into the midst of its concentrated poison. I do not wish to be severe, but I feel bound to say that the non-establishment of an institution of this kind amongst us, is a blot and a stain which I care not how soon is rubbed out.

I can look around me and see the mechanic, the artizan,—nay, the common labourer, associating together, and out of their little earnings contributing something to form a fund for this worthy end. I can see buildings rising up as receptacles for worn out tradesmen—homes, wherein they can lie down and be at peace when their sun of life is setting. But with us, there is no such blessed haven. The practitioner in medicine and surgery, after the buffettings of his ill-paid profession—when worn by poverty, disease, or the creeping infirmities of age, is to be cast aside as a piece of lumber, to rot in his destitution and wretchedness, unless, forsooth, helped by the hand of charity. Oh! ye who have hearts in your bosoms, blush for such a fact as this, for in very truth my blood tingles as I write. Sir, I have very recently witnessed an example of this kind, and an example which I shall never forget.

A gentleman, whom I once knew, in the vigour of health and intelligence, a man above the ordinary, with fine feeling and noble aspirations, and with unsullied character. Paralysis at the age of 44 seized its victim, and prostrated both body and mind. A wife and eight children were dependent upon this poor man's exertions, but his powers are *nil*. He lies a mournful and melancholy picture, which makes the heart bleed to look upon.

Where can these innocent and helpless creatures look for bread? To a Provident Society? Alas! no. Such a society has no existence in the profession to which he belongs. Had he been a tinker, or a tailor, a blacksmith, or even a chimney sweep, there would have been no lack—there would have been help; and the sorrow of spirit for temporal wants, would not have been added to the pains of physical suffering.

I call upon the profession to think seriously of this particular branch of the "British Medical Fund," and to aid it by every exertion in their power. It matters not through what channel relief flows, so that it comes; yet, to honourable minds, the gifts of charity are painful; it is noble to be self-reliant, and by proper combination all men may be so. It is folly to express fear, or to cavil at this institution or that; the true aphorism —"let every tub stand on its own bottom," is true in institutions as well as tubs. The Benevolent Fund of the Association will stand and do its measure of good while charity remains; but charity, like mercy, "is not strained"—indeed, it cannot be forced, and even if it could, I should never value the gift. The question with the profession is—What is the best thing which can be done to meet the difficulties by which we are surrounded? For my own part, I am so little wedded to any project which I may have advocated, that I would strangle any institution of my own to make way for a better. Our main object is combination; our aim should be—the union of intelligence, and our support should be given to that plan, which in its end and issue is likely to impart the greatest good. How many valuable institutions have been frittered away by idle and useless cavilings—by denouncing as impossible that which only wanted energy and tact to prove its practicability.

Let us fix upon a principle which, in its ultimate development, will answer the end in view, and come to it with a determination to work it out, and, my word for it, the thing will be done. But if people are to pull down the bricks of a building as fast as they are laid on, how on earth is the superstructure to be raised? The Crystal Palace, that mighty evidence of human ingenuity and skill, would have exhibited a poor spectacle if every disbeliever in its final accomplishment had been suffered to throw stones at it. It stands now a monument of what combined talent can do—and so will the "British Medical Fund" if it be equally fairly treated.

In conclusion, let me say, I admire the "Benevolent Fund" of the Association, because it is *benevolent;* and although its powers are limited, it is, nevertheless, diffusive, and its gifts come as holy blessings. I admire the objects of the "British Medical Fund," because they are strictly and essentially *prudential.* This institution tells men in their prosperity to lay by a little, that when prosperous no longer they may not want. Like the sun, it absorbs in minute proportions those elements which, when duly gathered together, will return and fructify wherever they fall. Between the "Benevolent Fund" and the "British Medical Fund" there is scarcely an analogy. The former comes with its benign and Christian spirit, pouring oil and gladness upon sorrowing hearts, who have no refuge. The latter is itself the REFUGE; and if there be reproach in eating the bread of charity, there is no reproach here, as it is a just and legal right.

I am, Sir, your faithful and obliged Servant,

EDWD. DANIELL.

Newport Pagnell, June 26, 1851.

[We have with some difficulty found room for the above letter, but cannot find space for any remarks upon it; we hope to return to the subject in our next numb .—Ed J.]

Medical Intelligence.

TESTIMONIAL TO DR. LAYCOCK, OF YORK.

A handsome silver tea service has been presented to Dr. Thomas Laycock, of York, by the Associated Licentiates Extra Urbem of the College of Physicians, with the following inscription :—

"Presented to Thomas Laycock, M.D., Physician to the York Dispensary, Lecturer on the Practice of Medicine in the York Medical School, &c. &c., by his friends, the Associated Licentiates Extra Urbem of the Royal College of Physicians of London, in testimony of their very cordial esteem and regard, and in gratitude for the ability, energy, and zeal with which he has maintained their rights and interests.—Anno Domini, 1851."

The Committee of the Association comprises the following physicians :—J. Davies, M.D., Physician to the Hertford Infirmary, &c. &c. ; J. Birt Davies, M.D., Physician to the Queen's Hospital, and Lecturer on Forensic Medicine in Queen's College, Birmingham ; S. Hitch, M.D., F.L.S. &c., Sandywell Park, Cheltenham ; H. Johnson, M.D., Senior Physician to the Salop Infirmary, Shrewsbury ; T. Laycock, M.D., Physician to the York Dispensary, and Lecturer on Medicine at the York Medical School (Hon. Sec.) ; J. Thurnam, M.D., Medical Supintendent, Wilts County Asylum (Hon. Treasurer).

ROYAL COLLEGE OF SURGEONS.

The following gentlemen were admitted members on Friday, the 27th ultimo :—William George Bacot, St. John's Wood ; Edmund Chapman, Tooting, Surrey ; Thomas Russell Johnson, York ; Robert Bohun Kidd, Norwich ; David Thomas Morris, Carmarthen ; John Pearson Nash, Calcutta ; Charles Thomas Pearce, Northampton ; Charles Joseph White, Portsmouth, Hants ; George Whitley, Durham ; Jacob Williams, Hon. East India Company's service ; John Williams, Pontypool, Monmouthshire.

SOCIETY OF APOTHECARIES.

Gentlemen admitted members on Thursday, June 19th :—James Andrews, Pershore, Worcestershire ; Essex Bowen, Llwyn Glair, Pembrokeshire ; John Horton Broxholm, Sunbury, Middlesex ; John Dale, jun., Yarm, Yorkshire ; John Norton, Cowfold, Sussex ; George Edward Webster, Cambridge.

Gentlemen admitted on Thursday, the 26th ult. :—Alfred Horsley Bossy, London ; William Taylor Colby, New Malton, Yorkshire ; Henry William Hubbard, Bury St. Edmund's ; Octavius Henry Jennings, Colefield, Gloucestershire ; William Phillips Kirkman, Melton, near Woodbridge, Suffolk ; Robert Toulmin Leeming, Leeds ; Edward Charles Lewis, Richmond, Surrey ; Frederick Pratt, Swinbridge.

ROYAL COLLEGE OF PHYSICIANS.

The following gentlemen were admitted members on Wednesday, June 25th :—Dr. Hooper, Grove Hill, Camberwell ; Dr. Sweeting, Abbotsbury, Dorset.

The following were also admitted Extra-Licentiates :—Dr. Sladen Davis, Fillongley, Coventry ; Dr. Jones, late of St. Leonard's-on-Sea ; Dr. Wilson, Whitby, York.

OBITURAY.

On the 23rd ultimo, at Sidmouth, Sir George Smith Gibbes, M.D., F.R.S. The deceased was a Fellow of the Royal College of Physicians, and was for many years Physician Extraordinary to Queen Charlotte, during whose reign he was knighted. He was also for a lengthened period a practitioner at Bath.

BOOKS RECEIVED FOR REVIEW.

On Gout : its History, Causes, and Cure. By W. Gairdner, M.D. Second edition. London : John Churchill, 1851. pp. 300.

Hand-Book of Natural Philosophy and Astronomy. By Dr. Lardner, D.C.L. London : Taylor, Walton, and Maberly, 1851. pp. 819.

Familiar letters on Chemistry. By Justus Von Liebig. Third Edition. London : Taylor, Walton, and Maberly, 1851. pp. 530.

On Diseases of the Mucous Membrane of the Throat, and their Treatment by Topical Medication. By W. R. Wagstaff, M.A., M.D. London ; John Churchill, 1851. pp. 183.

A Compendium of Materia Medica and Pharmacy. By J. Hunter Lane, M.D., F.L.S., F.S.S.A. Second edition. London : J. Churchill, 1851. pp. 310.

The Laws of Health. By Lionel J. Beale, M.R.C.S. London : J. Churchill, 1851. pp. 306.

Miss Martineau and her Master. By J. Stevenson Bushnan, M.D. London : J. Churchill, 1851. pp. 173.

The Wisdom and Beneficence of the Almighty, as Displayed in the Sense of Vision. By T. Wharton Jones, F.R.S., &c. London : J. Churchill, 1851. pp. 135.

Sunning Hill Wells. By Henry Holmes, M.D., &c. London : H. Renshaw, 1851. pp. 103.

The American Journal of the Medical Sciences—April, 1851.

A few Remarks on the Use of Impure Gold for Dental Purposes. By W. Imrie, Surgeon-Dentist. London : J. Churchill, 1851. pp. 11. Pamphlet.

An Inquiry on the Subject of Vaccination. By Benjamin Ridge, M.D., M.R.C.S.E., &c. London : J. Churchill, 1851. pp. 31. Pamphlet.

Report and Papers of Suggestions on the Proposed Gathering Grounds for the Supply of the Metropolis from the Soft Water Springs of the Surrey Sands, addressed to the General Board of Health. By the Hon. Wm. Napier.

PROVINCIAL MEDICAL AND SURGICAL ASSOCIATION.

SHROPSHIRE BRANCH.

The Shropshire Branch of the Provincial Medical and Surgical Association will meet at Hay Gate, (one mile from Wellington Station,) on Tuesday, July 15th, 1851. After the meeting the members and their friends will dine together at the above inn at half-past three o'clock. Gentlemen who intend to honour them with their presence are requested to give notice to the President, or Mr. Taylor, Hay Gate, as early as possible, as dinner will be provided for those only whose intention is thus signified.

R. THURSFIELD, President.

TO CORRESPONDENTS.

Communications have been received from Mr. Colthurst, Mr. Moore, Dr. Symonds, Dr. Hughes, Mr. Humphry, Mr. Beales, Mr. Newnham, Dr. Nelson, Dr. Kingdon, Mr. Jeaffreson, Mr. Pritchard, Mr. Parker, and Mr. Thompson.

Inquirer.—We cannot undertake to settle the dispute on such a statement as that sent to us. It is too nice a distinction to attempt to draw without seeing the case. We can of course form an opinion, but we should not like to act upon it, especially as both parties do not seek the arbitration.

ORTHODOX MEDICINE;

AN ADDRESS,

DELIVERED AT THE ANNUAL MEETING OF THE BATH AND BRISTOL BRANCH OF THE PROVINCIAL MEDICAL AND SURGICAL ASSOCIATION.

By JOHN ADDINGTON SYMONDS, M.D.,
President for the Year.

On occasions such as the present, when the practitioners of our art are brought together at regularly recurring periods, one is naturally led to view the present in relation to the afore and after time. I will not attempt to compare the present condition of our Branch Association with the past or to speculate on its future progress, though in considering it in both these aspects we might truly take up a cheerful and gratulatory tone; for it has stood the trial of time, it has shown that its strength has not depended on the novelty of its interest; and the losses which it has in the course of chance and time suffered by the death or removal of members have been filled up by the steady influx of new recruits. Nor is it too much to say, that there has been an obvious advance in our prosperity during the last few years; nor will it be thought to involve anything like invidious comparison, or to present anything more than the simply true and just view of the case, if I remark that this success has been mainly attributable to the intelligent and strenuous exertions of the gentlemen who have been so kind as to undertake the onerous offices of secretaries.

From the state of our Association I will venture to pass to a far wider field, and to offer you a very few observations on topics which I trust will not be considered inappropriate to such a meeting as the present.

In the arduous and absorbing pursuits of medical life, the practitioner has generally enough to do in meeting the emergencies of the day and the hour. He toils on anxiously bearing in mind that golden injunction, "Oh! man, know thou thy work, and do it." He has scarcely any breathing time for "looking before and after." On, on he must fag; the wheel of events which he at once treads upon, and helps to keep in motion, will still revolve, and he must not lose his footing while he is speculating and philosophizing. He is therefore apt to forget or overlook the changes which have been going on about him, and in the very scene of his exertions. But it would be good for him now and then to pause and look around; for he would see much to encourage and cheer, and something to incite him to still greater exertions in the cause of science and humanity. Let me, then, on this occasion, invite you to join me in a moment's survey of that part of the world and its affairs in which we, as practitioners, are more immediately interested. And, first, let us glance at the state of our profession as a profession: and here, I think, there is little to be seen but what prompts us to mutual congratulation. It cannot be doubted that it is daily increasing in knowledge and wisdom; and that the proofs of this increase are to be seen in the attainments and character of its members generally, and more especially in the improved and improving education of those who are entering it. How that education differs from what was pursued not many years ago, in the range of its scientific requirements, I need not point out to you, but I cannot help noticing particularly the great change for the better in the most important department of all—I mean the practical instruction. "Walking the hospitals," as the old-fashioned phrase went, was often only lounging through them, and the only professional topic of interest was the last or the next astounding capital operation. But all this is changed, and through the talent, zeal and fidelity of the clinical teachers, both in medicine and in surgery, our young friends come from their hospital perambulations really enlightened as to the proper mode of dealing with those ordinary cases, the management of which will be the main occupation of their lives.

It has been the custom at the annual meeting of the Parent Association to survey the accessions to our professional knowledge made during each foregoing year. Could a digest of those reports be drawn up from the commencement of the Association, nearly twenty years ago, and a comparison drawn between the amount of information gained during that period, and the previous two decades, I cannot doubt that the advantage would appear decidedly in our own era. It seems to me that the great events between 1810 and 1820 were the publication of Laennec's immortal "Treatise on Auscultation," and of Sir Charles Bell's Researches on the Nerves of Sensation and Motion, and that between 1820 and 1830, the great achievements were in the field of pathological anatomy, and of transcendental or philosophical anatomy. The former of these certainly reached its culminating point during this period, and not very much in the way of discovery after that time was left for the mere scalpel of the necroscopist. It is of course out of the question for me to recite even in the most summary way, the history of our science and art since 1830. It will be enough to hint at a few broad facts that will speak for themselves.

In the department of anatomy we point to that unravelling of the ultimate texture of living structure technically called histology, under the help of the microscope, including, as it does, that wide-embracing idea of cell-growth, which has now become so familiar to us. In physiology I need only advert to the improvement of our notions respecting secretion, and nutrition, and generation, by the combined instruction of comparative anatomy, microscopy, and chemical research. A prominent place must ever be awarded to the collateral researches of Prout, and Mulder, and Liebig, and the other chemists who have devoted themselves to the analysis of organic substances: for what was organic chemistry before the period which we are now cursorily reviewing? The modern physiology of the nervous system, though dating its birth from the discovery of Sir C. Bell, may be said to have attained the most important amount of its present growth and development within this period. It matters but little

to the world how much had been hinted or sketched out in our department by Prochaska, or whether recent and ingenious observers have been too jealous as to the originality and value of their researches. It is enough for us to look at such a report of the physiology of the nervous system as was drawn up for the British Association by Dr. Henry, in 1832 or 1833; and to compare the knowledge at that time respecting the functions of the spinal cord, the cerebellum, the corpora quadrigemina, the thalami optici, the corpora striata, and the cerebral hemispheres or ganglia, with that which is now current amongst us, and to perceive how much we have learned from Dr. Marshall Hall, Mr. Newport, Dr. Carpenter, Dr. Todd, and Mr. Solly.

In pathology there are certain ideas to which we have become so habituated, and which have so grown with our growth, that we are unconscious of, or have forgotten, the recent date of their origin. Such is the humoralism of the present time; a formula of which medical thought cannot now divest itself. It is true that the dawn of this idea may be observed a little anteriorly to the time we are surveying. The "Anatomie Pathologique" of Andral, (in my humble judgment one of the most influential works of our century,) gave the first, though faint, expression to our modern humoral pathology, and it was published in 1829. Glance at your present notions of fevers, of puerperal sequelæ, of erysipelas, of certain cerebral affections in connection with the pathology of the blood and the secretions, and including that fertile subject of toxæmia, which has only partially yielded as much as it is capable of affording, and consider how little had been contributed to your knowledge of the subject before the time I speak of. And here I cannot but notice one of the most important pathological discoveries of our age—that renal malady, which, as Englishmen, we should be proud to designate as *Bright's disease*; for, setting apart the value of the discovery in connection with dropsy and albuminuria, I confidently ask whether the fellow to it in importance can be pointed out, when we consider the researches which have grown out of it, and which have not only enlightened the whole pathology of the kidneys, but have given an impulse to the study of secretory disorders in general, and have been most influential in drawing attention to what I have already hinted at—the contamination of the blood by matters which have failed to be eliminated.

For us, the representatives of orthodoxy, it would be enough to hint at improvements in pathology, being assured that there would be therapeutical deductions of less or more value. But, apart from those improvements in our *art* which have sprung from the improvements in our *science*, in certain special diseases, have we not in our general practice learned to be more wisely bold and more wisely timid? Have we not learned in certain diseases to stand aloof, and, instead of revolutionizing the processes of nature, to interpose only with the view of abetting the sanative, and restraining the destructive, tendencies! Have we not learned to spare the lancet in those cases in which the brain has suffered a local injury, or in which its functions have been less disordered by hydraulic causes than by the poisons which the blood has carried to the organ, whether it has derived them from some taint in the body itself, or from some outward formes? The depurative treatment of fevers, and our attempts, though often unsuccessful, at correcting the faults in the blood in these diseases, are all in the right direction. But I think that we may indicate the management of chronic disease in general as most surely marking the advancement of our therapeutics. It is true that a great change is observable in the treatment of acute diseases. When and where do we witness that terrible blood-shedding which was once so familiar to us, and to which we were once so callous? Why have so many lancets become rusty? What have been the scouring ideas that have purged our officinæ of so much of their perilous stuff? This change of practice has, it seems to us, had more than one cause:—1stly, we have learned that the abstraction of blood, even in the purest and most sthenic phlegmasiæ, cannot summarily eject the disease; it can but so qualify the blood, and so moderate the *vis a tergo*, and so alter the capillary circulation, and so influence the secretory actions, and so modify the neurotic element of what, however simple, is still a composite malady, as to place the suffering organs in a better train for the resumption of their natural state. I need not say that I do not here allude to cases of mere local hyperæmia, in which the curative influence of bleeding is more direct. 2ndly, we have learned to use other antiphlogistic remedies more freely, and yet discriminatingly, more especially opium, mercury, and antimony, and also to wait more patiently for spontaneous improvement. But, 3rdly, there has been a change in the type of that which we have to deal with. Unless our perceptive faculties have changed, we do not now, or at least very rarely, meet with those stalwart menacing inflammations which used to put the practitioner upon his mettle, and provoke him to those sanguinary onslaughts in which alone seemed to be safety, either for his patient's life, or for his own reputation as a skilful and determined practitioner. We cannot have almost suddenly grown so very wise as to be able to do without measures approaching to the old severities. Our fathers,—nay, our former selves, could not have been so very blind, and so very rash, as to have quite mistaken the characters of the cases and their exigencies. Why had their active practice superseded the expectant method of the end of the last century? Why was the practitioner, whose lancet was not always between his finger and thumb,—why was he thought feeble and timid, and belonging to the same class as the aged members of the other sex? We have more lights in the present day, but there is no reason to think that our natural vision is so vastly more penetrating. Such inflammatory cases as have been described in our medical classics, and have been witnessed by ourselves, and which now are *raræ aves*, were, I cannot doubt, for a cycle of years, common and every day cases. The epidemical constitution of the years has changed, and practice has

changed with it. Would wary, thoughtful, acute observers of the phenomena of disease and the effects of remedies, such as were our fathers, (however imperfect may have been their pathology,) would they have continued to bleed and purge in continued fever, in scarlatina and measles, if such practice had been as uniformly fatal as we believe it would be in these diseases in the present day? Could Dr. Armstrong, with all his eloquence and enthusiasm, have commanded a hearing, unless fevers had been for years more phlogistic than they now are, and than they were in the latter part of his career? I think not. And it is not beyond the possibilities that we may some day have to return towards some of the old modes of procedure, though there is little reason for apprehending anything approaching to the Sangradoism which we can remember, and of which the most remote of the recent apostles was M. Bouillaud.

But while bearing in mind this change of character in acute diseases, we must allow that our depletory practice has been greatly mitigated, if not abolished, in the treatment of chronic maladies. The lancet no longer spurs the downward course of tuberculous cases. The timorous dyspeptic may tell of his headache without fear of the cold steel that is to rescue him from apoplexy or meningitis; and he will confess to a numbness or a vertigo without expecting that cupping-glasses and scarification will inevitably follow, or a threat of being doomed to paralysis. But while we can thus number up proofs of caution and forbearance in our modern practice, of a due respect for the *vis medicatrix*, there is no lack of instances of bold and courageous interference with the *vis vitiatrix*. And perhaps they are chiefly to be sought in the annals of surgery and of obstetric medicine. But take one example as *instar omnium*, the administration of æther or chloroform, whether for medical or surgical purposes. There is in this practice, whatsoever else there may be, a noble boldness, I had almost said a divine audacity. This practice, the offspring of our own immediate time, may compare with the most splendid triumphs of human art. I envy not the sentiments or imagination, or rather the want of them, in him who can witness it without emotion;—who can see the temporary annulling of all that distinguishes man as a feeling, moving, thinking, speaking being;—who can see quivering flesh, and tender nerve, and tough fibre, pierced and severed and crushed and torn without suffering, and not feel a glow of enthusiastic admiration for the wise and happy discoverer of this wonderful agency—a throb of exultation at so beneficent a product of human skill, mingled with a feeling of gratitude to Him who had put it into the mind of man to devise such help for his suffering brother.

Did we require any further proof of the advancement of our science, we might find it in the prominence now given to all questions of hygiène, whether with reference to the prevention of disease and the preservation of health in the individual, or to the sanitary condition of the community. But enough of this theme.

I have now to make a few remarks on the state of public opinion in reference to our art. At first sight we might presume that the same considerations which have afforded *us* subjects for mutual encouragement and congratulation would also weigh with the laity in some degree, and augment their confidence in our ability to yield them succour. And with the more thoughtful, and well-informed, and sensible, I believe this is actually the case. But, alas! the thoughtful, and the well-informed, and the sensible, do not constitute the whole public. Some years ago this influence was more marked than at present. The public saw the exertions made by the medical examining bodies to raise the standard of qualification; they had some idea of the rapid progress of our science; now and then they got some glimpses of our doings through the medical journals, which were then assuming a great degree of activity. In society they met the members of our profession, and they could not but observe their growth in intelligence and general accomplishments. But within the period, the review of which has presented us with matter for honest exultation as a profession, two notable heresies have sprung up, and have succeeded in obtaining not a few victims from the laity, and some converts, or perverts, from our own body.

We cannot blame the public. Ignorance is an object of pity, not of reprehension. And surely to a non-professional mind there is something quite charming and seductive in these so-called systems of cure. To wash away all taint of disease, all dregs of the nauseous and noxious drugs that had been imbibed in the days of darkness—to cleanse all this by pure water, within and without, is a notion that carries refreshment into the depths of the inner spirit, and makes one indulge in delightful transcendental visions of the regenerating efficacy of this corporeal baptism. Not less attractive is that system which banishes all the bugbears of the nursery and the sick-room,—which puts aside *omne quod exit in um, præter remedium*, presents *that* in an insensible fraction, undistinguishable from the sugar or the water that contains it, and bars out all the terrible inflictions of the antiphlogistic regimen! Yes, let us consider very leniently the adhesion of the laity to systems adapted to a love of simplicity and to an abhorrence of temporary suffering even for ultimate good. It is so delightful to travel by royal roads to health as well as to learning. They do not know the dangers of the road, and what benefits they lose for ever by the irreparable loss of time. They cannot follow the reasoning involved in medical proof. Why do they ask *our* aid? They may know that we have been diligent in acquiring professional knowledge; that we are reputed for skill and experience; that certain of their friends were seriously ill, and that while under our care they recovered. But they may say to themselves, "Doctor Aquaticus and Doctor Minimus have received a regular education; they must be learned men. Dr. Aquaticus cured Mrs. Weakly of that inveterate lumbago that had resisted even Holloway's pills; and our little nephew has, by the help of Dr. Minimus got through the measles, and without one of those abominable black doses, the very sight of

which used to throw him into such terrible rages. Why should not we, too, send for Dr. Aquaticus or Doctor Minimus?" We cannot prevent these processes of thought and their practical results, till the public mind is better informed. The best thing we can wish, both on their account and our own, is that they should study physiology, and learn some rudiments of pathology, sufficient to assure them of the rational basis of medicine, and that their true safety depends upon it. We have nothing to fear from the illumination of the public. We do not shun the light. We do not depend on mystery. Ours is not an *occult* art. No initiatory rites are needed save those which are involved in the study of nature in health and disease. We court inquiry; and those who look *deepest* into our principles and proceedings are those from whom we have least to fear. Not to *us* and to *our* science can be applied that mournful complaint that

> "Those who know the most,
> Must mourn the deepest o'er that fatal truth,—
> The tree of knowledge is not that of life."

For ours is not forbidden knowledge; nay, we are invited to it by the gracious author of our being, through various analogies in nature, and ten thousand hints from "healing balm and medicinal gum."

Were other evidence wanting to prove that the honest well-educated practitioner prefers laying open his processes to those who can understand them, (for certainly it is of no use to ask for or permit the presence and spectatorship of those who do not understand what he is about,) I may adduce the willingness with which he submits his views and his treatment to the scrutiny of any honourable well-instructed professional brother. He may fear the semivision and senseless gossip of the laity; but he has nothing to dread from the observation and the report of a scientific and experienced witness. I confidently appeal to the high-minded skilful practitioners by whom I have the honour to be this day surrounded, whether it has not always been a relief to them, during the conduct of a difficult case, to find some medical friend or relative of the family who, though not sharing the responsibility, has the opportunity of ascertaining their opinions correctly, who can enter into their perplexities, and who can understand the indications of cure or relief which they are endeavouring to fulfil.

But I cannot conclude this subject without alluding to those who have become separatists from our professional communion. I do not ask you to condescend to think of those who never were of us,—those insolent pretenders who, from the walks of common life, and without any training whatsoever, have dared to assume the garb and wield the staff that should be handled by none but true Asclepiadæ.

> Misericordia e giustizia gli sdegna:
> Non ragioniam di lor, ma guarda e passa.
> (Mercy and justice scorn them both,
> Speak not of them, but look, and pass them by.")

But what shall we say of those who once knew better things,—those apostates from the faith handed down to us by Hippocrates and Sydenham? Simply that they have cut themselves off, and that we hold them as cut off. As practitioners we will have nothing to do with them. They have no part or lot with us. They have chosen to stray: let them go, and they leave no very deplorable hiatus.

Yet, let me guard this dismissal with one exception; I would not include in it any honest hydropathic practitioner, who regards the water-cure as only a branch of therapeutics to be used in alliance with regular medicine. On the contrary, one would gladly hail such auxiliaries; for that there is a potency for good as well as for evil in that method cannot, I think, be denied. Indeed, it would be strange if the constant employment and observation of such an agent as cold water had not led to some improvement in the application of it, and to some extension of our knowledge of its powers. We only pronounce our ban on those who declare hydropathy to be the only proper method of treatment, or, who use it in conjunction with homœopathy and mesmerism. Have we any like exception to offer in favour of homœopathic practitioners? None. For them we have no qualification or mitigation of our sentence. On them the science of medicine pronounces its distinctest and deepest-toned anathama. But, setting medicine aside, common sense derides them, humanity reproaches them, and reason sets upon them the ineffaceable brand of *impostor* or *simpleton*. Is this harsh and intolerant language? It is not. Can any terms from us be too severe or contemptuous towards those who urge us to turn our backs on that august temple of medicine, whose foundations are laid deep in nature, whose pillars have been slowly raised by the science and art of successive centuries; and whose precincts are consecrated by the genius, the devotion, and self-sacrifice of some of the world's greatest benefactors;—and who bid us to go and worship in that miserable tent, which was stretched out but yesterday, and where the mutterings of its half crazy fabricator are mistaken for the responses of an oracle.

Are we intolerant? No. We extend our Christian charity to the utmost over the motives of the poor perverts. But while we are ready to admit the purity of their intentions, we do not choose so to insult *our own* understandings, as to say that we feel the smallest respect for *theirs*. They may be good and amiable; but we decline assenting to the assertion of their wisdom. Men who can imagine that most chronic maladies owe their origin to the itch, and who really believe as to the infinitessimal dosings, what can easily be reduced to a mathematical absurdity, are surely not to be placed in the same category as those children of whom their parent is said to be justified. I forbear inquiry into the consistency of those disciples of Hahnemann, who depart from his system of dilution, and who can reconcile it to their notions of propriety to recommend castor oil and cod-liver oil, to administer enemata, to apply blisters and fomentations, and to call in what is frequently the perilous aid of hydropathy. I do not inquire into this, lest we should end in the conclusion that their consciences are attenuated almost in the same degree as their doses. Besides, we may

leave them to the expostulation and reproof of the more faithful of their brethren, who will certainly not fail to hurl at them some denunciatory text from the dreamy delirious revelations of their prophet Samuel! But you may say, surely not all of them are simpletons: surely some of them have shown ability in other matters. It may be so. I am not here to inquire what precise amount of mental soundness or capacity is compatible with a belief in the homœopathic system. It would border on such medico-legal investigations as those in which we have to ascertain whether competence to the management of affairs may be predicated of a mind that is subject to some particular delusion.

That laymen of great powers of mind have adopted homœopathic treatment for themselves or their families, should go for nothing. They are not led to it by reasoning, but by what they fancy to be experience, and which is indeed only empiricism. Every pestilent quackery that has ever been palmed upon the world has numbered among its victims the wise and the witty, as well as the dull and the ignorant. And the wise have adopted it because they have not been wise in all things. They were sick; they swallowed decillionths of oyster shells; and they got well. This is their argument, and its fallacy is too obvious to deserve even a momentary comment.

Pardon this long digression; but the subject is so important that it ought not to pass without some emphatic notice. I strongly advise my brethren to take an uncompromising part, not only by refusing to co-operate, even in the most indirect manner, with homœopathic practitioners, but also to show the public in what light we regard these marauders. I need not tell you that the only really remunerative cases to the general practitioner, (except in the feeling of satisfaction in the discharge of an arduous duty, in the achievement of success in a difficult art, and in the thought of having saved a life, or assuaged pain and distress,) are those in which his duty consists mainly in standing by the bed-side of the patient, ready to interpose, if in his judgment any emergency arises; though they are cases to the cure of which nature alone is usually adequate. Nothing can really compensate him for the anxiety incident to the life-and-death encounters in grave cases, to say nothing of fatiguing days and broken nights. If, therefore, his attendance is sought by a family in such cases only, (and the instinct of the patient or his friends will generally lead them away from homœopathists on such occasions,) he is justified in requiring that his reward should be very different from what it is when he has all kinds of cases submitted to him.

I have no fear that this view of the case can be considered mercenary. Everywhere it is allowed, that from no profession is more gratuitous aid received by the public, and I am proud to believe that it is held to be one of the highest privileges of the profession that it has the power, and is allowed to render help to mankind as a labour of love. But as our patients often quote to us, "The labourer is worthy of his hire," so we may urge that the hire should bear relation to the kind and the degree of the labour. To employ a soldier on no service but fighting in pitched battles, bivouacking on malarious plains, or leading the "forlorn hope" of a storming party, and then to tender him for such service the same pay as a soldier who is engaged all the year round, and has ordinary garrison duty, or the light routine of the parade ground, in a frequent exchange for the hardships and perils of a campaign, would surely be considered to be very unreasonable and very unjust, yet it is a case precisely parallel with that to which I have just adverted.

I trust that I have not gone too near the borders of levity in some of the remarks which I have ventured to offer to your consideration. Believe me that no one can feel more deeply than I do the seriousness of medical practice. We ought ever to nourish a sentiment of reverence for our art, and a solemn conviction of the weightiness of the interests which are involved in it. To say nothing of the value of the lives of the good, the great, the wise, the brave, and the beautiful, the issues of which are in our hands as far as they can be in mortal power; to say nothing of our high vocation of imparting succour and relief to the helpless and suffering, we ought to go to our work in the spirit of priests and hierophants—men who have to minister in holy things, men who have to tend the sacred lamp of life, to guard and sustain the temple of the human body—that fabric on which creative power has lavished most marvellous resources, most consummate artifice. Let us constantly bear in mind that pregnant saying of the German sage, Novalis,—"We touch God when we lay our hands on a human body;" so shall we approach it with fitting reverence.

SUCCESSFUL CASE OF

OPERATION FOR THE REMOVAL OF AN OVARIAN TUMOUR,

WEIGHING TWENTY-FIVE POUNDS.

By JOHN BEALES, Esq., M.R.C.S., Halesworth.

Read at the Suffolk Branch Meeting, at Framlingham, June 27, 1851.

In the early part of September, 1850, I was consulted by Eliza Smith, of Darsham, aged 30, unmarried, for an enlargement of her abdomen, resembling that of a person at the full period of pregnancy. She stated that she had lived in the capacity of lady's maid for the last two years; that in December, 1849, she discovered an enlargement of the left side of her body, which gradually increased up to the month of August, 1850, when she was obliged to seek medical relief for loss of appetite, loss of strength, with wasting of her legs and arms. During the progressive state of this enlargement the catamenia were regular up to the month of April, after which time they returned every fortnight, up to the following August, but in small quantity. During this period she was perfectly free from pain, and her general health suffered but little. Upon examina-

tion I found an ovarian tumour, of a circumscribed character, extending from the left iliac region to the left hypochondriac, very hard to the touch, but towards the umbilicus and scrobiculus cordis soft and fluctuating, as far as the right hypochondriac and the right iliac regions, but evidently in two distinct sacs, moveable as a whole, and free from pain or tenderness, measuring thirty-seven inches in circumference; the patient being only four feet eleven inches in height. The uterus was healthy, high up, and of small size.

From the mobility of the tumour, and from the absence of pain at any time, I proposed the operation of its extirpation by the large incision, which was eagerly acceded to by the patient herself, having also had the sanction of two of my medical friends, as to the propriety of the step.

About the middle of November I removed my patient to a lodging in my own town; and on December 4th I performed the operation, in the presence of several of my medical friends. She took the night before, Extr. Hyoscy., gr. iv.; Extr. Col. c., gr. vj. Ft. Pil. iij.; and had an enema early on the morning of the operation, which cleared the bowels well. My patient was seated upon a couch with her feet upon the ground, and her back supported by a bed-chair and pillows; an eight-tailed bandage having been first placed behind her. Mr. Archibald Dalrymple was seated upon my right to receive the tumour, and Mr. Crowfoot on my left to guard the intestines should they escape at the wound. Mr. Donald Dalrymple kindly administered the chloroform, and she was fully under its influence in about two minutes. Having seated myself nearly opposite to my patient I commenced an incision of the integuments and the peritoneum just below the umbilicus, to an extent of four inches, to within an inch and a half of the symphysis pubis. The fingers of my right hand were passed into the peritoneal cavity, and a few adhesive bands were gently separated on both sides of the wound. The cyst was fluctuating and yielding on the right side, but firm and hard on the left. I then enlarged the incision of the integuments, beginning about three inches below the scrobiculus cordis in the linea alba, and extending it down to the left side of the umbilicus, a distance of six inches, to join the one of four inches made in the first instance. With a blunt-pointed bistoury I divided the peritoneum to the same extent. The wound expanded, but the tumour seemed immoveable. Unintentionally I opened a thin part of one of the cysts, when several pints of thick gelatinous fluid escaped. The tumour was still stationary, so that it became necessary to puncture another sac, when, after drawing off three or four pints of fluid of the same character, the tumour was slowly and gently removed from its cavity. I then, with a curved needle fixed in a handle, with an eye near its point, passed a double ligature of strong silk through the pedicle and tied it in two separate places; but in so doing the silk of one ligature broke, which was immediately replaced by passing an eye probe, armed with another double silk ligature, through the aperture made by the curved needle, and firmly tied. The tumour was then separated with a scalpel as near as possible to its base. No blood escaped. The uterus was felt, and found to be small and healthy, as well as the right ovary. The integuments appeared almost to close of themselves, and were immediately secured by seven interrupted sutures. The patient was then put to bed, being still and having been under the influence of chloroform for about twenty minutes. She shortly afterwards became sensible. Long pads of lint were placed on each side of the wound, and secured by strips of mild adhesive plaster from one side of the body to the other. The eight-tailed bandage was crossed in front of her and made secure.

Her pulse, before the operation, which took place at twelve o'clock, was 65. At two P.M. it was 80, and she complained only of a general aching. Ordered a quarter of a grain of morphine, in an ounce and half of camphor julep. The temperature of the room to be kept at 75°.

At seven o'clock in the evening her pulse was 96; skin moist; no pain, but a little uneasiness in the bladder.

Half-past nine, P.M.—A little restless; drew off by the catheter half a pint of urine. Repeat anodyne. Ordered half a pint of toast and water for the night, having taken half a pint since the operation. Pulse 96.

December 5th.—Half-past nine A.M.—Has passed comfortable night, with frequent quiet sleeps of twenty minutes at a time; pulse 102; skin moist; tongue moist; has taken nearly a pint of toast and water; countenance cheerful, and says "she does not feel ill;" drew off ten ounces of urine; wound looking well; tightened the bandage; no swelling of abdomen.

Half-past two, P.M.—Has slept for three-quarters of an hour, when some person opened her bed-room door suddenly, and awoke her; pulse 115; skin moist; tongue moist; a little aching at the top of both hips; drew off six ounces of urine; pulse after it 106; has drank half a pint of toast and water since the morning.

Half-past nine, P.M.—Pulse 106; skin moist; tongue moist; a little irritation at the neck of the bladder; drew off five ounces and a half of urine; pulse 100 after it. Repeat anodyne draught.

December 6th.—Ten minutes past nine A.M.—Has had several hours' sleep during the night; awoke at half-past three this morning, and vomited a good deal of green bile, went to sleep for an hour after it, and vomited again; pulse 106; tongue moist, but furred a little at the back part, the tip red; skin moist; wind rumbling in the bowels; the body flat, and no tenderness; feels better since the discharge of bile; drew off half a pint of urine, not high coloured; has taken but little toast and water during the night; is cheerful; the countenance rather sallow. Ordered soda water.

Half-past two, P.M.—Pulse 106, rather full and hard; temperature of room 70°; has taken only two wine-glasses of soda water since the morning; wind in the bowels causing a little pain; no enlargement nor tenderness of the body; urine *not* drawn off; tongue moist,

Quarter to ten, P.M.—Pulse 106, and soft; skin and not so furred; skin comfortable.

moist; tongue cleaner; countenance cheerful; herself in excellent spirits; has had an hour's refreshing sleep during the evening; has passed wind per rectum; drew off nine ounces and a half of urine; temperature of room 75°; wishes for her anodyne. Continue toast and water in the night, or soda water. Pulse 100 at ten o'clock.

December 7th.—Half past nine, A.M.—Pulse 100, and soft; skin moist; has slept six hours during the night; is cheerful; drew off nine ounces and a half of urine; wound healthy, and closed by adhesion; drank half a bottle of soda water during the night; would like some breakfast. Ordered *one* biscuit in a cup of tea, and a domestic enema of gruel. Temperature 70°.

Four o'clock, P.M.—Pulse 106; skin moist; has had the enema; half returned dirty, with a great quantity of flatus; did not want to pass water. The nurse had put on clean linen, *contrary to orders*, which accounted for the increase of pulse since the morning.

Half-past nine, P.M.—Pulse 102; tongue moist; skin moist; very cheerful, and says she has passed water at half-past five this evening, eight ounces and half in quantity; has had three quarters of a tea-cup of gruel. *Not* to take the anodyne unless in pain or restless, but to have soda water and a tea-cup of gruel during the night.

8th.—Ten minutes past eleven, A.M.—Pulse 96; tongue clean; skin moist; in excellent spirits, and wants something to eat; had six hours sleep *without* the anodyne; has passed half a pint of urine at four this morning, and seven and half ounces at nine; also a good deal of flatus per rectum; wound healed; removed *all* the sutures; ordered a cup of tea and a soft boiled egg; she drank half a bottle of soda water in the night, and a cup and half of gruel.

Four o'clock, P.M.—Pulse 115; tongue moist; skin moist; had been a little excited, hearing me complain down stairs of the door of the house being left open. Ordered a cup of tea and a little dry toast.

Half-past nine, P.M.—Pulse 100; skin moist; tongue clean and moist; passed six ounces and half of urine; bowels *not* relieved; ordered half an ounce of manna in half a pint of gruel; during the night says, *she should not know she had a wound in her body at all;* has passed wind per rectum.

9th.—Eleven o'clock, A.M.—Pulse 90; skin moist; tongue clean; has had a good night, and has passed ten ounces and a half of urine at two different times; took the manna; feels as if the bowels would be relieved; enjoyed an egg and dried toast for breakfast, with tea and milk; a thick deposit of urates in the urine.

Nine o'clock, P.M.—Pulse 90; skin moist; tongue clean; very easy; feels as if the bowels would be relieved; has drunk nearly a bottle of soda water; some gruel and half a cup of tea this evening, with a piece of brown dried toast, with a little honey upon it; ordered one pill of Pil. Hyd., gr. j.; Ext. Col., gr. ij.; Pil. Rhei., gr. ij.; Ext. Hyoscy., gr. j.; and gruel in the night; body perfectly flat and easy; and has passed flatus per rectum.

10th.—Eleven, A.M.—Pulse 90; skin moist; tongue clean; free from all uncomfortable feelings; has slept six hours; passed eleven ounces and half of urine since the last evening, and has had one copious pultaceous motion of healthy colour; has had a cup of tea with an egg in it for breakfast, and some dry toast. Ordered a custard pudding and soda water for dinner.

Half-past eight P.M.—Pulse 96, soft; skin moist; tongue clean; felt a good deal of pain in the back; felt as if she would be unwell; has passed a pint and a quarter of urine since the morning; enjoyed her pudding and soda water for dinner; wound from the ligatures discharging healthy pus.

11th.—Half-past two, P.M.—Pulse 96; skin moist; tongue clean; has had relief in the bowels and has passed three quarters of a pint of urine, and slept six hours. Ordered arrow-root pudding and beef-tea for dinner; a little jelly occasionally; discharge by ligatures healthy.

12th.—Visit twice; pulse 90; going on well.

13th.—Ten minutes to one, P.M.—Pulse 90; bowels relieved; tongue clean; complains of a little sickness. Ordered beef-tea and pudding, with a little wine and water.

Eight o'clock, P.M.—Pulse 100; feels weak; great discharge from the wound by the ligatures. Ordered a pint of beef-tea in the night, and wine and water if faint. Pulse increased, by the nurse allowing two strangers to visit her, *contrary to orders*.

14th.—Has had a good night; pulse 100; tongue clean; bowels naturally relieved; great discharge from the wound. Ordered chicken for dinner, and wine and water.—*Vespere:* Pulse 90. Discharge less.

15th.—Pulse 82; tongue clean; discharge less, and feels better.—*Vespere:* Pulse 80. Has taken mutton chop and wine and water for dinner. From this date she went on well, with daily relief in the bowels, good nights; was able to sit up and walk about her room every day, taking mutton, beef, or game for dinner, and a glass or two of port wine.

25th, (Christmas day.)—One ligature came away, the discharge became less, and on the 30th of December the other ligature came away. The first ligature came away on the twenty-first day after the operation, the second on the twenty-sixth day.

31st.—Is very cheerful; wound where the ligature came out yesterday just healed; *no* discharge, and *feels perfectly well*. I examined the uterus per vaginam, and found it high up, but quite natural.

January 1st, 1851.—Came down stairs perfectly recovered *exactly* one month from the operation.

5th.—Catamenia returned, and lasted four days.

11th, (Sunday.)—Went to church in the morning.

Circumference of the abdomen *before* the operation thirty-eight inches and a quarter. Length from scrobiculus cordis to symphysis pubis, *before* the operation, fifteen inches. Length of incision ten inches. Circumference of the abdomen, six weeks *after* the operation, twenty-six inches and a half. Length of cicatrix seven inches and a half.

Description and dissection of the Tumour, by Mr. Donald Dalrymple.—The tumour, which measured,

after removal, three feet two inches in its *largest* circumference, and two feet one inch and a half in its *smallest*, and weighed twenty-five pounds, presented a smooth shining surface of peritoneal covering. It was a multilocular cystiform tumour, marked by several lines or bands of a denser, whiter, fibrous tissue than the rest of the cyst, corresponding with the septæ of the cysts. The walls of the cysts are composed of three distinct coats:—*First*, a peritoneal layer; *secondly*, a middle or fibrous layer of unequal density; and *thirdly*, a rather thick membranous sac, containing fluid. The peritoneal coat is thin, smooth, and shining, and free from any of those opacities which result from inflammatory action; it is very closely attached to the fibrous layer, except at the pedicle, where it was loosely reflected, and gave passage to several very small arteries, (*i. e. very* small compared with the size of the tumour), none being larger than a common probe; several much larger returning veins, and several nerves. The middle coat is also thicker at the root, and on it ramify the arteries, veins, and nerves. It varies much in density, and at the periphery of some of the cysts it is very thin. The inner coat has the appearance of having in some of the cysts, two layers. This is more distinct in the smaller than in the larger ones. The membrane is slightly rugous, and varies in colour; in some places pale, in others of a slight ochre colour, with many minute vessels ramifying on it. Some of the cysts are very *large*, containing three to four pints; some very *small*, and placed one within another like a nest of boxes; at one point as many as five are so placed. The fluid varies in density and tenacity in the different cysts; in the *smaller* ones being clearer and thinner; in the *larger*, more thick, and of a yellowish green hue. The average specific gravity 1010. It contains a very large proportion of albumen, more than its specific gravity would have led me to believe. It became putrescent in about fifteen days when exposed, evolving ammonia and sulphuretted hydrogen very freely.

I should estimate the quantity of fluid at about twenty-two or twenty-three pints, counting what was lost at the time of the operation.

CASE OF A RARE VARIETY OF SPINA BIFIDA.

By EDWARD T. HUGHES, M.D., Mold.

Read at the North Wales Branch Meeting, held at Denbigh, June 17, 1851.

John M., aged 24, well made, and enjoying robust health, applied to me on the 8th of July, 1846, for advice respecting a tumour situate over the left buttock, which had burst on the previous evening, and discharged a large quantity of a thin, clear, colourless fluid, and to day, during his walk to Mold, a distance exceeding three miles, had continued to do so most profusely. The tumour, previous to bursting, was described to me as being the size of a man's head, and occupied the whole length of the sacrum and coccyx, extending a little over the mesial line on the right side, but on the left covering half the buttock. It was not painful to the touch, except at the part where it had given way, which was rather below its centre. The feel of its lower portion was thick and fleshy, but in the upper, notwithstanding the wrinkled state of the skin evinced its greatly diminished size, fluctuation was evident, and by slight pressure the escape of fluid was materially increased.

The outer envelopes of the tumour appeared to have undergone a gradual process of thinning, and to have given way from this cause rather than from any ulcerative process; and, deprived of their support, the sac had in like manner been unable to resist the pressure of its contents, which now filtered through a network of delicate fibre, formed by the separation of its tissue, to the extent of a square inch. The external surface of the sacrum was not at all tender to the touch; but at the junction of this bone with the coccyx there was a distinct opening, and the part when pressed was painful. I carefully examined the whole length of the spinal column, and could not discover any defect or tenderness. He had not at any time experienced either numbness or debility of the limbs. His head was well formed. His senses were perfect. The only particular worthy of notice was the dilated state of the pupils, which in no way affected his vision. Beyond the discomfort occasioned by the constant dribbling from the swelling he made no complaint, its reduction in size being rather a relief than otherwise. The fluid, on examination, exhibited slight traces of albumen.

The following history confirmed my opinion that the case was one of spina bifida:—

Soon after birth a tumour, the size of a walnut, was discovered, extending from the junction of the sacrum and coccyx half down the latter bone; at first it increased slowly, but at the age of thirteen was the size of an infant's head. During his earlier years, and when his own recollection will not serve him, his mother states him to have been a healthy boy, with the exception of occasional headaches, which were always brought on by stooping. When nearly twelve years of age he went into farm service, but when the potato and turnip harvests arrived, and he was obliged to stoop much, his headaches became so frequent and violent that he could not remain in his place. He received little sympathy from his employer, as, in other respects, he bore so completely the appearance of strong health. He describes the pain as dull and heavy, referrible to the fore-part of the head, and always relieved by lying down. He was at this time under medical treatment, but received no benefit from it, for the tumour had not as yet appeared in any way to influence his complaints, and was not mentioned. When thirteen years old he struck it, and was immediately seized with intense headache; from being full and firm it became soft and empty, and it was not until (after several days) it recovered its original condition, that his head was relieved. Position had hitherto in no way interfered

with his comfort, but he could never after this lie on his back without inducing headache. The most remarkable effect, however, was that he no longer felt any inconvenience from stooping, as had previously been the case, but was accustomed to relieve his headaches by bending his head lower than his body, and thus has been able to do work which he could not otherwise have attempted. During the last eight years the tumour had gradually increased to at least double its former size. Whenever he hurt it he uniformly suffered severe headache, it became soft and flaccid, and no relief was ever experienced until, as in the first instance, it recovered its accustomed form. In other respects his general health has been very good, and during the last two years he has worked underground as a lead miner. A fortnight ago, while at work, he struck the tumour a severe blow, and since that occurrence its increase in size has been much more rapid than on any previous occasion, until it burst yesterday.

He was sent home, and directed to apply water dressing to the sore, to remain in bed, and take aperient medicine if required. On the evening of July 10th he had considerable pain in his back, and heat in the tumour, which was relieved by free discharge from it. On the 11th I pressed out about half a pint of curdled matter from it, without pain. He was ordered to lie on his left side, so as to favour the discharge, to continue the water dressings, and to take a dose of saline aperient medicine twice or three times a day. On the 13th he was better, the tumour was of a more fleshy consistence, and much diminished in size. On pressing in every direction, not more than a teaspoonful of thick purulent matter was discharged. From this date to the 28th he improved; the tumour was gradually assuming a firmer feel, and was much diminished in extent; the discharge from it healthy, and in sufficient quantity. His appetite was good, he slept well, and every symptom led to the hope of a favourable result, when on the 29th he was attacked with pain in the head, and along the whole length of the spine. There was no discharge from the sore, and the muscles of the back were in a perfect state of opisthotonos. General and local bleeding, with other active treatment, was unavailing. He became paralyzed, coma supervened, and he died on the morning of the 2nd of August.

I regret that an examination of the body was not allowed.

The foregoing case is interesting, inasmuch as very few of the subjects of spina bifida attain adult age.

A case, in some particulars similar, is related by Mr. Dawson, of Liverpool, in the first volume of the "Transactions" of the Association. The patient, a lady, 38 years of age, had a tumour on the upper and back part of the thigh, about the size of a pomegranate, which was the source of much discomfort to her, and she consulted the late Mr. Park as to the propriety of its removal, for which she was anxious. On manual examination it appeared to be fibro-cartilaginous, with a small quantity of fluid occupying its apex. It had existed from birth, and when first discovered was the size of a filbert. It was punctured, and twelve ounces of clear fluid discharged; after its collapse its connection with the spinal column was traced through an opening between the sacrum and the coccyx. She lived nineteen days after the operation. The details are long and interesting, and well worth attention.

As the tumour had burst before I saw my patient, I was relieved from those difficulties of diagnosis which spina bifida, in so unusual a situation, might have presented. I had, also, been much interested in the perusal of Mr. Dawson's case, and could not fail to recognize the points of similarity between the two.

Mold, June 25, 1851.

ON THE

MANAGEMENT OF WOMEN AT, AND AFTER THE CESSATION OF, MENSTRUATION.

By E. J. TILT, M.D.,

Senior-Physician to the Farringdon General Dispensary and Lying-in Charity, and to the Paddington Dispensary for Diseases of Women and Children.

Sedatives.

When relating the successive variations of practice which have occurred in the administration of our most valuable medicines, the medical historian will probably state, that during the last thirty years there has been too much timidity in the employment of sedatives, and particularly in that of opium, for the present generation of medical men seem to forget that often nature only requires to be freed from present pain, to enable an organ to return at once to the regular performance of its function, without future distress or inconvenience. Is it, then, necessary to remind the reader, how generally useful sedatives are, that in most diseases they not only assuage the acuteness of pain, but lull excited action to a slower rate of progress, and to a more subdued tone. The blood-vessels serve under the immediate rule of the accompanying nerves; and hæmorrhage as often depends upon their purturbed agency as on any peculiar state of the blood-vessels themselves; and although other measures may be indispensable, the return of such hæmorrhages can only be prevented by a judicious use of sedatives.

We have already seen how useful is opium in the relief of many deranged states of action, particularly in dysmenorrhœa, and the utility of sedatives in diseases of the change of life might be deduced from the great frequency of cerebro-spinal symptoms at the cessation of menstruation. It will be remembered that I stated their frequency to be—

Cerebral Symptoms.

Headache, sick-headache, hysteria, and pseudo-narcotism had existed in ...	64	per cent.
They were augmented in	36	,,
,, remained the same in ...	18	,,
,, were less in	10	,,
They did not exist in	36	,,
	100	

Spinal Symptoms.

Spinal or dorsal pains had existed in ...	70	per cent.
They were augmented in	46	,,
,, the same in	17	,,
,, less in	7	,,
They did not exist in	30	,,
	100	

Hypogastric pains of a bearing-down character, referred by women to the womb and ovaries, had existed in ...	51	per cent.
They were augmented in	30	,,
,, the same in	12	,,
,, less in	9	,,
There were none in	49	,,
	100	

This frequency of cerebro-spinal symptoms warrants an equally frequent exhibition of sedatives, and I do not hesitate to say that, under some form or other, they are always required in diseases of cessation. In the milder forms of catamenial headache and pseudo-narcotism they alone suffice to cure, and they always assist the action of bleeding, of purgatives, and of other remedies which may be deemed necessary.

To relieve the cerebral symptoms, which, though cured, so frequently return, I very seldom make use of opium, but, on the contrary, give hyoscyamus, the mild action of which permits its being taken longer without producing cerebral disturbance or constipation. When there is any great intensity or persistence of spinal or hypogastric pain, I generally give from thirty to forty drops of vinum opii in three ounces of very thin starch, as an enema, repeating the remedy according to the urgency of the case, one, two, or three times a day. Thinking that the outward application of sedatives has been too much neglected, I frequently order the ordinary opium or belladonna plaster to the sacrum, to the loins, and even to the pit of the stomach, whenever the patient complains of a "fainty feeling," or of "sinking at the stomach," or "of having no inside." In such cases, I often prescribe a plaster made so as to embody from five to ten grains of opium and the same quantity of camphor to the square inch. Such applications to the epigastric region are too often said by the patients to give great relief, for me not to believe that sedatives thus applied to so important a centre of nervous force must be worthy of an extensive trial; for it is indeed strange that a region of the body to which patients so often refer their sufferings, the application of a small blow to which causes so much debility, while sudden death is the speedy consequence of its more violent concussion—I mean that epigastric region considered by the great Galen to be one of the levers of vital force, the ὑπομοχλιον,—should remain all but unnoticed by physiologists, unmedicated by therapeutists, and a region almost entirely unexplored. If, in my hands, the lever has well answered to the touch, how much more, when handled by fingers directed with superior skill, would it enable others to use the innate powers with which we are endowed by nature for the more speedy cure of disease. An additional motive for laying stress upon this point of practice is, that in the profession I have frequently seen an inclination to undervalue the effects to be obtained from topical applications. It was only lately that the well-informed resident officer of one of the public institutions to which I belong said to me, when I was complaining of my patients not having the plasters I prescribed, "I have too high an opinion of your practice, sir, to think that you can hope to cure your patients by *plastering up disease*." I own that I felt somewhat disarmed by the compliment.

Dr. Physick used to say that "camphor was made for women, with whom it always agrees, while it always disagrees with men," thus placing two exaggerations in a small compass; for I have met with women with whom it disagreed, and it agrees with men who, by their constitution, approximate to women.

Camphor has been so often lauded in the diseases of women, that I may be allowed to add my humble testimony to the value of a remedy, without which I should be at a loss to treat diseases occurring at the cessation of menstruation. I generally prescribe the ordinary camphor mixture as a vehicle for other remedies; but where expense is no object, Sir James Murray's fluid camphor is a preferable preparation.

Descending from these general observations to those of more practical application, I shall give a few cases exemplifying my plan of treatment.

Case 14.—Mary B——, a needlewoman, aged 48, with auburn hair and blue eyes, is tall and stout, and has lived always in the country. She applied for relief at the Paddington Free Dispensary, Feb. 6, 1851. She first menstruated without any prodromata, between thirteen and fourteen years of age. It was very abundant from the first, and the function was regularly performed every four weeks, without much pain. She married at twenty-five, had one child, and two miscarriages. For the last eight months, the menstrual flow had become irregular, sometimes very little, at others abundant, and attended by great flushes of heat, perspirations, a great darting pain in the forehead, and a dizzy stupid feeling in the head, with a great tendency to sleep.

I ordered a mixture composed of solution of potash and tincture of cardamoms, of each four drachms, with six drachms of the tincture of hyoscyamus, in six ounces of camphor mixture; a table-spoonful to be taken with a little water ten minutes before every meal; and half a tea-spoonful of bicarbonate of soda, with a little powdered ginger, to be taken in a wine-glassful of cold water, ten minutes after each meal.

I also ordered five or ten grains of the soap and aloes pill, to be taken at night, when necessary, to maintain the free action of the bowels.

This was continued until the 27th February, when, instead of the aloetic pills, I ordered the following powder:—Flowers of sulphur, two ounces; bicarbonate of soda, two drachms. A teaspoonful to be taken in a little milk, every night.

Under the influence of this treatment, and perhaps, also, from the occurrence during the treatment of a papular eruption, accompanied by intense itching, on both hands and arms, the head symptoms soon disappeared. After a severe accession of influenza, she was

again attacked by them, but they again vanished, when the same treatment was had recourse to.

Remarks.—The compound camphorated mixture, as prescribed in this case, is what I usually give, but I vary the proportions of its ingredients according to circumstances, and that it does good is, I think, proved by the fact, that at the public institutions to which I am attached, I am very frequently applied to by my old women, for "some more of the same stuff which did them so much good before."

The administration of alkalies, which form so useful an addition to the treatment of such cases, improves digestion, and by their action on the blood they doubtless neutralize some of its noxious elements. Their utility will be still further understood, if it be admitted, as I have frequently observed, that notwithstanding the use of diuretics, the urine previous to, and at cessation, is often secreted in smaller quantity, that it is very muddy, and that the patient suffers from a certain amount of general excitement. This condition of the urine at the change of life reminds me of another very important phenomenon of menstruation, to which I have not drawn more particular attention, because I have not as yet been able to work out its value; I allude to the state of the urine previous to the catamenial periods, when some of the nervous symptoms of menstruation have already appeared. Since my attention was first drawn to the subject, by learning from a patient "that she always knew when she was going to be *poorly*, by her urine being so very muddy," I have made it an object of inquiry. It has often escaped notice, but most women have stated to me that their water was generally thick and muddy two or three days previous to menstruation. This condition of the urine, which, I believe, has never before been noticed, as well as the catamenial diarrhœa, to which I shall allude in treating of purgatives, and the frequency of the nervous symptoms, show indubitably how deep a modification is produced every month in the female constitution. These are the evidences of that species of fermentation admitted to exist at the menstrual periods by Bayle and Etmuller, by De Graaf and Van Helmont;—this is the peculiar commotion of the blood which Democritus had in view when he talked of a "fervor uterinus." In dispensary practice it is impossible to carry out the investigation of the value of this phenomenon, and to inquire into the nature of the saline deposits alluded to by my patients, but those who, being attached to hospitals, enjoy the enviable fields of inquiry which charity lends to science, in the anticipation of a return, might easily arrive at results which would, I think, be interesting to physiologists.

I usually give the sesquicarbonate of soda, bicarbonate as it is now called in the new Pharmacopœia of the College of Physicians, because it is convenient, cheap, and not unpalatable. After the first few days I give it only once or twice a day. In mild cases, and in those of long standing, I continue this treatment for a month, and then leaving it off for a fortnight, resume it again, combining its influence with that of a tepid bath every week, with sponging the head several times in the day with cold vinegar and water, or camphorated water, and having the feet put for a quarter of an hour every other night in hot water.

It may be said that the preceding case was slight, and that although my treatment did no harm, time alone cured the patient; but the following case will be better calculated to show its efficacy:—

Case 15.—Eliza P———, aged 47, tall and slender, with dark hair, hazel eyes, and nervous appearance, has always lived in London, and is in comfortable circumstances. Menstruation, after three months of pseudo-narcotism, appeared between thirteen and fourteen. Regular from the first, it came every three weeks, in moderate quantity, and without any pain. She married at sixteen, miscarried three times, had seven children, and menstruation ceased, with a terminal flooding, at forty-four, after eighteen months' of menstrual irregularities. About a year ago she was troubled with nervous symptoms similar to those I am about to describe, and followed by copious hæmoptysis, which relieved her. The patient often suffers much from faintness, flushes, perspirations, and lately, to a slight degree, from bleeding piles. She looks exhausted, stupid, and bewildered, and says that for the last few weeks her head has been "as heavy as lead," with noises and great giddiness. Every now and then she feels a burning heat run across the chest, and through the body; and then follow profuse warm perspirations from the chest only. She compares her sensations to those by which the hæmoptysis was preceded.

I first saw her on April 3rd, when I ordered the same treatment as to the former patient, with the exception of six drachms of tincture of henbane to the six-ounce mixture, of which a table-spoonful was to be taken four times a day. I also ordered a large plaster of opium and camphor to be placed over the pit of the stomach and the lower part of the chest.

5th.—Much better, but weak; the pains in the chest are removed.

7th.—A little better; a slight vesicular eruption has appeared on the back of the left hand; she fainted twice yesterday. I added to the mixture one ounce of spirit of nitric æther, and in other respects I continued the same treatment.

24th.—She looks quite another person; walks firmly, and only feels the pains and noises in the head at rare intervals; for the last few days her whole skin is in a state of moist perspiration.

June 12th.—The patient is very well; the pains in the head have almost entirely left her; she feels well, and has grown stouter.

While under the influence of the same treatment the patient is well, but when she leaves it off there is a slight return of the same symptoms, thus affording evidence that, in this case at least, it was to the treatment and not to time, or to the unassisted operations of nature, that the patient owed her restored health.

In conclusion, I feel bound to state, that by combining the use of sedatives with that of other remedies, it is possible to remove any amount of pseudo-narcotism, and as this treatment, with short intermissions, may be continued for months, it is well calculated to allay some of those tedious ever-occurring infirmities which beset women at the last great crisis, and particularly that pseudo-narcotism which, as I have already stated, sometimes causes them to be falsely accused of consoling the decline of life by an intimacy with Bacchus—a

gentleman not generally admitted into ladies' society. To ladies—to all women, this is, of itself, a matter of serious importance; but the beneficent use of sedatives will be fraught with even a higher import to the meditating medical philosopher. By their judicious, more frequent, and more continued use, may they not be made more available than hitherto in withstanding the overstimulating effects on the nervous system of our present civilization, arresting in its bud that tendency to mental derangement which, if statistics are to be depended upon, occurs more frequently in women than in men? There is a yellow poppy which expands its gaudy petals alike in arctic regions and in sultry southern climates, thriving in both extremes of temperature, as if intended to point out the utility of sedatives to man by the constancy of their companionship, whatever latitude he may inhabit.

8, York Street, Portman Square.

Provincial Medical & Surgical Journal.

WEDNESDAY, JULY 23, 1851.

In our remarks upon the British Medical Fund, in a recent number of the *Journal*, we inadvertently omitted any distinct allusion to the sickness fund as a branch of the proposed scheme. We have been reminded of this omission by Mr. Daniell, and we have no hesitation in recognizing the justice of his complaint, though we certainly considered that "sickness" and "premature old age" should be regarded as synonymous terms; and at the very commencement of the article alluded to we stated, that "The British Medical Fund is set on foot to afford to the provident member of our profession the best means of insuring himself against *premature old age*, and his family from the misery and want, which his early death, (before sufficient time has elapsed to allow proper provision,) so often forces upon them." It cannot, therefore, be said that we ignored the principle of insurance against sickness; but we freely confess that in our summary of the advantages held out by the British Medical Fund, we omitted all allusion to the "sickness fund."

Mr. Daniell will find, by examining our leading article, that we anticipated him in every point in which he shows the want of similarity between the two Societies, and therefore we have nothing to remark on that score, but we have thought it right to do justice to the projectors of the British Medical Fund, as far as lies in our power, by admitting that the principle introduced by them, of insurance against sickness, did not receive that full attention from us, which it deserves.

We do not know that there is any provident society in existence, which insures against sickness, unless under circumstances in which a full supervision can be exercised by its regular officers. But in this we do not see much difficulty, as there is very rarely a case in which a medical man, suffering from disease, is unattended by a brother practitioner, and he would always gratuitously certify as to the state of the invalid, which would be a check against any chance of imposition upon the funds of the Society. It is scarcely probable that any man of education should be so lost to all feelings of honour as to make an attempt of the kind we allude to, but it is better that temptation should be removed, than that we should have to mourn over so melancholy an instance of dissimulation and fraud.

With the superintending care, which we have no doubt will be exercised, we think the "sickness fund" ought to be warmly supported by the profession; and in this department there is certainly no rivalry, as there is no other institution offering the same provision. We have not been able to obtain from Mr. Hawtayne, any explanation of the details of the working of the plan, but we have not the slightest doubt that all precautions will be taken which are afforded by the well-known scientific acquirements of Mr. Neison.

The pressure of other matters, including the proceedings of our Branch Meetings, which have been more than usually interesting, will prevent any further allusion to the subject, but we must repeat our regret that we should, though only in appearance, have neglected the claims of so valuable a provision as the sickness fund promises to be.

Proceedings of Societies.

LANCASHIRE & CHESHIRE BRANCH.

The fifteenth annual meeting of this branch of the Association was held at the Town Hall, in Manchester, on Wednesday, the 25th ult. The attendance of members was large, including Thos. Turner, Esq., of Mosley Street, Manchester, the President for the current year; John Hatton, Esq., Manchester, the Hon. Secretary; Dr. Eason Wilkinson, Dr. F. Renaud, Dr. C. Bell, Manchester; Dr. W. H. Duncan, (the

retiring President) Liverpool; D. Noble, Esq., H. M. Williamson, Esq., John Windsor, Esq., J. Kenworthy, Esq., J. B. Harrison, Esq., W. J. Wilson, Esq., E. Lund, Esq., Jas. Whitehead, Esq., J. Walsh, Esq., — Somers, Esq., — Skinner, Esq., J. Woodward, Esq., J. Hancock, Esq., R. H. M'Keand, Esq., J. Roberton, Esq., W. Smith, Esq., G. M. Harrison, Esq., R. M. Mann, Esq., jun., S. Crompton, Esq., of Manchester; John Sharp, Esq., Warrington; John Nottingham, Esq., Liverpool; E. W. Lowe, Esq., Congleton; A. D. Dunstan, Esq., Holmes Chapel; George Dagliesh, Esq., Wigan; Ellis Jones, Esq., Liverpool; George Sumner, Esq., Lymm; Thomas Fawsitt, Esq., Oldham; William Kershaw, Esq., Royton; H. Halkyard, Esq., Mosley; J. M. Robinson, Esq., Bolton; William Hunt, Esq., Warrington.

Dr. Duncan, the retiring President, was unable to attend at the commencement of the proceedings, and therefore, on the motion of Mr. Hatton, Mr. Turner, was called to the chair.

The Chairman in opening the proceedings, said, Gentlemen,—in rising to commence the business of this, our annual meeting, it is my duty to make a few prefatory remarks upon the object for which we are met, and the duties which seem to demand from us urgent attention at this time, in connexion with the important profession to which we belong. I regret that the retiring president, Dr. Duncan, has not been able to meet us to close the proceedings of the year, for I have very little doubt if he had been he would have made some retrospective remarks with respect to our profession; the more so, as I believe he was prevented attending our last meeting, by a serious bereavement occurring in his family. I think it the duty of each President in rotation to make some retrospective remarks, because the object of meetings of this sort I conceive to be one of great and abounding interest amongst the profession. To medical men in the two important counties of Lancashire and Cheshire, such a meeting as this cannot fail to be not only extremely important, as bringing them together and thereby causing good will and good feeling to exist amongst the members of the profession; but it is likewise extremely important as tending in no inconsiderable degree to have the effect of enhancing the dignity of our profession. (Hear.) I should like to know what profession ought to sustain a dignity higher than our own? And why is it that the dignity of our profession has in any measure suffered in public estimation? (Hear.) If we scrupulously inquire into the subject, we may refer to the undignified conduct of many persons connected with us in its practice; and a meeting of this kind is important, for men who have acted otherwise than as gentlemen will not, from shame-facedness, show themselves on occasions like this. By meeting in this way annually, we secure a further advantage, for we are enabled to talk face to face with men we had become acquainted with by their writings or their fame, but whom we desire to become acquainted with personally. This is a matter of deep interest and advantage; and, therefore, I congratulate you most sincerely upon the meeting taking place again this year. It will be important that we should review some of the subjects connected with our profession, that have since our last meeting demanded our strict attention, not only as connected with ourselves, but as connected with the community, and as connected with the profession to which we belong. I shall not occupy your time now by dilating upon those subjects, as I shall reserve some remarks for the meeting we shall have in the afternoon, which will be of a more convivial kind, but at the same time not apart altogether from matters of business. But there are three or four points of so much interest, that I should ill discharge the duty of President were I not to advert to them on this occasion. If we take a review of the proceedings of the medical profession during the last twelve months we shall find the harvest has not been a very productive one, either in discovery or in the application of the discoveries which had been previously made. But there is a rich harvest in this—there have been corrections of many errors which had been antecedently indulged in, and which, if continued, would have been detrimental to medical practice. I am quite certain that there has been a great error in going to extremes in our profession. Although it is a tendency of the human mind to fall into extremes, yet you well know that extremes are always dangerous, and we cannot do better for our profession than inculcate on its members this one point as a law:—avoid extremes in every way that you can possibly, as dangerous quicksands, and as leading to error and to destruction of a most formidable kind. Let us just see what the application of extremes would be in connexion with our profession. Look at extremes of opinion. How many minds are blinded to facts that might otherwise be obtruded on them if not for prejudices entertained by them in favour of peculiar views. Look at extremes of opinion! One set of men believing that everything is of an inflammatory kind, and acting in practice in accordance with that view; on the other hand, men believing that everything is of an asthenic character, giving medicines to sustain health and strength which may be considered as sustaining disease, and leading to death. Look at extremes in practice! One set of men all mercury, another set of men all iodine, another set of men all opiates, another set of men all bleeding, another set all blistering, another all purging. Now, this exclusive practice must be undignified, must tend to undignify the profession, and cause it to sink toward the pale of empiricism. Extremes have been especially carried out in the two systems of practice, homœopathy and hydropathy. Now, it is not consistent, nor is it policy, on the part of our profession, to pooh pooh either the one or the other. There is no system which has not in it wheat as well as chaff, and the great duty which devolves upon us is to endeavour to separate the one from the other. If we were called upon to define homœopathy, we might speak of it, perhaps, as a system of curing disease without physic, throwing, therefore, the entire power into the hands of the dietist, and into the hands of the individual who would recommend exercise. Now, if we take hydropathy, it is

carrying the practice of cure by the agency of water to an extreme; but what man amongst us is there who does not place great confidence in the use of water, hot and cold, and therefore it is a libel on the profession to suppose that we are not constantly employing the means which hydropathists employ for the cure of disease. But we proceed honestly I trust (hear); we proceed unexclusively I trust, and adopt those means in accordance with circumstances according as may be suggested, either the one or the other, and we apply them upon settled principles of medical science. Look at medical conduct! Are there not extremes constantly observed tending much to undignify the profession, tending to render it obnoxious to the public, detrimental to its best interests, and in every way unsatisfactory to men of honourable minds. One set of men, for example, will endeavour to gain practice by a conduct anything but what would be expected from a gentleman—the cajoling of patients, or assuming a roughness of manner; all this may be supposed to be taken by some individuals for profound talent. Then, on the other hand, quite as despicable, and quite as much opposed to the dignity which should attach to the profession, is the obsequiousness which we meet with amongst the members of our profession, yielding up their opinion to their patients upon every little circumstance in which it may seem to be opposed to their views and wishes. This reminds me forcibly of an anecdote which I have read of one of the physicians of the Court of George III. In a case of sickness His Majesty suggested to the physician "a little ice would be exceedingly agreeable to the patient." "Yes, and please your Majesty, it would be most delicious, and the patient shall have some ice." In the course of a few minutes His Majesty said,—"But on reconsidering the subject I think it would be very cold." "Yes, your Majesty, it would be exceedingly cold, but we will obviate that by heating it!" (Laughter.) I will not detain you longer, as there are other matters of business to come before us in our meeting. We shall meet again in the after part of the day, when many subjects will be brought on for conversation and useful discussion; I shall, therefore, sit down, in order that the business may proceed according to the routine the Honorary Secretary will point out to us.

Mr. HATTON then read the report of the Council for the past year, as follows:—

Report of Council.

The Council of the Lancashire and Cheshire Branch of the Provincial Medical and Surgical Association congratulate the members upon having attained their 15th anniversary celebration, after a career which they deem to have been successful and prosperous.

An explanation is due from the Council to this meeting, respecting the present assemblage taking place in Manchester, and not in Preston, as was determined upon at the annual meeting held in Liverpool last year.

The Council had reason to believe, from information which they received, that but little interest in the affairs of this Association existed in Preston, and that but few members of the profession belonging to that locality would be likely to co-operate in giving *eclât* to the annual gathering. Under these circumstances, the Council exercised a privilege conceded to them by the rules, and resolved to meet in Manchester, conceiving that nothing could be more detrimental to the interests of the Branch than a sensible falling off in the number of persons attending their anniversary meetings, and in a consequent diminution in the spirit with which the celebration takes place. In this view of the case, they entertain a strong conviction that it would be well to alternate their meetings constantly between Liverpool and Manchester, as in either of these two great centres of population a successful assemblage of the profession could at all times be reasonably looked for.

The last year's proceedings of the Branch have not been characterized by any active proceedings relative to general medical polity; the Council have yet seen with pleasure the course pursued by the Central Council of the General Association with respect to the long-pending and much agitated question of Medical Reform. This meeting will doubtless concur in the propriety and judiciousness of the memorial presented by them to Sir George Grey, a copy of which was published in the ninth number of the *Journal* for 1851.

The members of the Branch will have been gratified, during the past year, in observing that some of the grievances long complained of by their brethren in the army and navy have been removed. The Council are persuaded that much of the attention which of late years has been paid, both by the Government and other authorities, to the medical profession, has resulted, in great measure, from the spirit of union and organization which latterly has developed itself within its ranks.

It is a subject of gratification, moreover, to have noticed that recently the Legislature has enacted a law restricting facilities for the sale of arsenic; a just measure of medical police and of humanity, which the profession must especially appreciate.

The Council and members have to lament the deprivation which the Branch has sustained during the past year in the death of three of its most estimable associates, Mr. Thorpe, Mr. Dorrington, and Mr. Lomas, all of Manchester. Mr. Thorpe was long recognised as a most able and useful member of the profession, and he took an active and sustained interest in the proceedings of this Branch. Mr. Dorrington had become one of its members only the year preceding his decease; but from his superior talents and remarkable *esprit de corps*, the Council lament his loss to the Branch, as one that will not speedily be repaired. Mr. Lomas, too, was a rising ornament to the profession, being a gentleman that was deeply conversant both with medical and general literature, as well as practically skilled in the exercise of our art.

Although these losses have been experienced by the Branch, the Council have yet to congratulate the members upon a considerable accession to their effective strength, an addition of nearly thirty members having been made since the last anniversary. The Honorary Secretary, moreover, has within the last twelve months issued no fewer than six hundred circulars to members of the profession, setting forth the objects and the aims of the Association. Experience, however, shows

that such a proceeding does but prepare the way for an effective canvass of a more personal and immediate nature; the Council, therefore, hope that members will exert themselves individually to increase the strength of the Lancashire and Cheshire Branch, which, with moderate energy, would form the most powerful one in the kingdom, a fact that is sufficiently obvious when it is considered that the circuit of its operations comprises not only the two largest of provincial towns, Liverpool and Manchester, but also a multitude of other places remarkable for their extent of population; all these being virtually brought into close contiguity by the ramification of the several railways.

There is great reason to anticipate that the annual meeting of the General Association will, next year, be held in Manchester; if so, it will be for this meeting to determine whether it may not be desirable to suspend for one year the customary assemblage of this Branch, as many members entertain the very reasonable idea that the success of the two meetings in the same locality may be somewhat problematical.

With regard to the finances of the Association, the Council have to report that at the last annual meeting there was a balance of £1. 5s. 1d. in favour of the Association. Since that period the recipts have amounted to £12. 2s. 6d., and the expenditure for printing, advertising, postage, and incidental expenses, to £8. 18s. 10d., which leaves a balance of £4. 8s. 9d. in hand for current expenses.

Moved by J. KENWORTHY, Esq., of Manchester, seconded by E. W. LOWE, Esq., of Congleton, and carried,—

"That the Report of the Council now read be adopted, and transmitted to the Secretary of the Provincial Medical and Surgical Association for publication in the *Journal*, together with the proceedings of this meeting."

Mr. DAGLEISH, I move,—

"That the next anniversary be held at Liverpool, and that Robert Bickersteth, Esq., Surgeon, of Liverpool, be appointed President, and James Black, M.D., of Bolton, and Richard Flint, Esq., Surgeon, of Stockport, Vice-presidents, for the ensuing year."

I quite approve of it: I think the Council exercised a wise discretion in fixing on Liverpool, as being so large a town.

Mr. HATTON read that portion of the Report which has reference to the meeting of the Parent Association.

The CHAIRMAN: The point for consideration is, then, whether we shall have a meeting next year or not, owing to the fact of the meeting of the Parent Association being held in Manchester. Of course it is open to discussion.

Mr. NOBLE: I beg to suggest that the resolution relating to the subject shall be conditionally worded, that is to say, if it be determined that the next anniversary meeting of the Parent Association shall be held in Manchester, that in such case the meeting of the Branch shall be postponed to the succeeding year; but as there is no resolution of the Parent Association that it will meet here next year, we cannot, particularly in a resolution, notice a view that may not be realized.

The CHAIRMAN: I think it is all but announced.

Mr. NOBLE: I think so too, but it should not be put into the resolution.

The CHAIRMAN: Should there, then, not be a meeting of the Branch for two years?

Mr. NOBLE: That is my proposition.

The CHAIRMAN: Your proposition would say, conditionally if the Parent Association should hold its meeting in Manchester. But even if it be held in Manchester, is it a sufficient reason why we should defer having our annual meeting? You are to remember one thing, that if the annual meeting of the Branch fell in Manchester, there would be sufficiant reason for deferring it, but it is to be held in Liverpool, and that is a consideration. All the members of the Branch are not members of the Parent Society, and those who are not would like to have a meeting perhaps on that occasion.

Mr. NOBLE: It will, perhaps, simplify the proceedings, if we pass the resolution as it stands, and then have a separate resolution saying *when* the annual meeting shall be celebrated, otherwise we shall be discussing separate points. The resolution as it stands may be passed, however it is determined, and the succeeding resolution may determine *when* it shall occur.

Mr. FAWSITT: It will be well to pass the resolution as it stands, and leave it to the Council to consider the subject, and to call the meeting by sending a circular to each member.

The CHAIRMAN: You might word it thus:—"That the next meeting of the Branch be held at Liverpool," and that will not fix us to next year, or the year after.

Mr. NOBLE: It does not fix the time?

The CHAIRMAN: No.

Mr. NOBLE: We might pass the resolution as it stands, and a resolution such as Mr. Fawsitt names might follow.

Mr. FAWSITT then seconded the motion which Mr. Dagleish had proposed.—It was put and carried.

Mr. KERSHAW: Is it necessary to read the names of the members of the Council?

Mr. HATTON: I believe it is necessary, for, according to rule, they all go out at each annual meeting.

Mr. KERSHAW: I have great pleasure, then, in moving,—

"That the following gentlemen constitute the Council and officers of the Association for the ensuing year:—*Officers and Council for the Year* 1851 *and* 1852.—Thomas Turner, Esq., Surgeon, Manchester, *President;* Richard Broadbent, Esq., Surgeon, Altringham, H. H. Broughton, M.D., Preston, *Vice-Presidents:* John Hatton, Esq., Surgeon, Manchester, *Honorary Secretary*; Samuel Crompton, Esq., Edmund Lyon, M.D., Thomas Radford, M.D., George Southam, Esq., W. J. Wilson, Esq., Daniel Noble, Esq., Manchester; Edward Batty, Esq., Robert Bickersteth, Esq., Joseph Dickenson, M.D., Ellis Jones, Esq., Sir Arnold Knight, M.D., R. W. Scott, M.D., Liverpool; Abraham Wood, Esq., Rochdale; J. A. Pearson, Esq., Woolton; Thomas Fawsitt, Esq., Oldham; John Sharp, Esq., Warrington; Richard Flint, Esq., Stockport; George Dagleish, Esq., Wigan; J. M. Robinson, Esq., Bolton-le-Moors; Richard Hindle, M.D., Whalley.

Officers-elect for 1852 *and* 1853.—Robt. Bickersteth, Esq., Surgeon, Liverpool, *President;* James Black,

M.D., Bolton-le-Moors, Richard Flint, Esq.; Stockport, *Vice-Presidents;* Ellis Jones, Esq., Surgeon, Liverpool; John Sharp, Esq., Warrington; J. M. Robinson, Esq., Bolton, *Local Secretaries.*"

Mr. SUMNER: I second the resolution.

The resolution was put and carried.

Mr. FAWSITT: It has been suggested that I should move a resolution that the next meeting be conditional in some measure on the great Association being held in Manchester next year, or that it be, in some measure, left to the discretion of the Council.

Mr. HATTON: I may state that the Council have power in one of the rules, which I had better read, to alter not only the time but the place of meeting.

Mr. NOBLE: I second Mr. Fawsitt's motion, and I think it necessary to pass it because, although the Council have power to alter the time and the place of meeting, the rule yet insists that the meeting shall be annual. I think unless this meeting of the Branch authorise an actual postponement for a year, the resolution as it stands will not give that authorization. In that view of the case Mr. Fawsitt's resolution is quite necessary, and I second it with great pleasure. Of course the object entertained by the Council in agreeing to some such rule as this, or in thinking it proper to bring the subject before the meeting, as expressed in the report, is, that two meetings might not be likely to succeed in the same locality. And when we consider the engagements of medical men, and the inconvenience of going from home, or even though at home, of giving the greater part of a day to public matters, though professional, we should not tax the time, and in a minor degree the purses, of the members of the Association too much, particularly as the result of a failure in attendance, as compared with previous years, would be rather to damage the *eclât* which otherwise attaches to meetings of the Branch. I think the members generally will take the same view of the case as I have done, and will agree to leave it to the Council to say whether they will think it right to have an anniversary next year, if the Parent Society meet at Manchester. I think Mr. Fawsitt's resolution will meet the exigency. Mr. Noble then wrote out the following resolution which was proposed by Mr. Fawsitt, and seconded by himself, and carried:—

"That the question of holding an anniversary meeting of this Branch next year rest with the Council, who will consider how far such meeting may be expected to be successful, in case the General Association in 1852 meet in Manchester."

Mr. FLINT: I have much pleasure in accordance with the tenor of the resolution, to move,—

"That the thanks of this meeting be given to the retiring President, W. H. Duncan, M.D., Liverpool; and the Vice-Presidents, Thomas Radford, M.D., Manchester, and James Edwards, M.D., Chester."

Mr. ELLIS JONES, of Liverpool, seconded the motion.

The CHAIRMAN: This is a resolution which we trust all accord in, and it is scarcely necessary for me to put it to the vote. I believe it is a matter of deep regret that Dr. Duncan could not attend the anniversary meeting of last year, through the occurrence of a domestic calamity which prevented him. I am sure you will carry it with acclamation, (Cries of—all, all,) but I will put it to the vote.—Carried unanimously.

Mr. NOBLE: Mr. Chairman, I rise to move a resolution which the Honorary Secretary has been exceedingly anxious should not be moved at all. However, I am perfectly certain that in the opinion which he entertains upon the subject he stands alone; and making every allowance for his modesty, I think it would be an injustice if the resolution which I have taken upon myself to move, were not adopted by the present meeting. (Hear.) I, probably, am the most suitable person to move it, because I incline to the opinion that I see as much, probably more than any other member of the Council, of the extraordinary zeal and energy, and activity of our Honorary Secretary, Mr. Hatton, and it is a vote of thanks to him that I now move. (Applause.) It is a frequent remark, and I believe a perfectly just one, and all who have had experience in public matters, however humble their character, will have observed its truth, that the success of all combinations depends essentially upon the Secretary. (Hear.) Without an influential Secretary, we may have an excellent President, an admirable Council, the best possible of members, but still success will never attach to our operations. In Mr. Hatton, I am sure we have all those conditions fulfilled; and therefore I feel that every member present will be anxious to second the motion which I now make,—

"That the best thanks of this meeting be given to Mr. Hatton, our most zealous, energetic, and efficient Honorary Secretary."

Dr. WILKINSON: I beg leave to second the resolution of Mr. Noble, in which I most heartily concur.

The CHAIRMAN: Before putting this resolution to the vote, I may perhaps be allowed to make a few observations upon my knowledge of Mr. Hatton's zeal and interest for the well doing of this branch. Having been brought into contact with him antecedently to my taking this chair, I am quite sure he is the steam engine of the branch. The Council may be the mechanical part of it, but he is the steam engine, and I am sure he will keep us afloat. So long as Mr. Hatton holds the appointment of Secretary in this institution I feel certain it will last and continue; if it were to lapse into other hands I might have some doubts about it; he is therefore entitled to the warmest thanks and well-wishes of the members of the branch, and I will put the resolution which has been moved.

The motion was then carried uannimously.

Mr. WINDSOR: I have much pleasure in moving,—"That the thanks of this meeting are especially due to the Council for their services during the past year." Though the greatest merit may be due to Mr. Hatton, I have no doubt the Council has also its share.

Mr. HALKYARD: I have great pleasure in seconding the resolution which Mr. Windsor has just moved.—Carried.

Mr. HATTON then announced that it was the proper time for nominating new members. The names of certain gentlemen were given in and they were elected

pro formâ. He then said, I have received a letter from Worcester, from the Central Council, requesting the attention of the members to the memorial recently sent to Sir George Grey, from that body. I dare say most gentlemen have read the memorial, but I will read it again. Mr. Hatton next read a resolution which had been passed by the North-Wales Branch.

Mr. Noble: I have just drawn up a resolution which probably will meet with general concurrence. It is this—not precisely after the text of the North-Wales one, nor altogether going so far as it does, but therefore more likely to secure unanimity,—

"That this branch concur in the general spirit of the proposition, contained in the memorial presented to Sir George Grey, by the Worcester Council, in April, 1851."

I say general spirit of the proposition, because I apprehend if the details are thoroughly understood, there will be some little difference of opinion with respect to some of them. I confess, I do not concur in them all. I see a proposal contained in the memorial that the right to elect the Council of the College shall rest with all the members, and not with the fellows; and that is a condition of things that will not be at all likely to be realized. It is going beyond what most medical reformers have sought, and beyond what is necessary to a satisfactory and conciliatory adjustment of the question. (Hear.) I have felt during the long agitation respecting the College, that the most active opponents of the Charter of 1843, have always exhibited a disposition to act justly, and in a conciliatory spirit. We should continue in this disposition. If we adopt any resolution which is *ultra,* we shall defeat our own purposes, and I for one would not go with the letter of the memorial which seeks for the elective right to be vested in the whole body of *members;* I would leave it with such as are fellows. At the same time I think it will be undesirable that we should embody in a formal resolution to be published, the fact of the difference of opinion existing, especially as the demand for the elective right to be vested in the members has emanated from the Central Council; and it would not be politic or good taste to bring out the fact of disunion in our ranks. It is to obviate that, without pledging ourselves to what we do not in our consciences approve, that I would prefer a resolution such as I have drawn up, expressing concurrence in the general spirit of the proposition. While that does not pledge us to the ulterior suggestions or propositions of the memorial itself, it does not bring the fact of our disunion before the professional public.

The Chairman: It does not bind us to any details.

Mr. Noble: Exactly. If this resolution meet with the concurrence of the meeting, I shall be happy to move it.

Mr. Flint: I have great pleasure in seconding the proposition of Mr. Noble. It appears to be penned in that judicious and discreet style for which Mr. Noble is so signalized, and inasmuch as it will attain the object for which the memorial is presented to Sir George Grey, it will be politic in us to avoid every sentiment which might lead to anything like disunion. I have great pleasure in seconding the resolution.

The Chairman: We are quite open to hear the remarks which any gentleman may choose to make.

As all were silent, the motion was carried without discussion.

Mr. Standring, apothecary, of Manchester, was introduced by Mr. Hatton, and laid before the members of the Society a petition to the House of Commons in favour of the Bill for regulating the practice of pharmacy by compelling an examination in it before persons can be admitted to practice.

Mr. Standring said it had been suggested that there would be many members of the profession present, and it might be well to get an expression of opinion from them on the matter.

The Chairman: You have not laid down any law as to what reforms you require.

Mr. Standring: The bill is here. It is simply to compel an examination before persons commence the practice of pharmacy.

The petition was then handed round the room, and received several signatures.

Mr. Hatton: I believe this terminates the business part of the proceedings, and now is the time, if any gentleman has any papers to bring forward, to have them read. I may state that Mr. Wood has been kind enough to bring some surgical instruments that are of beautiful construction, and no doubt of an admirable nature. The new wing of the Infirmary has been built upon the best and most approved principles, and Mr. Fernley, one of the house-stewards, has been kind enough to say that he will go round at two o'clock with any gentleman who may take an interest in seeing the most admirable improvements in construction, ventilation, &c. I have never seen it myself, I shame to say, though living in the town, but I believe it is well worth seeing.

The members then proceeded to read various papers on professional subjects.

In the evening the annual dinner took place at the Albion Hotel, Piccadilly, Mr. Turner presided, and all the gentlemen already named were present, with the addition of Surgeon Young, 28th Regt., and the Rev. Mr. Bawdwen, the chaplain at the Royal Manchester Infirmary.

BATH AND BRISTOL BRANCH.

The Bath and Bristol Branch of the Association held their Annual Meeting at the Bristol Medical Library, on Thursday, the 26th of June. The following members were present:—Messrs. Bally, J. Barrett, Bartrum, Wm. Davies, M.D., George, King, Mc Dermot, M.D., Norman, Soden, Stone, and Tunstall, M.D., of Bath; Wm. Budd, M.D., Thos. Green, W. James, M.D., Mayor, Morgan, Nield, Prichard, Ruddock, Sleeman, Sheppard, and Symonds, M.D., of Bristol; Brittan, M.D., Colthurst, Goodeve, Lancaster, Smerdon, and Swayne, M.D., of Clifton; Allen, of St. George's; Cockey, of Frome; Collins, of Chew Magna; Crang,

of Timsbury; W. C. Fox, M.D,, of Northwood's; Macey, of Westown; Ogilvie, of Stapleton; G. Vicary, of Warminster; Washbourne, of Corsham, and Woodforde, M.D., of Taunton.

The retiring President, Dr. Hodges, having sent a note expressive of his regret at being unable to attend, Dr. Symonds took the chair, and called upon

The Bristol SECRETARY to read the notice of the meeting, after which,

The Bath SECRETARY read the minutes of the last annual meeting, and, in connection therewith, a letter from Sir Charles Hastings, thanking the Society for their kind congratulations on the honor then recently conferred upon him.

Dr. SYMONDS then commenced his own proper duties as President, by reading to the members an address, which was much applauded for its truthful delineation of the past and present state of the medical profession, as also for the playful, but sarcastic humour, with which it treated the several heresies of the day. (See page 393, where the address is printed in full.)

Mr. COLTHURST then read the following report:—

Report of the Council of the Bath and Bristol Branch Association, June 26, 1851.

The Council, in presenting to the members of this Society the report of their proceedings during the past year, cannot but congratulate them on its continued prosperity. Ten years have now elapsed since the union between the originally separate branches of Bath and Bristol, and should any one suggest the question—*Cui bono?* your Council have a pleasure in referring to the feelings of individual members for a response. The goodly array of names on the list of members is usually referred to as a proof of prosperity and continued interest; your Council would rather point to the large attendance at the quarterly meetings as an assurance of this. The occasional exchange of hospitalities, no less than the interchange of professional knowledge, consequent upon these meetings, tends much to break down the jealous asperities which have been, too often deservedly, the stigma upon us. The Council refer with pride to the many friendships that have grown up under the wing of your periodical re-unions, as a stimulus to others no longer to hold themselves aloof, but merging individual notions, to come and join them heart and hand, so that your Society may present a bolder and more determined resistance to everything that is derogatory to the character of the profession. The very valuable practical information gained by you on the much disputed subject of ovariotomy is another illustration of the value of your Society, so much so, that it will be somewhat interesting to review the fruits of the past in this respect. It will be recollected that, in September, 1849, Mr. Crouch, of Bruton, narrated the successful removal of a large ovarian cyst, which seems to have aroused a special attention to the subject, for we find that on September 19, 1850, Dr. Woodforde, of Taunton, read an extremely interesting paper on the successful removal of a similar mass of disease by his colleague, Mr. Cornish, at their County Hospital; and in the December following, Mr. Wilson, of Bristol, gave his admirable paper containing the details of four cases of ovarian tumours which had been operated upon by him, three of them successfully. Independent of this subject, the Society is also indebted to Dr. J. G. Swayne, for his exceedingly interesting case of polypus uteri; to Mr. Hunt for the exhibition of a very beautiful specimen of a very rare disease of the mucous membrane of the stomach, described by Rokitansky in his "Pathological Anatomy," and to which the author has applied the distinctive name of "surface mamellonnée; to Dr. Burne for his very excellent and practical paper on "Intestinal Obstructions;" and also to Mr. Prichard for his succinct and well-arranged report of some "Cases of affections of the Cranial Nerves." All of these papers have been published in the *Journal*, so that absent members have had, in some degree, an opportunity of deriving benefit therefrom. But your Council cannot dismiss the consideration of this subject, without a reference to the great amount of practical information drawn forth from various members during the discussions arising out of the papers on ovariotomy and intestinal obstructions; information and results of experience which otherwise, it is not too much to assume, would never have been given to the world, but which, nevertheless, every one who is occupied with the anxieties of a professional life, must know how to value.

Your Council wish also to advert to the success which has attended the memorial addressed by you, at your last anniversary, to Lord John Russell, as first Lord of the Treasury, in respect of the honors proposed by the government to be conferred on distinguished medical officers of the Army and Navy, as its influence in connection with other similar ones, has been gracefully acknowledged by yielding its prayer and conferring the military, instead of the civil order, on those who had so richly merited it. Nor would your Council leave unnoticed the passing by the Legislature of the Arsenic Bill, for the promotion of which, the petition agreed upon by you in March last, was presented by Wm. Miles, Esq., M.P., for East Somerset. Your Council feel especially bound to congratulate you on its success, as it has mainly depended upon the efforts made by your Central Association, ably carried out by the activity and zeal of one of your associates, Dr. Tunstall. Your local Council have received a request from the central one that a resolution, approving of the memorial lately presented by them to Sir George Grey, in respect of some recent resolutions of the Royal College of Surgeons of England, may be laid before you for adoption. The central Council consider that these resolutions, although not embodying the whole of what they have been accustomed to ask for, contain so many concessions on the part of the Council of the College, that it would now be more graceful to be satisfied therewith, and at once, by consentaneous action, to put a stop to the necessity for further consideration of a subject which has long been looked upon by very many as stale, flat, and unprofitable. In order, however, that you may fully understand what is asked of you, it may

be as well to read to you the proposals of the College, passed at their meeting on the 19th and 24th of March last. They are—

1st.—"That in the opinion of this Council, such part of the charters and bye-laws of the College as restrict the eligibility to the Council to Fellows residing and practising surgery within five miles, by highway or road from the General Post-office, in St. Martin's-le-Grand, should be abrogated.

2nd.—"That in the opinion of such Council, such part of the charters and bye-laws of the College as restrict the eligibility to the Council to Fellows not having, during the five preceding years, practised midwifery or pharmacy, and require a certificate thereof by three Fellows, should be abrogated; and that instead thereof, a certificate by three Fellows, and a declaration by himself, that the person nominated to be ballotted for as a member of the Council does not practise as an apothecary be required.

3rd.—"That it is the opinion of this Council that the medical qualifications of those about to engage in the practice of surgery, or in general practice, should be tested by the Royal College of Physicians.

4th.—"That the Council of this College are prepared to form and superintend a Board of Examiners in midwifery, or to co-operate with the Royal College of Physicians in the institution of examinations for testing the qualifications of practitioners in midwifery."

Upon the publication of these resolutions a meeting of the Central Council was held, April 5, 1851, when it was resolved—"That the Council hereby express their gratification that the Council of the Royal College of Surgeons have adopted a series of highly conciliatory resolutions, which go far to satisfy the requirements set forth in the memorial of this Association, which was presented to Sir George Grey, in May, 1850; and they trust that, by mutual concession of both parties, there is a prospect of a speedy and satisfactory termination of the long agitated question of Medical Reform." The central Council request your support of the memorial presented by them to Sir George Grey, and which will be found in the *Journal* of April 30, 1851.

Whilst heartily agreeing with the central Council in their congratulations upon the prospect of a speedy settlement of so troublesome a matter, your Council think it right to point out to you that there seems to be no reference whatever to the Apothecaries' Company, a body to whom the older members of the profession, well remembering its condition a few years since, are always disposed to award the meed of praise; and who, even now, amidst all the throes and upheavings of malcontents, seem desirous of proving, that if the *elite* of the profession are talking of reform, they are absolutely carrying it into operation by the promotion of an improved education; and they have, in accordance with that determination, issued a series of resolutions that would do credit to many of our Universities, and which are published at length in the *Journal* of May 28, 1851.

These, it must be acknowledged, form a move in the right direction, and must ultimately tend, by whatever corporation they are carried out, materially to elevate the social position of the medical profession. And your Council strongly recommend you, in adopting the resolution proposed by the central Council, to express your sentiments:—that much as you approve of the manifesto of the Council of the College of Surgeons, so far as it goes, you are decidedly of opinion that no reform of the medical corporations can be beneficial to the profession which does not require them to keep up to a respectable standard, the literary, as well as purely professional examination of the whole of its members.

Your Council would also suggest to you the consideration of the propriety of a resolution in favour of the Royal Colleges of Edinburgh, who have recently, in so proper a spirit, shown their desire to remove from them the stigma of retaining among their Fellows gentlemen who call themselves physicians, practically repudiating the study of pathology, and treating symptoms only by doses of an inappreciable character.

Your Council are again emboldened to urge upon your attention the claims of the Benevolent Fund of the Association. They are most anxious to forward the progress of every charitable institution, and in this spirit are desirous of upholding the British Medical Fund, which was so ably explained to you by Mr. Hawtayne; but at the same time they are bound to watch carefully over your own *protegé*, lest the efforts made to advance a friend, may ultimately destroy your own intentions.

Your Council, before resigning their stewardship, have to report that, in accordance with the resolution passed at the last anniversary, they have issued 108 printed lists for the purpose of the ballot. Of these only 34 have been returned to the Secretary, four of which are turned aside, as having more than 27 names; and three because they have no attestations or signatures. An examination of the remaining 27 shows that the following gentlemen are elected as councillors:—

Bath.—Messrs. W. F. Bally, W. J. Church, Wm. Davies, M.D., R. F. George, Race Godfrey, G. Norman, J. Ormond, John Soden, and James Watson, M.D.

Bristol.—Messrs. Wm. Budd, M.D., H. Clark, J. B. Estlin, H. H. Fox, M.D., W. F. Morgan, Chas. Smerdon, T. L. Surrage, J. C. Swayne, and Wm. Trotman, M.D.

Rural.—Messrs. Geo. Allen, A. Adye, Wm. Colborne, Jas. Crang, Wm. Coates, F. Flower, Wm. Kay, G. S. Ogilivie, and Geo. Vicary.

Mr. Green moved, and Mr. Goodeve seconded, the adoption of the report, which was carried unanimously; as also was the resolution moved by Mr. Crang, and seconded by Mr. Ogilvie, conveying the best thanks of the meeting to Dr. Hodges, for his zealous and efficient services, as President, during the past year. So, also, a similar resolution in respect of the retiring Council and Honorary Secretaries, was moved by Mr. Sleeman and seconded by Dr. Swayne. Mr. Bally moved, and Mr. Nield seconded the proposition, that Geo. Norman, Esq., be President-Elect, which was received with much acclamation,

Mr. George moved, and Dr. Woodforde seconded, the resolution, that Messrs. Colthurst and Bartrum be

re-elected Honorary Secretaries, which was carried unanimously.

Mr. Colthurst acknowledged the compliment which had been paid to his colleague and himself, by the too flattering encomiums of their friends, Mr. George and Dr. Woodforde, as also by the gratifying manner in which those remarks had been received by the meeting. He had much pleasure in the trammels of office, although sometimes inconvenient in the amount of time required; he could truly say that, between himself and his colleague, it was a work of mutual comfort and co-operation, and it would continue to be a labour of love with them both so long as the members supported them by a full and zealous attendance at their most interesting quarterly meetings. He would beg to move the next resolution as to the future appointment of Council. It would be recollected that, at the last annual meeting, a change was proposed with a view to destroy even the semblance of a continuous self-elected Council, and the plan was sketched out on the spur of the moment without sufficient deliberation as to detail. As often happened, such hasty legislation required revision; the resolution which he now read was simply to effect the more easy working of the plan of last year. Mr. Crang seconded the resolution, which, after some remarks from several as to whether the retiring members of the Council should be re-eligible for their own vacancies, was carried unanimously as follows:—

"That all the Members of this Branch Association be arranged, according to their localities, under two sections only, viz., Bath and Bristol, and that the members of Council, half of whom shall belong to each district, shall be elected only by the members of that district. That the Council shall consist of not more than twenty-nine members, viz., retiring President, the President, and President-Elect, and the Honorary Secretaries, *ex-officio*, and twenty-four other members, to be elected by ballot, one-third of whom shall retire annually. That the Council for 1851 shall determine among themselves the names of the eight members who are to retire in 1852 and 1853 respectively, so as to permit subsequently the retirement of one-third by rotation. That for the purpose of filling up the annual vacancies a printed list of the members of this Branch be transmitted, together with the notice of the annual meeting, to each member, who shall return the same to the Secretaries not less than ten days before such meeting, that the result of the ballot may be then declared by the scrutineers."

George Norman, Esq., moved, and Edward Humpage, Esq., seconded the seventh resolution,—

"That this meeting do approve of the memorial to the Right Hon. Sir George Grey, Bart., &c. &c., now read, as having been adopted and presented by the central Council of this Association."

Passed unanimously.

Dr. Wm. Davies in a few terse but appropriate remarks congratulated the Royal Colleges of Edinburgh upon the step they had now taken in regard to homœopathy. He was quite aware that the scandal of a professed homœopathist remaining as Physician to the Infirmary and Clinical Professor had been prevented by them, and that difficulties existed in doing more so long as the Professor of Pathology carefully avoided touching upon, ex-cathedrâ, his own peculiar tenets in regard to therapeutics. Still he thought it must be acknowledged that even this circumstance, although perhaps not so mischievous in its effects upon the student, did not lessen the anomalous position of the University; and he had much pleasure in moving the following resolution:—

"That this meeting has seen with much satisfaction the resolutions unanimously adopted by the Royal Colleges of Physicians and Surgeons of Edinburgh, regarding practitioners of homœopathy, and desires to offer its best thanks to them for their expressed determination to uphold the science of medicine by severing from their body those who act in a manner so unbecoming the character of either the physician or the surgeon; and that this resolution, signed by the President and Secretaries on behalf of this Association, be transmitted to the Presidents of the Colleges."

Dr. Tunstall briefly seconded the resolution, which was carried with much applause.

Thanks were voted to the Committee of the Medical Library for their kindness in accommodating the Society, and to the Chairman for his urbanity in conducting the business of the meeting. The members then adjourned to the Bath Hotel, at Clifton, where thirty sat down to enjoy the pleasures of social intercourse over a table well supplied by the Messrs. Hemsley.

YORKSHIRE BRANCH.

The Annual Meeting of the Yorkshire Branch of the Provincial Medical and Surgical Association was held at the Medical School, Surrey Street, Sheffield, on Thursday, July 3rd. There were present—Dr. Branson of Sheffield, President; Mr. Allanson, Dr. Bartolomé, Sheffield; Mr. Boddington, Chesterfield; Dr. Elam, Mr. Favell, Mr. Finsley, Sheffield; Mr. Foster, Ecclesfield; Dr. Hall, Sheffield; Mr. S. Hey, Leeds; Mr. Husband, York; Mr. Harrison, Mr. H. Jackson, Mr. W. Jackson, Mr. E. Jackson, Sheffield; Mr. Kitching, York; Mr. Law, Sheffield; Mr. Pyper, Assistant-Surgeon, 11th Hussars; Mr. Parker, Mr. Porter, Mr. Reedal, Mr. Roper, Mr. Skinner, Mr. Smith, Sheffield; Dr. Simpson, and Mr. Williams, York.

The President then addressed the meeting as follows:—

Gentlemen,—Four years have elapsed since the members of the Yorkshire Branch of the Provincial Medical and Surgical Association assembled in Sheffield, and it is my pleasing duty, in the name of the medical practitioners of the neighbourhood, again to bid you welcome. Nineteen years ago the seed of this Association was just sown, and we have now a goodly tree

with branches stretching far and wide. It is unnecessary for me, therefore, to enlarge upon the value of the Association, when its merits are thus practically recognized. Custom has, however, prescribed to the occupant of this chair, the duty of opening the proceedings of the day with some introductory remarks, which, as our time is limited, I assure you shall be very brief. Since the last meeting of this branch of the Association we have witnessed the advent and departure of an appalling pestilence. An enumeration of the various plans of treatment adopted (their name is legion) only proves how powerless was our art as an antagonist to the deadly scourge, when the symptoms were once fully developed. Every variety of treatment which ingenuity could suggest was tried in vain. In London alone 15,000 souls perished; and it has been said that in Britain more lives were lost than have fallen in battle since the days of Marlborough. Though our remedies were thus powerless, have we gained no wisdom from the march of the mysterious enemy? Much, every way. We have learnt that sanitary improvements can alone oppose a barrier to future visitations of cholera, and that a comprehensive scheme of sanitary legislation must be carried through by the Government. In this town preventive and precautionary measures were actively employed with the happiest results; and it is creditable to the Board of Guardians that no parsimonious feeling prevented them from liberally remunerating their large medical staff, and creditable to the ratepayers, that the liberality of the guardians was cordially approved. The system adopted was the following:—Dispensaries were established in various parts of the town, at which only a single dose of medicine in each case could be obtained. The name of the applicant was immediately forwarded to the medical officer of the district, who, as soon as possible, visited the patient. The earliest symptoms of diarrhœa were thus promptly attended to, and the applications for relief were so numerous and general, as to render house to house visitation unnecessary. No cholera hospital was established, but from every house in which a case of cholera occurred the healthy were at once removed to a house of refuge, and those suffering from diarrhœa to a diarrhœa hospital; and no one was permitted to return to the infected house, until it had been thoroughly purified. By the adoption of this plan we have every reason for believing that the rate of mortality was greatly reduced, and that the expenditure of money, though large, was in the end true economy.

It is impossible to allude to sanitary legislation, without at the same time noticing the question of intra-mural interments. The rapid increase of the population;—the limited space assigned to the older churchyards, and consequently, the unavoidable disturbance of the soil before the remains of mortality have returned to their kindred dust;—the noxious emanations arising from these depositories of disease and the indisputable evidence of the injury to health, caused by the diffusion of pestilential gases through the neighbouring atmosphere, have all forced the question of intra-mural interments so urgently upon the public that few inhabitants of the larger towns are now found bold enough to defend the practice. The town church-yards have long ceased to be the quiet resting places of the dead; the disgusting scenes too frequently witnessed in them have thoroughly dissipated the illusion, and however much difference of opinion may exist in the minds of thinking men as to the best means of carrying out the alteration, the propriety of the change is rarely questioned, and there is every reason to hope that the day is not distant when this stain on our boasted civilization will be wiped away, and that a line will be drawn between the dead and the living, that the plague may be stayed. It is the duty, therefore, of every member of the profession to exert himself to the utmost to remove this national disgrace. It is to be hoped that the Society recently established in London for the investigation of epidemic diseases, under the somewhat inharmonious title of Epidemiological Society, will be the means of bringing to light and concentrating a mass of information of real use as a practical guide to the sanitary reformer.

Since the last meeting of the Branch, a very remarkable trial occurred, of grave import as affecting the medico-legal relations of insanity, if the law was correctly laid down by the presiding judge. I allude to the case of Nottige *versus* Ripley, in which the Lord Chief Baron emphatically stated, that all lunatics not dangerous to themselves or others, ought immediately to be liberated, and strongly urged on the commissioners of lunacy the duty of acting accordingly. It is painful to contemplate how much doubt and uncertainty must necessarily arise from a decision so authoritatively given, and so contrary to the received opinions in our profession. If the object of confinement in an asylum was merely the safe keeping of the lunatic, this dictum of the judge might be intelligible; but surely, in these enlightened days, when asylums have been changed from gloomy dungeons into houses of mercy, in which the primary object is the recovery of the patient, rather than the safe custody of the prisoner, such an opinion is monstrous in the extreme. In the name of suffering humanity let us protest against the doctrine, and claim for our afflicted fellow-creatures the right of being carefully and tenderly treated in the earliest stage of their distressing malady; the right of having the best chance afforded them of being again restored to society, with a sound mind, in a sound body. How many individuals are now useful members of society, who, in all human probability, would have ended their days as hopeless lunatics, had they been deprived of that restraint so necessary for their recovery, merely because they had not manifested a sufficient amount of suicidal or homicidal madness legally to justify their seclusion.

I cannot congratulate the members of the Branch upon any advance towards the suppression of quackery. The columns of the daily prints teem, not merely with the most unblushing, and too often disgusting recommendations of nostrums and specifics, sanctioned most inconsistently by the Government authorities, which profess to be actuated by a sincere desire to promote sanitary improvement, but, alas! we have also abundant

evidence that even intellectual minds are not proof against the delusions of quackery, when presented under the specious garb of homœopathy, hydropathy, or mesmerism. That some of the professors of the first of these pseudo-sciences are honest in their belief, it would be uncharitable to doubt; but words cannot be found sufficiently strong to stigmatise those renegades from our ranks, who, having bartered for filthy lucre the faith in which they were educated, secretly rely in their hour of need on the very remedies they have publicly renounced. The Edinburgh College of Physicians have most justly resolved,—"That no Fellow of this College, nor any other Physician"—(I would add any other practitioner of legitimate medicine)—"can, by any possibility, without derogating from his own honor, and from the honor of the profession, meet practitioners of homœopathy in consultation, or co-operate with them in the common duties of professional life."

The warfare is still carried on between the Insurance Companies and the profession; and from the goodly list of companies which can now be pointed out as trophies of victory, it is hoped that an amicable adjustment in terms satisfactory to both parties, may ere long be accomplished. The companies, not without reason, contend that the insurer is bound to furnish evidence as to the eligibility of his life for insurance, and, consequently, that the payment for that evidence rests with the insurer. The difficulty might easily be arranged by the company in the first instance requiring a fee to be deposited by the applicant for insurance, to be paid through the company to the private medical referee. This, it is humbly submitted, would meet the justice of the case, and put an end to the painful disputes which now take place between the Insurance Companies and the profession.

The claims of the army and navy surgeons to a share in the honours distributed to the officers of their respective services, have at length been admitted. We, who can appreciate the value, I had almost said difficulty, of preserving an unruffled mind, even in the operating theatre of an hospital, with all the advantages that previous consultation, calm thought, and the most perfect preparation can afford, know well how trying must be the situation of the surgeon when compelled to perform his anxious and responsible duties amidst the excitement and danger of battle, the roar of cannon, and the groans of the dying. Surely he who can thus calmly endeavour to alleviate the sufferings of his fellow-creatures, and mitigate the horrors of war, is as much entitled to the graceful honours of an approving country as the most distinguished general on the field.

The steady and united efforts of the naval assistant-surgeons, to place themselves in a position befitting their age, rank, and education, have gained that consideration and attention from Parliament which the officials of the Admiralty so perseveringly denied them. As civilians, we have ever warmly sympathized with our naval brethren under their grievances, and cordially congratulate them on the prospect of better times.

A new edition of the London Pharmacopœia has lately been issued, and another opportunity lost of producing, in concert with the Colleges of Scotland and Ireland, a truly national and consistent work.

An Act to prevent the indiscriminate sale of arsenic has been passed in the present Session of Parliament. In the success of this Bill the Provincial Association has taken the warmest interest. The fearful facility afforded to the perpetration of crime (particularly in some agricultural districts), by the ready access to this deadly poison, and the difficulty of detecting the symptoms during life, when the mineral is administered in small, repeated, and slowly poisonous doses, have at length induced the Government to legislate on the subject. Whether the Bill is sufficiently stringent, and whether other virulent poisons might not with advantage have been included in its clauses, is very questionable. This Association will doubtless anxiously watch the effect of the measure, and, if need be, press upon the Government the propriety of more vigorous legislation.

The great injustice of the unequal Income-tax has been borne too tamely by the profession; and as Parliament has only sanctioned its renewal for one year, to afford an opportunity for further investigation, the time for action has arrived, and I trust the general meeting of the Association, at Brighton, will not be allowed to pass over without some decided steps having been taken to urge upon Parliament, in every possible way, the hardship and injustice of the tax as it affects professional incomes. Unless the members of our profession now unite to petition against this inquisitorial and obnoxious impost, both Parliament and the Government will have a right to construe silence into apathy, and re-impose the tax in its present unjust form.

I cannot resist the opportunity now afforded me of urging upon your consideration the propriety, or rather duty, of supporting the Benevolent Fund in connexion with this Association, I must confess that for a long time my prejudices were strongly in favour of local medical charitable associations, believing that a Society like our excellent West Riding Medical Charity was better adapted to examine into the peculiar claims of individual cases of distress than a charity on a more extended scale. It is, however, impossible to read the painful reports of the Benevolent Fund without feeling convinced that ample room exists for the fullest exertions of our charity, without in the smallest degree interfering with the efforts of local benevolence; and that cases of unavoidable and sudden distress are too constantly occurring quite out of the reach of a charity which distributes its funds annually, and requires five years' membership to entitle the sufferer to relief. To cases of sudden distress the Benevolent Fund is especially applicable; "*Bis dat qui cito dat*" is its motto; and many are the individuals who have reason to bless the Association for its timely and unostentatious succour.

The question of Medical Reform has been so frequently canvassed, that I may well be excused from entering upon it on the present occasion, and particularly as there now seems a prospect that the various Colleges will make alterations in their respective Charters

of a sufficiently liberal character to satisfy all reasonable members of our profession; it is, therefore, a matter far congratulation, that no hasty legislation has been forced upon us. The present time seems peculiarly fitted for a satisfactory settlement of the question. The stormy waves of Medical Reform have considerably subsided. The appointment, at Worcester, of a committee of our Association to report on medical ethics, and the establishment of medico-ethical societies in various parts of the country, clearly indicate a growing feeling amongst us that something more is required for the peace and harmony of our profession than legislative enactments. To societies like our own we must look for the maintenance of professional honour. Let the banner of the Provincial Association be inscribed with the emblems of truth, candour, and charity, and he who enlists in its ranks, and fights under its colours, must remember that any dereliction of duty, any deviation from the strict line of professional conduct, morally or medically, renders him a traitor to the cause he has espoused, and can only entitle him, at the hands of his professional brethren, to the well-deserved punishment of a deserter.

The SECRETARY then read the

Report of Council.

In presenting to this meeting their usual Report, your Council would congratulate the Branch on again revisiting a locality, where the science of medicine is cultivated with so much energy and success. The annual meeting for last year ought, as most present here are no doubt aware, to have been held here, but your Council having considered that the anniversary meeting of the Parent Association was appointed to be held within the county, determined, as a mark of filial respect, and for the convenience of the members to exercise, it may be a somewhat unconstitutional power, and defer the meeting until this year. A vote of indemnity from this meeting is scarcely required, as not even the gentlest murmur of discontent has reached your Council.

The Central Council at Worcester desires the opinion of this and the other branches on the present state of the Medical Reform question. Although the Institute has adopted the last desperate effort of applying to Parliament to sanction the scheme of a college of general practitioners, your Council has had much pleasure in witnessing the defeat of the obnoxious proposal by the politic conduct of the Colleges of Physicians and Surgeons. Midwifery has been allowed to rank as a department of medical science, and the practice of the obstetric art is no longer ignored by the examiners of the English surgeon, who, skilled though he may be in conservation or excision, may be often baffled by the Protean and dangerous complications which the parturient process too frequently presents. The fellowship is not to be confined to a chosen few, and the provincial surgeon may now take his place in the council of a body, of which his class forms so large a majority. The Council of the Association has already drawn the attention of the Secretary of State for the Home Department to the often-asserted opinion of the Association, that no plan of Medical Reform will meet the exigencies of the case, which does not contemplate a a board of examiners chosen conjointly by the medical and surgical colleges, whose examination shall test the fitness of every one to practise the profession, and whose certificate shall be the sole licence to practise in any department of medicine.

Whatever defect may exist in details, your Council is of opinion that a modification of existing institutions is far preferable to the establishment of another medical corporation, by which an already too much divided profession would be still further disunited. Medicine is a science one and indivisible. The day has long since passed away when the surgeon presumed not to amend the health of his patient by the most trifling internal remedy, and the physician's opinion is now often sought in a surgical case, for slender are the partitions of medicine and surgery, and difficult would it be sometimes to decide on which side of the barrier the case should range. Hence the general practitioner claims connexion with the representative heads of medicine and surgery, and wishes not to exchange the fostering influence of colleges which can boast a Baillie and a Hunter, and many others of lasting fame, for a new institution which would present names known only in the immediate locality of those who bear them.

Whatever opinion the members present may determine to express, your Council, though gratified by a probable arrangement of this disputed question, cannot but express their sense of the gratitude due from the profession to an institution which, under a new order of things, will cease to have that controlling influence over medical education which it has so judiciously and successfully exercised. The Apothecaries' Company, as a licensing body, must soon cease to exist, and many a happy and consoling thought must gild the last moments of its existence. No medical corporation has done so much, and so judiciously, to elevate the position of the British practitioner of medicine as the Court of Examiners of the Apothecaries' Company. Ever ready to anticipate the requirements of the times, the Hall has gradually and judiciously raised the standard of medical education, until the general practitioner has been enabled to occupy a far higher position in the profession and in society than was held by his predecessors before the year 1815. All praise, then, and gratitude, let us express and feel towards those well-judging and retiring men who have done more for the diffusion of medical knowledge than many whose names are blazoned on the muster-roll of fame. But all should feel that, whatever reform may be effected, to individual exertion and integrity must we look for the well-doing of the general body. If each, keeping always in view the responsibility and dignity of the *ars medendi*, shall always strive to maintain the *mens sibi conscia recti*, and a determination to cultivate to the utmost those talents which a kind Creator has intrusted to his charge, the empiric may carry on his impudent deceptions for a time, but in the end *magna est veritas et prævalebit*, and by the character and attainments of each, the whole community will be raised higher and higher in the estimation and respect of men.

The Secretary, who has held his office for above ten

years, expressed to your Council some time ago his intention of resigning his office at the present meeting, and it remains with you to appoint his successor.

The following resolutions were then unanimously adopted:—

1. Moved by Mr. H. Jackson, seconded by Dr. Bartolomè,—"That the Report of the Council just read be received and adopted."

2.—Moved by Mr. Husband, seconded by Mr. W. Jackson,—"That in the opinion of this branch, a modification of existing Medical Corporations is decidedly preferable to the establishment of a College of General Practitioners, which would tend to disunite the profession, and be injurious to the best interests of the general practitioner."

3. Moved by Mr. Kitching, seconded by Mr. Foster, —"That the following be appointed the Branch Council for 1851:—Mr. James Allen, H. S. Belcombe, M.D., Mr. B. Dodsworth, Mr. R. Hey, T. Simpson, M.D., Mr. C. Williams, Mr. W. D. Husband, *York;* C. Chadwick, M.D., Mr. G. F. Garlick, Mr. W. Hey, Mr. T. P. Teale, Mr. T. Nunneley, Mr. S. Smith, *Leeds;* T. Branson, M.D., Mr. H. Jackson, M. De Bartolomé, M.D., Mr. W. Jackson, Mr. G. Turton, Mr. G. Reedal, *Sheffield;* T. Sandwith, M.D., *Beverley;* Mr. H. G. Whytehead, *Craike;* Mr. J. Ness, *Helmsley.*

4. Moved by Mr. Williams, seconded by Mr. H. Jackson,—"That Mr. W. Matterson be elected Secretary and Treasurer for the ensuing year."

5.—Moved by Dr. Bartolomé, seconded by Mr. W. Jackson,—"That the thanks of this meeting are due, and are hereby given to Mr. Husband, for his services to the Branch, as its Secretary, for the last ten years."

6.—Moved by Dr. Simpson, seconded by Mr. Williams,—"That the meeting of the Branch for 1852, be held at Leeds, and that Dr. Chadwick be chosen President-Elect."

7.—Moved by Mr. Williams, seconded by Mr. S. Hey,—"That the thanks of the meeting be given to the President for his able conduct in the chair."

The following communications were then presented to the meeting:—

1. "Case of Cancroïde Cylindracée (Alibert) following a Burn." By Mr. Law. Illustrated by a beautiful representation of the disease, by the President, and the presence of the boy, the subject of the disease.

2. "Singular Case of Calculus." By Mr. H. Jackson.

3. "Case of Scirrhus of Cardiac Orifice of Stomach, in which no food was taken by the mouth for six weeks, and the patient sustained by Nutrient Injections."

4. "Case of Cancerous Ulceration of the Stomach." By Dr. Simpson, and Mr. Williams.

5. "Case of Ossification of Muscular Structure of the Heart." By Dr. Bartolomé.

6. "Case of singular Perforation of Stomach." By Mr. Law.

The members then adjourned to dinner at the Angel Inn, where they were joined by the Rev. Canon Blackburn, and other visitors, and enjoyed a pleasant evening under the kind Presidency of Dr. Branson.

EPIDEMIOLOGICAL SOCIETY.

July 7, 1851.

At the ordinary meeting of this Society, held this day, at the house of the Royal Medical and Chirurgical Society, 53, Berners Street, Dr. Addison in the chair, the following donations to the funds were announced: A donation of ten guineas from the Guardian Life Assurance Company, a donation of ten guineas from the Pelican Life Assurance Company, a donation of ten guineas from the Eagle Life Insurance Company, a subscription of one guinea annually from the Anchor Life Assurance Company.

Mr. Hunt then read a paper—

On the Uses and Limits of Statistical Science, as applied to the Study of Epidemics.

The object of the author was to shew in what departments the statistical method was likely to prove most satisfactory, and to elucidate the principles of its application. He commenced by regretting the injury which the cause of medical science has suffered, from a loose and limited method of statistical inquiry into the phenomena of epidemics; deprecated the publication of extraordinary cases, and attaching a statistical value to them, while the ordinary cases were overlooked; and commended the proper use of statistics as the natural correction of the false conclusions thus arrived at. Mr. Hunt regarded therapeutics as a branch of medical science in which statistical inquiries would be unavailing, both on account of the variety of subjects, and the diversity of circumstances which must be taken into the account, and also from the impossibility of discovering, in each individual case, how the patient would have fared if his disease had not come under treatment at all. For these reasons it was urged that our knowledge of the art of healing must be derived, rather from analogy and observation, than from rigid induction. The author concluded by instancing the protective power of vaccination as a very fair question for statistical examination, and expressed a hope, that the profession would extensively respond to the questions issued by the Society on that important subject.

Drs. Addison, Theophilus Thompson, and Seaton, and Mr. Walsh, took part in the discussion on Mr. Hunt's paper.

It was announced from the chair, that a paper "On the Nature of Epidemics," by Mr. Grove, of Wandsworth, would be read at the ordinary meeting, to be held on Monday, August the 4th.

Foreign Department.

FRANCE.

PROCEEDINGS OF THE FRENCH ACADEMIES.

ACADEMIE DE MEDECINE.

The following are the most interesting subjects which have recently come before the notice of the Society:—

M. Danyau read the account of *a fibrous tumour of the anterior lip of the uterus,* which offered an impedi-

ment to parturition. It was found on examination to occupy the whole vagina, and extended backwards into the concavity of the sacrum. M. Danyau decided on enucleation, in preference to the Cæsarian operation; and on dividing the uterine tissue was able to remove the impediment, and a dead child was speedily born.

M. Bouvier narrated a "Case of Internal Hernia," caused by strangulation of the small intestine in a diverticulum from the ileum; and the discussion turned chiefly on the propriety of gastrotomy when the seat of the strangulation is made evident by a tumour.

M. Moreau presented a memoir "On the *Premonitory Signs of Insanity*." Among the most important of these he places repeated seizures resembling cerebral congestion, sensations analogous to the aura of epileptics, nervous pains like neuralgia, vertigo, syncope, &c.

The *Compression of the Aorta in Internal Hæmorrhage* was the subject of a memoir by M. Chailly-Honore. The author has collected notes of eighteen cases in which this proceeding was adopted; in seventeen of these the flooding ceased instantaneously. One woman died, although the bleeding was completely controlled, she being anæmic previously to her confinement.

A contribution to the pathology of *Congenital Syphilis*, has been made by M. Depaul, consisting in the discovery of a particular intra-uterine lesion of the lungs. His conclusions are to the following effect:— 1. Intra-uterine syphilis is more common than is generally allowed. 2. It may be transmitted by mother or father, or both. 3. In addition to the more generally known appearances in the infant which are attributed to syphilitic contamination, another must be admitted, which consists in disseminated purulent deposits in the lungs. 4. When an infant has been born with the lesion, the parents should be submitted to an anti-syphilitic treatment.

[It may be stated that Mr. Acton, in his recent treatise distinctly denies that infantile syphilis ever manifests itself at birth; he, however, alludes more particularly to the external appearances, as papulous eruptions, condylomata, &c.]

The *Cæsarean Operation* has been successfully performed by M. Bouchacourt, &c., but the case is not reported at length.

ACADEMIE DES SCIENCES.

Another *New Anæsthetic* has been exhibited, with the name of "Bromhydric ether." It is said to have neither taste or smell in the least disagreeable.

M. Boucher communicated the results of his researches on the *Detection of the Mineral Poisons* in the nervous system. At present he has limited his analysis to arsenic, lead, copper, and mercury. Each of these metals was readily detected in the brain of dogs previously poisoned.

Case of Serious Hæmorrhage following Excision of the Tonsil.

The following instructive case forms the subject of a memoir by M. Chaissaignac, (*Archives Générales*, Mai.)

The patient, a female, aged 21, was the subject of enlarged tonsils, one of which had been removed eight days before by M. Sandouville. The operation had been quite successful in its immediate results. The author was summoned in consequence of an incontrollable spitting of blood. On looking into the throat for the purpose of discovering the exact seat of the hæmorrhage, M. Chaissaignac found that it proceeded from the bottom of a concavity left by the excised tonsil.

The patient had been for some time constantly spitting blood, and had also vomited a large quantity. The pulse was small, the extremities cold, and altogether she was in imminent danger. Many means had been adopted without success, such as ice externally, and styptics of various kinds internally.

The first proceeding adopted by the author was to make pressure on the bleeding surface with lint dipped in lemon juice. This controlled the bleeding for a time, but after he had left it returned with equal intensity. He now intended to apply the actual cautery, but before resorting to this it occurred to him to try keeping up pressure on the tonsil with lumps of ice. This was done with the aid of forceps, and was completely and permanently successful.

Diaphragmatic Hernia of the Stomach, Spleen, and Colon.

This curious case is published in the *Revue Medico-Chirurgicale*, Juin, 1851. The patient, aged 59, was admitted into the Hotel Dieu of Nantes in June, 1850, complaining of pain in the epigastric region, constant vomiting, cough, and purulent expectoration. He died at the end of three weeks. After death the stomach, omentum, spleen, and a portion of the colon, were found in the thorax, having passed through an opening to the left of the pillars of the diaphragm; the opening had smooth edges, and did not exhibit any appearance of laceration. There was no trace of inflammation, either in vascularity or adhesion, so that the inference was that the hernia was congenital, and that the vomiting towards the close of life was in some way connected with the state of the lungs, which were full of phthisical excavations.

On the Proportions of the Human Skeleton.

M. Carus, of Dresden, has been endeavouring to discover the standard measure upon which the human frame is constructed, and considers that he has found it in the vertebral column. He states that the spine in a new-born child is just one-third of what it becomes in the adult; and he, therefore, takes the third part of the vertebral column as the above-mentioned standard. The head, for instance, its length and breadth taken together (without the lower jaw, which is a sort of extremity of head), is just the size of the standard

measure; on the trunk each clavicle, with the acromion, the sternum, and each scapula, may be measured upon the same suit. Such is likewise the case with the pelvis. The normal length of the arm is three measures, the hand one, the foot one, the tibia two, the femur two and a half, &c. The whole length of the body comprises in the normal state nine and a half of the standard measure. M. Carus has had a small figure constructed upon which these varous proportions are accurately marked.

Excision of the Astragalus, Successfully Performed, for Fracture and Dislocation of that bone.

Although the history of fracture with dislocation of the astragalus, requiring the extraction of the bone, has been succinctly written, there are comparatively but few cases on record, so that the following instance by M. Thore (*Archiv. Générales*, Mai) is not without value:—

A young man working in a stone quarry had his right foot crushed by a fall of stones and earth. When first visited the foot and leg were enormously swollen, so that it was difficult to ascertain the nature of the injury. The foot was, therefore, enveloped in poultices. Five days subsequently a gangrenous odour was perceptible, and bullæ appeared filled with fœtid sanies. At the external aspect of the foot the skin was sloughing, and a portion of the astragalus projected, and was moveable in all directions.

Two days after the author decided to extract the bone. After enlarging the wound the bone was seized in strong forceps, and the ligamentous structures being divided it was readily extracted, leaving a large and deep excavation.

The report five days after the operation is, that the appearance of the limb is much improved, the gangrene diminishing, and cicatrization commencing in certain portions of the wound. Several splinters were extracted, and phlegmonous erysipelas ensued, requiring several incisions for the purpose of evacuating pus; but on the subsidence of this the patient made rapid progress.

An examination of the limb was made at the expiration of the year, when the following were the appearances:—Above and immediately behind the external malleolus there was a deep semicircular cicatrix. There was no trace of callus either on the tibia or fibula. The external malleolus is more prominent than the other. The concavity of the sole of the foot was little changed. The foot, which was for a long time moveable in every direction, was at this time quite anchylosed. The patient could walk and even dance without pain and with facility.

General Retrospect.

PHYSIOLOGY.

Vital Contractions in the Umbilical Arteries and Veins.—By Professor Simpson.

The reality of these long doubted phenomena has been effectually pointed out by Dr. Simpson, who has satisfied his class of the following facts:—

1st. After the child is born, the cord, (whether tied or not,) is generally seen to become contracted at different points, in consequence of the local contraction at those points of the vessels included within it; in fact, its vessels are thrown, by the irritation of the external atmosphere, and in consequence of their partially empty condition, into tubes consisting of a series of dilatations and contractions, like the peristaltic contractions of the intestine, but with this difference, that the contractions of the vessels are permanent.

2nd. By pinching a portion of the cord, immediately after the birth of the child, between the nails of the thumb and finger, contractions of the vessels of the cord will be seen to occur at the point irritated. And if this mechanical irritation is confined to individual vessels, as to one of the arteries or to the vein, the effect is equally marked.

3rd. If the sheath of the cord be slit up by a pair of scissors or a knife, with any of its vessels or arteries exposed, the same experiment may be repeated upon the exposed individual vessels with similar effect, viz., that the mechanical pinching of them will be followed in the course of a short time by a gradual but very marked contraction in the irritated part.

4th. Similar local contractions of these vessels occur, under the local application to them of irritating chemical substances, or of electricity.

5th. These contractions do not instantly follow the application of the stimulant, but a short time intervenes before the effect is seen, and the contraction is permanent.

6th. When the experiment is made upon the human umbilical cord, or upon that of the lower animals, when the circulation is still going on in the vessels of the cord, the irritated vessel will sometimes almost entirely close its tube under such local irritation.

7th. These simple experiments, illustrative of the contractility and irritability of the coats of the veins and arteries, are the more remarkable as seen in the umbilical veins and arteries, in consequence of anatomists not being able to detect any nerves in the umbilical cord, although probably elementary nervous tissue may exist in some form in it; for if it did not exist, then we would have irritability in these vessels existing without nervous influence. And Dr. Simpson proposed the investigation of the existence of nerve in any form in the umbilical cord and its vessels, as an interesting microscopical study, in reference to the physiological question of the dependence or independence of the contractility of vessels on the presence of nerves.—*Edinburgh Monthly Journal*, May, 1851.

SURGERY.

Popliteal Aneurism: Treatment by Compression.—By Mr. Paget.

In this case the treatment, by means of Dr. Carte's apparatus, was commenced on January 31st. Two instruments were applied and alternately tightened and relaxed. These caused great pain; and, after the

fourth week, were changed for the Italian tourniquet. From this time till the 16th of February, the size of the aneurism decreased; but, after ten days, no further progress was made. On the 21st of March the diminution recommenced; and by the 18th of April it was reduced to the size of a hazel nut, but still pulsated freely. After eleven weeks' confinement, the patient's patience became exhausted, and he wished to move about; but modified pressure was kept up for six weeks longer, when pulsation one morning suddenly ceased, and the aneurism was cured.

In commenting upon this case, Mr. Paget remarks, that the disease was, probably, an example of aneurismal dilatation, or, as Mr. Luke has named it, tubular aneurism; an aneurism of the cylindriform or fusiform variety described by Cruveilhier,—that is, a dilatation affecting, almost uniformly, the whole circumference of the artery in a certain portion of its length. Such dilatations are very rare in the popliteal artery; yet that such an one existed here is made very probable by many things observed in the case, and especially by the great diminution of size of the aneurism while under treatment.

The cure of popliteal and similar aneurisms, whether treated by pressure or ligature, is (Mr. Paget remarks) usually accomplished much more by the filling of the sac with blood-clot, than by the contraction of the sac. Hence, usually, after the pulsation has ceased, the swelling, with comparatively little diminution of size, remains firm and nearly solid, till slowly its size is diminished by the absorption and shrinking of its contents. When, however, as in the case here related, a popliteal aneurism consists in a dilatation of the whole circumference of the artery, we may believe that there is the same indisposition to the formation of clot as in the similar dilatations of the arch of the aorta, and of other great arteries in which no part of the dilatation is far remote from the main stream of blood. In all these cases it is matter of common and just observation, that fibrinous deposits are scanty and rare; and, therefore, in the similar dilatations of the smaller arteries, we might expect that the effect of any continued obstruction of the trunk would be the gradual contraction of the dilated portion, rather than its filling up with clot.

Other considerations, Mr. Paget thinks, strengthen this opinion of the nature of the case here related; especially, first, that as the enlargement of the artery after the injury was very slow, there was probably no rupture or serious damage of its coats, but that such a change as might lead to their slow and extensive impairment of structure; and, secondly, that the sensation derived from the touch of the dilatation was always that of a sac tensely filled with fluid, and containing no clots, such as are almost constantly found in saccular aneurisms, *i.e.*, partial or lateral dilatations of the arterial walls.

Commenting on the results of the treatment of this case, by pressure on the trunk of the artery above the aneurism, Mr. Paget thinks that, considering that the patient was instructed in surgery, and well understood the plan on which the treatment was to be conducted, that he had himself chosen this plan of treatment, and submitted to it without interruption, and that it was attended with no local injury or other inconvenience; few cases could have been better suited to the plan, yet so long a period elapsed prior to the cure, that he would not advise it in preference to ligature. He does not, however, discountenance compression, being disposed to attribute its tediousness, in the present case, to the peculiarity of the tumour above alluded to.—*Medical Gazette*, April 15, 1851.

Complications of Hernia.—By Mr. Robinson.

The following are the deductions from a paper on the above subject:—

1. Symptoms of strangulation may continue after a hernia has been reduced *en masse*. This may be owing to one of two causes; either to the return of the intestine to the upper part of the inguinal canal, and not into the abdomen, constriction, therefore, continuing at the internal ring, or to the return of the sac, with the hernia still constricted in it.

2. The intestine may be universally adherent to the sac.

3. The direction of the vessels cannot be relied upon as a distinguishing mark between the intestine and the sac.

4. Foreign bodies *may* pass through an irreducible hernia without injurious effects.

5. The bowels may redescend after reduction, again become strangulated, and again require operation.

6. Strangulation may occur in a person the subject of double hernia, and it may be doubtful which is strangulated. In such a case the oldest and most tense of the tumours should be first subjected to the knife.

7. Enlarged inguinal glands greatly complicate the diagnosis of hernia.

8. Strangulated inguinal hernia may prove fatal by rapid collapse.—*London Journal of Medicine*, May, 1851.

MIDWIFERY.

Causes of Hæmorrhage after Parturition.—By Dr. McClintock.

In an essay on post partum hæmorrhage, the author enumerates the following as the principal causes:—

1. The presence of a portion of the placenta in the uterus.

2. The retention of a coagulum in the uterus.

3. Simple relaxation of the uterine fibres.

4. Disturbance of the general circulation.

5. Fœcal accumulation. This is mentioned as a cause by Moreau.

6. Functional disorder of the liver. This is noticed as a cause of hæmorrhage by Dr. Ayres, but is not admitted as such by the author.

7. Ulceration of the os and cervix uteri.

8. Polypus or other morbid growth attached to the uterus.—*Dublin Quarterly Journal*, May, 1851.

Correspondence.

ISSUE OF DAY TICKETS BETWEEN LONDON AND BRIGHTON AT THE ANNIVERSARY MEETING OF THE ASSOCIATION.

To Sir Charles Hastings, M.D.

My dear Sir,—I am desirous we should have a large meeting at Brighton. I have seen the Secretary of the Railway, and he will obtain the sanction of the Directors to issue day tickets from London to Brighton and back at reduced rates, and to be available for three or more days to all, upon the production of a card or ticket shewing that they are members of the Provincial Medical and Surgical Association. Do you suppose that such a plan, if made known, would not be an inducement to many to attend the meeting. The Brighton gentlemen are doing all they can to induce the members to attend; they have secured the Palace for the Association, which also should be made known; that, coupled with cheap and expeditious communication between London and Brighton, might induce many to attend, if publicity be given to it. Please let me know your opinion, and I will take steps to secure the conveyance between London and Brighton to the members of the Association.

I hope to be there myself, and read a short case.

I am, my dear Sir,

Yours most truly,

GEORGE BOTTOMLEY.

Croydon, July 16, 1851.

Medical Intelligence.

THE COLLEGE FELLOWSHIP.

The Council have just announced that the next professional examination for this distinction will take place on Monday and Wednesday, the 4th and 6th of August.

ROYAL COLLEGE OF SURGEONS.

The following gentlemen were admitted members on the 4th instant:—Thomas Abbey Bottomley, Huddersfield; Samuel Brown, Royal Navy; Henry Cole, Lewisham; William Henry Folker, Oxford; William Henry Harris, Barnstaple, Devon; Thomas Hales, Fort Green, Staffordshire; Francis Nuttall, Bury, Lancashire; John Richard Price, Holyhead, North Wales; Henry Bowles Sayers, Bandon, Cork; Buxton Shillitoe, Hertford; Robert Williams, Hirnaul, Montgomeryshire; Joseph F. Windus, Madras.

The following gentlemen were admitted on the 7th instant:—George Bull, Lewes, Sussex; William Huskisson Carter, Chichester, Sussex; Edward Parks Gamble, Cork; George Smith Delavil Harris, Blackhall, Sevenoaks, Kent; Leonard Henry Joseph Hayne, Royal Navy; Wm. Hurst, Valparaiso, South America; Charles Francis Lewis, Pimlico; Frederick John Money, Offham, Kent; Thomas Peete, Margate, Kent; Stephen Chapman Townsend Coleridge, Devon.

The following gentlemen were admitted members on Friday, the 11th inst.:—Capel Bringloe, Beccles, Suffolk; John Chapman, Leith, Mid Lothian; Francis Day, Uckfield, Sussex; Patrick Dillon, Ennis, County Clare; William Augustus Dobbyn, Dublin; Joseph Frederick Elsom, Limehouse; Samuel Martyn, Brook Street, Grosvenor Square; James Merryweather, Brook Street, Grosvenor Square; George Cochrane Millar, Clifton Street, Finsbury Square; Annesley Charles Castroit De Renzy, Hon. East India Company's Service, Bengal; John Frederick Vivian, Alladullha, near Sydney, Australia; Henry John Wilkin, Connaught Terrace, Hyde Park.

The following were also admitted on Monday, the 14th inst.:—John Baines, Falcon Square; Charles Breeze, Belfast: Henry Thomas Lucas Byne, Hammersmith; Robert Thomas Gagen, Crown Row, Mile End; James Stacey Hichens, Redruth, Cornwall; Samuel Wall Jones, Ludlow, Salop; Charles O'Regan, New Orleans; David William Pughe, Carnarvon; John James Ritchie, Tean, Staffordshire; Henry Thompson Shaw, Ballynahinch, County Down; Frederick Moore Smith, Much Hadham, Herts.

SOCIETY OF APOTHECARIES.

Gentlemen admitted members on Thursday, July 10th:—Henry Greenway, Plymouth; Frederick Wm. Headland, Guildford Street, Russell Square; John Mackintosh, Inverness; Thomas Henry Taylor, Henbury, near Bristol.

BOOKS RECEIVED FOR REVIEW.

Practical Treatise on the Diseases of the Heart and Lungs. By W. H. Walshe, M.D. London: Taylor and Walton, pp. 580.

Digitaline—Rapports de M. Rayer. Soubeinan et Bouillaud. Paris. 1851.

The First Step in Chemistry. By Robert Galloway, F.C.I., &c. London: J. Churchill. 1851. pp. 91.

The Three Pharmacopœias, with Appendix. By Peter Squire, M.R.I., &c. London: J. Churchill. 1851. pp. 174.

On the Reciprocal Agencies of Mind and Matter, and on Insanity. By J. C. Badeley, M.D., Cantab., &c., &c.; being the Lumleian Lectures for 1851. London: J. Churchill. pp. 60

Braithwaite's Retrospect of Medicine. January to June, 1851.

Ranking's Half-Yearly Abstract. January to June, 1851.

Journal of Psychological Medicine. July, 1851.

London Journal of Medicine. July, 1851.

Monthly Journal of Medicine. July, 1851.

Quarterly Summary of the Transactions of the College of Physicians of Philadelphia, from November, 1850, to January, 1851. Philadelphia. 1851. pp. 55.

The Medical Examiner. May and June, 1851. Philadelphia.

The Charlestown Medical Journal. March and May, 1851.

The Establishment of a Dispensary for the Poor of Scarborough, suggested in a Letter to Peter Murray, Esq., M.D., President of the Archæological Society, etc. By Robert Cook, B.A., M.R.C.S.E., &c. Scarborough: S. W. Theakston, St. Nicholas Street.

TO CORRESPONDENTS.

Communications have been received from Mr. Ikin, Mr. Thursfield, Dr. Merei, Mr. Rice, Mr. Foster, Mr. Paterson, Mr. Gorham, Dr. Nelson, and Mr. Humphry.

It is requested that all letters and communications connected with the *Editorial department* be sent to J. H. Walsh, Esq., Foregate Street, Worcester. Parcels and books for review may be addressed to the care of Mr. Churchill, Princes Street, Soho.

LECTURE

ON THE

DISEASES OF CHILDREN.

DELIVERED IN THE

Chatham Street School of Medicine, Manchester,

By Dr. MEREI,

Fellow of the Hungarian Academy, late Professor of the History of Medicine at the University of Pesth, Clinical Professor of the Diseases of Children, and Director of the Children's Hospital at Pesth; Fellow of the Imperial Society of Medicine at Vienna, etc.

LECTURE IV.

Diseases of the Heart; Abdominal Symptoms; Vomiting; some qualities of Diarrhœa.

I will conclude the examination of the chest with some remarks concerning the diseases of the heart. Chronic and organic affections of this central organ are rare in children. The fœtal communications very seldom persist above a few days after birth. Cyanotic colouration of the skin, in a slight degree, as I have had occasion to ascertain in children, arises sometimes from various disorders, in particular of the portal system. The *bellows-sound*, sometimes the purring, must be always present in the case of unclosed fœtal communication of the auricles; but it must be remarked, that bellows-sound and palpitation are also the essential symptoms of a certain degree of chlorotic anæmia, and in this case we perceive a similar sound even over the carotids. Some authors say, that, acute affections of the heart and pericardium are very obvious in children; I did not frequently meet with either pericarditis or endocarditis in infants and young children. At the commencement of both of these affections, our hand laid beneath the areola mammæ, will perceive very violent pulsations, even visible by correspondent movements at that part of the chest. If percussion gives a more or less extensively dull sound over the heart, and, by auscultating, we hear less clearly the natural sounds of the circulatory movements, we must suspect transudation in the pericardium. In the second stage of pericarditis, if only a small quantity of lymph is exuded, we hear, not always, a distinct rubbing sound, or *friction*; but then, after some more lymph has been transuded, the rubbing sound becomes more hard and more audible. Rubbing, then, is the character of the exocardial murmur. The further progress of transudation is noted by increasing dulness, if we purcuss. If, on the contrary, these phenomena are absent, and we hear an abnormal murmur, like strong blowing, *bruit de souffiet*, in particular joined with the first or systolic sound, this denotes endocarditis. The best English authors call this the endocardial murmur. If these affections are acute, we observe almost always a dry cough, dyspnœa, with occasional long and deep inspiration, anxiety in the countenance, and invariably elevated dorsal position, and expression of pain; which symptoms are absent in chlorosis.

Dislocations of the heart in consequence of large pleuritic exudations in the left side, easily give rise to a mistake in diagnosis. Some authors say that this case is rare in young children. In fact, I cannot say I have frequently met with them, but still, nearly as frequently as with idiopathic inflammations of the heart. I have even seen some children, about two years old, survive this serious derangement, and more of them at a more advanced period of childhood. In one of these cases which I examined four months after the affection took place, the basis of the heart was protruding one inch on the right side of the sternum: percussion gave a moderate dull sound at the lower-third of the left side of the chest, laterally and anteriorly, and the vesicular murmur was not yet clear enough; no doubt, in this case, besides the transudation, which was already absorbed, extensive adhesions took place between the pleura of the lung, that of the chest, and that of the diaphragm; consequently, the displacement of the heart became permanent. Less important degrees of this mechanical disorder of the heart I met with more frequently, which we are always enabled to discover by touch, auscultation, and percussion. There is constantly a certain degree of dyspnœa and much propensity to palpitations, which prevent the affected individuals from walking quickly.

You can find very valuable information about carditis and pericarditis in Dr. West's (of London) lectures. Only I must observe, that, according to my experience, acute inflammation—exocardial as well as endocardial—in infants and very young children, causes in general, very soon, convulsions, and death before severe material changes could take place.

The *symptoms of the abdomen* are worthy our fullest attention. We look at first at the *volume* of this part. A large abdomen combined with a large skull, and thin flabby extremities, is a symptom of scrofula or rachitis. The examination of this part must be performed with delicacy and cleverness, in order to prevent crying, during which the abdominal muscles are in a state of tension, which prevents our detecting material disorders; and as then, a crying child is also peevish, we cannot easily distinguish if pressure causes real pain. It is frequently necessary, to steal from behind towards the child placed in the arms of its nurse, and then put our flat hand transversely on the upper part of the belly. Thus, we commence to exert gradual pressure, and if the child cries violently we make use of the act of inspiration for our purpose, because during it the tension of the abdomen lessens. At last we uncover the belly and apply percussion. If pressure on the upper part of the abdomen causes an expression of uneasiness, and some difficulty in respiration, we must be aware of this circumstance as perhaps proceeding from an affection in the chest. We must not forget also, that large pleuritic exudations push the liver or the spleen down into the abdomen, sometimes to the extent of about two inches below the limit of the ribs. It is sometimes only by percussion we can get exact information about abdominal disorders. Dull sound in the lower and lateral parts is the symptom of the collection of the liquid, either transudation, or suppuration. In these

cases there is almost always about the upper regions of the belly, a clear tympanitic sound, able to veil the real affections, if we are not careful in percussing all points. Flatulence or tympany gives a clear sound on the whole extent. Bloated or tympanitic abdomen is proper to gastric or typhoid fevers; sunken or collapsed abdomen belongs, in preference, to cerebral transudations. This alternative holds in the great plurality of cases.

If we find the *temperature* of the abdomen the most elevated of the whole body, we may conclude on a gastric affection, inflammation in this cavity, or a fever with gastric character.

It is needless to mention local affections of the navel, or some other easily perceptible and intelligible external complaints.

Every practitioner will inquire into the state of the abdominal functions, and value the information which he can get; but vomiting and diarrhœa, as physical phenomena, concern in particular our present purpose.

In *sucking children vomiting* occurs frequently; and if there is not any other disturbance joined to it, it has no serious signification. But as vomiting is frequently the symptom of real disorders, we must consider the quality of the ejected matter.

Saburral acid matter, composed of undigested milk or food mixed with different secretions of the stomach and of the liver, is the most frequent kind of vomiting in sucking infants, containing more or less of coagulated or imperfectly digested milk. It becomes more or less frequently repeated in digestive disorders, but is also sometimes apparent at the commencement of acute affections.

Bilious vomiting is rare in little infants, but more frequent in children. I observed it many times at the commencement of acute fevers, particularly in the eruptive; at the commencement of pneumonia or pleurisy, and in true inflammatory meningitis. In this latter case we find the abdomen in a more collapsed state, than in the former.

Mucous vomiting, consisting of more or less consistent clots, is peculiar to catarrhal affections, and frequent in bronchitis or broncho-pneumonia.

Serous vomiting, very liquid, containing mucus, succus gastricus and serum, sometimes a proportion of bile, is one of the symptoms of hydrocephalus, connected with a very collapsed abdomen.

These are only outlines; and only as such I beg you to consider what I am now proceeding to say about some qualities of diarrhœa.

1. The *yellow* discharge. I mention it as the regular kind of stool in infants. It is a mixture of intestinal secretions with bile. As children advance in age, and begin to take substantial food, the colour of their regular discharge becomes more and more of a light brown colour.

2. The *mucous* discharge. White mucous matter, more or less thick or liquid, and mixed with serum, sometimes with a proportion of bile. This discharge is preceded by but moderate pains, and frequently by no pains at all. It denotes a catarrhous, sub-inflammatory, or irritable state of the intestines, and is almost always of local, and not of sympathetic, origin; in general it is not dangerous, and at its commencement is easily manageable by opiates, warm poultices, and convenient hygiène. If neglected, it becomes pertinacious and severe, and not seldom connected with swelling, softening, or granulous luxuriation of the mucous membrane, or ulceration of the follicles. If stripes of blood are mixed with the mucus, and pain be present, it denotes a higher degree of inflammation, in particular of the follicles. The highest development in this direction constitutes enteritis or colitis (dysentery).

Sometimes we find among the mucus, consistent *plastic concretions* of a more or less tubular shape, similar to those of laryngeal croup, but larger in proportion to the volume of the intestines. This is the strongest degree of the catarrhous process, which I might term the *croup of the intestines*. Among the whole number of my little patients, which may be about 30,000, I met with this discharge perhaps only twenty or thirty times. The discharge is effected with very painful efforts at a stool.

3. The *serous*. In general, after more or less severe pains, the discharge takes place with a certain rigidity and noise, after which the pains lessen or subside. It consists of an abundant quantity of serous liquid, dirty whitish, yellowish, or greenish, as, besides mucus, bile is the most common mixture with the serum. The serous diarrhœa is commonly the effect of rheumatism in the peritoneum, in the serous and fibrous membranes, or in the nerves of the intestines. I found in these cases the abdomen very hot. If a great deal of mucus and some blood are mixed with the serum, we may suspect parenchymatous enteritis; if the serous membrane alone enters into the state of acute inflammation, frequently transudation takes place on its free surface.

I have seen cases of profuse serous discharge, in a very short time, even in less than twenty-four hours, produce collapse and death, and in some of these instances necroscopy could not discover an adequate alteration either in the mucous or in the serous membrane.

The serous species of discharge is frequently merely a product of sympathetic secretion. I observed it sometimes connected with large transudations in the chest, and with chronic hydrocephalus.

Speaking in general, serous diarrhœa, if even arising from rheumatism, is more difficult to manage than the mucous. Very minute doses of calomel, with Dover's powder and mustard poultices, are frequently beneficial.

Pure serum, like rice-water, is a less favourable quality than the dirty-white or yellowish. Dark-brown serum frequently denotes a disorder in the portal system, present in some severe gastric or typhoid fevers, but I have seen a similar quality also in chronic affections of the brain, and very frequently in scrofulo-impetiginous children. This is worthy our attention, in particular if eczema or impetigo has disappeared from the head and face. This brown and fœtid discharge accompanies sometimes the commencement of chronic hydrocephalus. I treated it successfully, in this last case, with high but very diluted doses of iodide of potash.

4. *The green bilious discharge.* If pure bile, then the voided matter is in general not abundant; in young children it is of a more yellowish than green colour. The essential character of bile is, to be *of a greenish colour* (in infants it is voided green) *at the very moment of its evacuation.* This kind of discharge is very frequently present in acute inflammatory and febrile affections; if dependent upon an affection of the brain, then we may find the colour to be rather brown, and the abdomen retracted. If a similar source produces abundant serous-bilious discharges, then we find the abdomen much collapsed. But I must observe, acute affections of the brain are almost always connected with constipation, only in some cases of chronic hydrocephalus I met with the mentioned diarrhœa. Bilious discharge, as arising from bilious fever, or from derangement of the liver, is rare in young children. In this case the right hypochondrium will be more or less bloated up. We must be careful not to confound the green bilious discharge with the following:—

5. The *discharge, like chopped eggs,* mixed with mucus, some clots of bile, and caseous coagula of indigested milk, or other kind of food, accompanied almost always by gripes and flatulence; its smell is disagreeably acid, and the whole matter, some minutes after being discharged and *exposed to the atmosphere becomes green.* We know not exactly the chemical change which produces this colouration, it seems to be an oxydation of some of the elements. Then the essential character of this discharge is, that it is yellow at first, and becomes green by exposure to the atmosphere, whilst bile is green at the moment it comes out. I shall call this *the acid saburral discharge*, which is the most obvious before the sixth month of age, in particular if the sucking child takes, besides the milk, some farinaceous food. Practitioners commonly prescribe in this case rhubarb, with magnesia. For my part I prefer, in tender infants, to rely more upon a convenient change in the diet, and as a remedy, aromatic frictions of the epigastrium, and internally bicarbonate of soda, dissolved in mint water.

6. The *bloody discharge.* Pure red blood is seldom discharged by children; in some rare cases I have seen half or one table-spoonful come out, as the product of active congestion and hæmorrhage. Very frequently, on the contrary, blood is combined with the mucous discharge, and in this case, if it is preceded by pain, without tenderness, it denotes an inflammation in the upper parts of the intestinal tube, at least not near the rectum. Tenesmus signifies that the seat of the inflammation is in the lower parts of the colon, or in the rectum. This form is commonly called *dysentery*, not dangerous, if it is without bilious complication and fever, and if treated in its early stage with Dover's powder, some doses of castor oil, and warm poultices; in a stronger degree leeches at the anus; but if neglected in the commencement, it becomes dangerous to the life of the child. Professor Rokitansky, of Vienna, describes most exactly what he calls the "dysenteric process," in three gradual degrees of anatomical change. The highest degree, presenting a dirty red and grey marbled surface, with considerable thickening, granulation, and ulceration, I never saw in the tender age. Young children die before this stage is developed.

Passive hæmorrhage of the intestines very seldom occurs in children. I have seen, however, some cases where, without adequate pain, a considerable quantity of dark thin blood was discharged. Lastly, we have seen in this town, with Mr. Wilson, a case in a child six years old, where, during the course of a gastro-typhoid fever, more than one pint of carbonized blood was discharged in two days. The case recovered. The boy is affected with an enlarged spleen.

Moderate quantities of red blood, discharged without pain, frequently occur, mixed with mucus, and are, without signification, sometimes even connected with the advance of recovery from gastric affections. This is the same case as with epistaxis.

Golding Bird and Simon state, as the result of chemical analysis, that some dark green stools of children owe this colour to blood which has suffered a certain chemical change; but those chemical inquiries are not yet arrived at a satisfactory exactness; we do not even know exactly what kind of green discharges were the subject of these inquiries.

7. *Calomel stools.* Green, more or less thick, or mixed with serum, and in this case more abundant, produced by full doses of calomel. Calomel stools resemble bile, and contain much bile, but they contain also some particular chemical elements which we do not exactly know. In many instances it happens that the calomel diarrhœa commences some days or weeks after the use of mercury, and we must be aware of this, and not confound it with the primary bilious discharge. In the former case the region of the liver is in general softer than in the latter. A clever practitioner will never try to stop directly, and with astringents, a green discharge, whatever be its origin and nature.

Calomel stools contain sometimes blood. After what I have seen in dissection, I incline to attribute this circumstance to a sub-inflammatory state, with superficial erosions of the mucous membrane, which sometimes take place in children after the continued use of calomel.

Once more: I beg to intimate that, I consider all these qualitative and physical distinctions of the discharges of children as very imperfect outlines of a sketch, which by farther physical and chemical inquiry can, and I am sure will, become corrected and perfected. There are, infinitely numerous modifications and combinations, conjunctions of the forenamed qualities. The serous discharge itself offers very manifold colours, which I am not able to bring before you in a well digested diagnostical form; I think, however, the intelligent practitioner will be able to derive some advantage from the principal qualities of the diarrhœa of children already described.

On the next occasion we shall speak of the urine.

CASES IN MIDWIFERY.

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In order that the readers of the *Provincial Medical and Surgical Journal* may fairly judge as to the truth of the deductions which I shall hereafter draw from the facts contained in the five cases of Cæsarean section in which I have been concerned, I deem it desirable to insert two cases, (which have been already published,) in this Journal.

Case III.

Cæsarean Section.—*(Successful.)*

This case was read at the anniversary meeting of the Provincial Medical and Surgical Association, at Worcester, August, 1849, and afterwards printed in the next number of the *Journal*. In a letter received from Mr. Cheley, since the case was published, he says that he now believes "that the fluid was from the bladder," and not a partial discharge of the liquor amnii, as reported. If the reader refers to the statement as mentioned to be made to me when I first visited the patient, he will find it is said that the membranes were unintentionally ruptured during a vaginal examination. Whether so or not, it makes no difference as to the truth of the inference I then drew from it.

Case IV.

Cæsarean Section.—*(Unsuccessful.)*

On Sunday, the 1st of April, 1820, I was requested to visit Mary Ashworth, residing at Denton, about six miles from Manchester. I was told she was in great danger, having been in labour a considerable length of time, and that no progress was made in the case. This report did not surprise me when I ascertained who the individual was: for Mr. Wood, my partner and esteemed relative, had visited her about the end of the seventh month of her present pregnancy, at the request of her medical attendant, Mr. Morris, a highly respectable surgeon, who resided at Ashton-under-Lyne. Mr. Wood at this period examined her *per vaginam*, and his opinion was, that if her pregnancy did proceed, when labour came on, the Cæsarean section would be required, as in her case no other means would be of the least avail. At three o'clock, P.M., I reached her dwelling, and found Mr. Morris and Mr. Cheetham awaiting my arrival.

I was informed by Mr. Morris that she had been in strong labour about thirty-four hours; that the membranes had ruptured in two hours after its commencement, and that the *liquor amnii* had gradually passed away. He had not been able to feel the presentation nor the *os uteri*. The pains were strong for twenty-four hours, but afterwards gradually abated. The urine had been passed freely during the Saturday; but this day (Sunday) there was no evidence of any having been discharged. The bowels were constipated, and had not been opened during the labour.

Her previous history was to the following effect:—She had borne ten children, nine of whom were expelled by the natural powers. In the last labour considerable difficulty occurred, and the practitioner had recourse to craniotomy. During her tenth pregnancy she experienced considerable weakness in her loins, and felt rheumatic pains about the hips, and limped in her gait. These pains continued from that time till her present pregnancy, but did not increase in degree. When she became again pregnant her sufferings increased, and her lameness became more manifest. Her stature was now observed to diminish in height. She was 42 years of age, and was employed as a hat-trimmer.

I found her in bed lying upon the back, with the head and shoulders raised. She moved with the greatest difficulty. The pulse was feeble and frequent, beating about 150 in the minute. She had often vomited, and had great tenderness in the belly, which was considerably increased by pressure. Her tongue was furred and dry, and she complained of great thirst; her countenance expressed considerable anguish. Being requested to compose her mind, she answered, "she was composed, but anxious for relief, and would suffer any pain so that she might be delivered."

Upon examining the abdomen, I found the uterus projecting very much forwards, and lying with its anterior surface upon the upper part of the thighs. By a vaginal examination I discovered that the labia were much swelled, and the vagina felt dry and rough; it was hotter than natural; and an odour similar to that arising from animal matter when partially decomposed was perceived from the hand when it was withdrawn. The outlet of the pelvis had undergone great change; the arch of the pubes was totally destroyed by the near approximation of the rami of the ischia and pubes, having only a small slit, so narrow at the upper and lower parts as not to admit the point of the index finger; at the middle, however, the finger could just be introduced. The tuberosities of the ischia were not more than one inch and a half to one inch and three-quarters asunder; and the lower portion of the sacrum was so much more incurvated than natural, as to throw the coccyx much more forward, and consequently lessen the conjugate diameter of the lower aperture of the pelvis. This great diminution in the outlet rendered it difficult to pass the hand in order to measure the brim, and it was found necessary to carry it very far backwards in order to accomplish it. This aperture was found much more altered than the outlet; one finger only edgeways could be placed between the points of bone in the conjugate diameter. In traversing it from side to side I could detect no great difference, but if there was any, the left was the most contracted. In the transverse diameter I could just place three fingers parallel to each other. The figure of the brim was tripartite, having a slit on each side; and a third passing forwards, produced by the approximation and jutting out of the pubes, which was so narrow that the finger could not

pass within it. This alteration in the brim was occasioned by the falling downwards and forwards of the upper part of the sacrum, and the lower lumbar vertebra, and by the body of the *ossa pubis* and ischii being forced backwards and inwards, whilst the symphysis and rami of the pubes projected forwards and upwards. The measurement of the conjugate diameter did not exceed three-quarters of an inch, or that of the transverse two inches; and having placed my fingers upon each other in the widest part, and having measured them when withdrawn, I concluded that no body of a diameter greater than from three-quarters to one inch could pass through it; and that delivery *per vias naturales*, aided by the crotchet, was utterly impracticable. Another important feature in the case was, that no part of the child or *os uteri* could be felt.

Upon these grounds, then, we concluded that our only resource was the Cæsarean section. Our opinions were now stated to the husband and friends, and they cheerfully submitted to any practice we thought best to adopt. The patient, anxious to have her sufferings terminated, also readily acquiesced in our decision.

An enema was ordered to be administered, and it soon operated. The catheter was also introduced, but little urine was withdrawn. As the patient felt cold, a little warm wine and water was given, which acted beneficially. Having placed her upon a table, an incision of six inches long was made through the abdominal integuments about one inch to the left of the umbilicus, extending from three inches above to three below. A small opening was made into the peritoneum, and this membrane was afterwards fully divided by a probe-pointed bistoury. The uterus was now exposed, and an excision of equal length was made into this organ, nearly dividing its entire substance. An opening was now made at the lowest point of the wound by the knife, so as to admit the finger, upon which the bistoury was again passed, and the uterus was laid open. I now passed my hand, and, taking hold of the thigh of the child, readily extracted it; but, unfortunately, it was dead. The funis having been divided, the placental portion was held firmly in the left hand, whilst the right was introduced into the uterus to extract the placenta, which was attached to the upper and posterior part of the uterus. As soon as the placenta was removed, the uterus energetically contracted, and lowering itself became almost invisible. The intestines protruded at the wound, but were soon reduced and retained by the hands extended over their surface. Mr. Morris next passed several ligatures through the abdominal parietes, and afterwards applied slips of adhesive plaster, by which the edges of the wound were closely approximated. Pledgets of lint, spread with cerate, were also applied, and in order to secure the whole a broad bandage was loosely put on. The quantity of blood lost was trivial, not exceeding three or four ounces, which favourable circumstance, doubtless, was partly owing to the position of the placenta, and partly to the vigorous contraction of the uterus.

During the whole course of the operation the patient maintained the greatest fortitude, and expressed her thankfulness upon the termination of her sufferings. She, however, as well as all present, was disappointed that the child was lost.

The patient was then put to bed, and, as the pulse was rather low, a cordial was administered, which in a little while revived her. An anodyne draught, containing 60 minims of laudanum, was also given.

At ten o'clock, P.M., the pulse was 140; the skin was hot; she was thirsty, and complained of headach; belly tender; discharge not more than usual; thinks she can sleep; no urine passed.

April 2nd.—Eight o'clock, A.M.—Says she has slept; has taken some refreshment; skin hotter; pulse 140 to 150 in the minute, and feels sharp to the finger; has not voided any urine; bowels not moved. Ordered saline effervescing draughts. The catheter to be introduced, by which from three to four ounces of urine were withdrawn.

Twelve o'clock, noon.—Not so well; had shivering and some vomiting; the pulse was more frequent; and the abdominal tenderness increased; belly swelled; a sanious discharge was oozing from the wound; bandage uncomfortable; vaginal discharge rather greater and more offensive; bowels not moved. The medicines were continued, and the bandage loosened.

Four o'clock, P.M.—Has again shivered; continues to vomit; pulse more frequent and tremulous; countenance more depressed; abdomen more tender and more swelled; is very thirsty; and her tongue is very much loaded; the bowels still constipated. The saline medicines were continued, and an enema with oil of turpentine and castor oil was ordered to be administered.

Ten o'clock, P.M.—Vomiting continues unabated; pulse still very frequent and much weaker; skin colder and rather clammy; is slightly incoherent; belly very tender and much swelled; discharge offensive; has not passed urine; the enema operated. The catheter introduced, and four ounces of urine withdrawn; the bandage still further loosened; to have a little brandy in her gruel; to take forty minims of laudanum. The symptoms continued to grow more unfavourable during the night, and she died at four o'clock this morning (Tuesday) about thirty-five hours after the operation.

An application was made to examine the body, but permission was only granted under a promise that the wound was alone to be inspected; but Mr. Morris while alone took the opportunity of ascertaining, as far as he was able, the state of the parts. The edges of the external wound were quite separate, and had a flabby unhealthy aspect. Having divided the stitches, and drawn aside the integuments, the uterus was observed to be well contracted. The wound was much diminished, its edges were loose and unhealthy. The peritoneum was inflamed, and about from four to six ounces of serum were effused within its cavity. Upon again raising the uterus, the cervix was seen to be dark-coloured, and having divided it, the lower portion and orifice were found in a gangrenous state. The bladder was empty, and uninjured. The brim of the pelvis was examined, and found fully as much distorted as I have before mentioned.

Remarks.—The issue of this case presents indisputable evidence of the serious mischief arising from protracting the operation. Both the life of the mother and the child were most likely forfeited by the delay. How the real character of the case could have been so much overlooked, after the clear and decided opinion of Mr. Wood, given at the end of the seventh month, I am at a loss to conceive.

The tumefaction of the external genitals, and the inflamed condition of the vagina, are alone to be attributed to the too frequent examinations made. When a practitioner undertakes to explore for the exact measurements of the brim of the pelvis, deformed like the one belonging to the subject of this case, he is compelled to pass his hand completely into the vagina, and, from an anxiety to accomplish this, and to ascertain the nature of the presentation of the child, he is induced to repeat the operation very often. These repeated examinations are often productive of very serious mischief, causing inflammation, which frequently terminates in suppuration and sloughing. With these circumstances before us, we are of opinion that every unnecessary manœuvre ought to be avoided, and that the practitioner should acquaint himself, as completely as it is possible, with the nature of the case, before he withdraws his hand.

Case V.

Cæsarean Section.—(*Unsuccessful.*)

Mary Nixon, aged 39, had been married sixteen years, and had been pregnant eight times, in seven of which she reached the full period of gestation, and in one she miscarried once at the fourth month, which happened about thirteen months before her present pregnancy. The last natural labour took place about four years since, and was so rapid as to be completed in two to three hours. She had enjoyed good health until about two years ago, when she began to suffer from what she called rheumatism and a short cough. Afterwards she was frequently confined to bed, and her friends observed her to rather diminish in height. The pains in her back and hips increased in violence during her present pregnancy, and her height is now very considerably diminished. She has been employed as an "ender and mender" for the manufacturers, which occupation has obliged her to be sedentary, but has attended to her domestic duties, although unfit.

At one o'clock on Thursday morning, May 24th, 1821, she was apprised of the approach of labour by a discharge of water, which continued to dribble away without pain. At four o'clock Mrs. Barber, her midwife, was sent for, as she now felt slight pains. On examination *per vaginam* Mrs. B. could neither feel the *os uteri* nor any part of the child, but ascertained that the pelvis was considerably distorted. At noon she sent for Mr. Wilson,* one of the surgeons of the Manchester Lying-in Hospital, but he was from home, and instead of immediately applying elsewhere, she allowed several hours to elapse before she sent for other assistance. At eight o'clock, P.M., Mr. K. Wood saw the patient, and considered the case of such importance as to induce him to call upon Mr. Wilson, who was then at home, and they immediately went to the house, and reached it at a quarter before nine o'clock. Mr. Wilson agreed in his opinion, and he desired that a general consultation of the medical officers of the institution might be immediately called.

At ten o'clock, P.M., when Dr. Hull, Mr. Wilson, Mr. K. Wood, Mr. Lowe, and Dr. Radford had assembled, the state of the patient was as follows:—Her pulse was 130; the skin hotter than natural; her tongue was furred; she was very thirsty; her countenance was cheerful; she had passed urine at several intervals during her labour, and her bowels had responded three times to an enema which her midwife had very judiciously administered. The stools were scanty, and of a green colour. The pains, which were reported to have been very frequent during the afternoon, continued so. She complained of great tenderness in the belly, which was considerably increased by pressure. The distance between the pubes and sternum was much shorter than natural. The *fundus uteri* projected very much forwards, and had an inclination to the left side. By an examination *per vaginam*, I found the parts soft, moist, and cool. The sacrum was considerably more incurvated than natural, and the coccyx projected upwards into the cavity of the pelvis. The tuberosities of the ischia approached very near together at the fore-part, and the rami of the ischia and pubes approximated so closely together as not to admit a finger to pass between them along any part, except at the middle, at which place there was a small opening, in consequence of a slight bulging outwards of the bone on either side. The pubic arch was destroyed, and only a small chink left, by which the depth of the pelvis was increased at the anterior part. In order to examine the brim I passed my hand, but was compelled to carry it very much backwards. The pubes on each side formed a very acute angle at their fore part, and then running forwards nearly parallel to the symphysis, having a slit between them which would barely admit the finger edgeways. The base of the sacrum and the last lumbar vertebra had sunk forwards and downwards into the pelvis, and diminished the conjugate diameter on the left side so much as barely to admit the finger in the position, that when it was withdrawn, it measured three-quarters of an inch, and when placed in other parts of the brim, an inch, as far as could be ascertained, was the fullest latitude which could be given to guide us in our decision. We all agreed that no other means but the Cæsarean section could avail us to deliver this poor creature.

Having decided upon our plan, we stated our opinions to the friends, who readily consented that we should adopt any practice we thought best. When we acquainted the patient with the difficulty of her case, and the operation necessary to extricate the child, she

* It is with the permission of my respected friend, Mr. Wilson, that I am enabled to publish this case, and I beg to thank him for his great kindness, more especially for his liberality in furnishing me with what few notes he had taken of the case, all of which are in accordance with my own.

unhesitatingly acquiesced. It was intended to have used the catheter, but this was unnecessary, as half a pint of urine was discharged by her own efforts.

She was now placed upon a table, and a little brandy and water, with thirty drops of laudanum, was administered her.

Mr. Wilson made a longitudinal incision a little to the left of the umbilicus, six inches in length, extending from three inches above to three inches below this part, and divided the abdominal parietes down to the peritoneum. A small opening was made through this membrane, and it was fully divided by a probe-pointed bistoury, passed along with the finger. An incision was now made nearly through the uterus, corresponding in length and direction to the external wound. The probe-pointed bistoury was introduced on the finger through a small opening, and the remaining portion divided. This exposed the child, which lay with its breech towards the opening. Mr. K. Wood seized the child by one thigh, and the body was extracted with the greatest ease, until the shoulders came to pass, when the uterus suddenly and powerfully contracted, and grasped the child's neck and left arm so strongly that this gentleman could not liberate it, although he used great force in extraction. He then gradually passed his hand along the body of the child into the uterus, and having dilated the structure the child was extracted. It would have been easier to have torn away the uterus from its connections than to have brought the child away by direct extractive force. The fundus and body of the uterus felt very hard. The child was vigorously alive when first taken hold of, but from the length of time occupied in extracting the head, it became so enfeebled as to show only slight signs of life. I very diligently employed every means to resuscitate it, and continued them for at least three quarters of an hour, but was ultimately unsuccessful. This was a most appalling affair. After dividing the funis, the placental extremity was firmly held with one hand, whilst the other was introduced into the cavity of the uterus, for the purpose of removing the placenta, which was already detached, and lying loose. The uterus then immediately fully contracted.

The intestines, which appeared at the wound, were replaced and retained by the extended hand; the edges of the wound were then brought together by ligatures, supported by strips of adhesive plaster and an extended bandage.

Very little blood was lost during the operation, a small branch of the epigastric only being divided. Its bleeding was restrained by the pressure of the finger.

The patient felt faint whilst on the table, but was soon recruited by taking a little brandy and water. When all was adjusted she was carried to bed, and said she was quite as comfortable as she could possibly expect. The pulse now beat about 136 in the minute, and was distinct. The heat of the skin was not much above natural. In half an hour afterwards she felt a distressing sensation at the chest; her heart beat very quickly, and the breathing became very much hurried; her skin grew cold, and the vaginal discharge was increased, but still not in such a quantity as to create alarm. Thirty drops of laudanum in a little brandy and water were immediately administered, and in half an hour forty drops more. In a very short time all these symptoms subsided, and she felt as well and as warm as before. All stimulants were now prohibited, and the antiphlogistic regimen recommended, and she was left for the night in the charge of Mr. Hunt, at that time a pupil of Mr. Wilson's.

Friday, May 25th, seven o'clock, A.M.—Present, Dr. Hull, Mr. Wilson, Mr. K. Wood, and Dr. Radford. She experienced no further palpitation of the heart; slept tolerably well; the pulse was 131; respiration easy; skin rather hot; belly feels comfortable and not swelled. To take a saline effervescent draught every three hours, and an ounce of the almond mixture with five drops of laudanum in the intervals.

Twelve o'clock, noon.—Present, Mr. Wilson, Mr. Hudson, Mr. K. Wood, and Dr. Radford. The heart appeared to jerk; pulse 130, and quite distinct; skin hotter; her countenance more anxious; tongue furred, but moist; has again slept; urine passed twice. The medicines were continued.

Four o'clock, P.M.—Present, Mr. Wood, Mr. Wilson, Mr. K. Wood, and Dr. Radford. Belly rather tense; pulse 130, and firmer; tongue dry and furred; is thirsty; has passed urine; her cough is still troublesome; the bowels are constipated. A solution of Epsom salts in infusion of roses was directed to be given until it operated, and a linctus for the cough was ordered.

Six o'clock, P.M.—Present, Dr. Hull, Mr. Wilson, and Dr. Radford. Her countenance looked better; the heart throbbed violently; her pulse beat 125; the tongue was rather more moist and soft; the belly continued very tense; and the respiration was hurried; she has had slight vomiting, and her bowels have not yet been moved. The medicines were continued.

Ten o'clock, P.M.—Present, Mr. Wilson, Mr. Lowe, and Dr. Radford. Her countenance has become more anxious; her respiration is more laborious, and she has again vomited. The skin is hotter; her belly is very tender, and is much swelled; her pulse is 130; the vaginal discharge trifling, and very slightly coloured; she has a tendency to dose; has had several fœtid liquid stools.

To omit the aperient, but to continue the other medicine; the bandage to be loosened.

26th, Saturday, eight o'clock, A.M.—Present, Mr. Wood, Mr. Wilson, Mr. K. Wood, and Dr. Radford. Has frequently vomited a brown slimy fluid; her pulse is 130; her respiration still laborious; the belly rather softer; her skin is still hot; and the lochial discharge very trifling.

Ten o'clock, A.M.—Present, Dr. Hull, Mr. Wilson, and Dr. Radford. Pulse 134; vomiting has ceased.

One o'clock, P.M.—Present, Mr. Wood, Mr. Wilson, and Dr. Radford. Her hands feel cold; the pulse is 130; her mind is clear; the vomiting has ceased; lochial discharge fœtid and more profuse; and there has been a thin and offensive sanious discharge from the wound.

Five o'clock, P.M.—Symptoms still grow worse.

Ten o'clock, P.M.—Present, Mr. Wood, Mr. K. Wood, and Dr. Radford. The symptoms continue to become more unfavourable.

Sunday, eight o'clock, A.M.—Pulse 140, and very weak; the skin is rather cold, and covered with a slight clammy sweat; her countenance is very anxious; and there is great swelling and tenderness of the belly; the lochial discharge is very offensive; she has not passed urine. The lowest strap of adhesive plaster being removed, the wound appeared in an unhealthy state and not united; a great discharge took place, which was very offensive. During this day (Sunday) she was visited several times, and found still further sinking. At six o'clock in the evening she expired, having lived sixty-seven hours and a half after the operation.

Remarks.—It may appear strange that no notice was taken of this poor woman's case at an earlier period of pregnancy, as she was a patient of the Lying-in Hospital. But our hospital extends its aid only to poor women at their own houses; and this poor creature having obtained a note of recommendation from a subscriber, was admitted, the medical officers having no knowledge that such a case was on the books. Another unfortunate circumstance was the midwife omitting to send for other surgical assistance in the absence of Mr. Wilson, thereby allowing several valuable hours to elapse.

The violent contraction of the uterus, by which the head and left arm of the child were seized after the extraction of the trunk and lower extremities, forms a remarkable feature in the case. The placenta was found detached and lying loose in the cavity of the uterus; and how far this violent contraction depended upon this circumstance is difficult to say. In natural labour we well know that as soon as the placenta is detached, the energies of the fundus and body of the uterus are aroused, and contraction follows, and is continued until this mass is expelled. In the former case of Cæsarean operation the uterus was quiescent, until the placenta was detached by the hand, when contraction instantaneously followed.

TWO CASES OF INSANITY,

ILLUSTRATIVE OF THE UNCERTAINTY OF DIAGNOSIS BASED ON PHRENOLOGICAL INDICATIONS.

By HENRY LANDOR, Esq., M.R.C.S.,

RESIDENT PROPRIETOR HEIGHAM RETREAT, NORWICH.

Case I.

A. B., aged 50, in February, 1849, was thrown out of his gig, and kicked on the forehead, over the left superciliary ridge, the wheel of the gig also injuring the right superciliary ridge, but there does not appear to have been any fracture or injury of the bone. Since that time his mind has gradually deteriorated, as first shown in the want of his usual acumen in matters of business. From having been a ready accountant, he began to be unable to add up a simple arithmetical sum, making many and great mistakes. From having been methodical and regular in his habits, he became careless and irregular, fretful, irritable, fearful and timid, thinking every one who approached him meant to hurt him, and latterly he thought it wicked to eat, because he imagined himself too poor to afford himself food.

Such was his state of mind on admission, July 10th, 1850. His body was much emaciated; the expression of his countenance was that of fear and distress; his tongue was parched and dry, but he could not be induced to moisten it; his pulse was 120, and feeble. A year before he had had hæmoptysis, and other pulmonary symptoms, a short cough with expectoration. He had passed the last winter in Devonshire. In March last his cough left him.

July 13.—He has been fed with spoon or feeding cup three time a day; he can hardly be induced to make water, but on threatening to draw it off he passed a large quantity; often retains it for thirty-six hours; he will not swallow food, nor try to have a motion, which operations he says are certain death to him. I have given a convenient purgative in his food. On examining his chest by the stethoscope, I find tubercles in his right lung extensively, and in the left slightly; a mucous râle in the larger bronchial tubes; he sleeps well, and would eat if he could believe it right to do so. The abdominal viscera are healthy.

July 20th.—He has been fed thrice daily with a spoon, and sometimes with stomach pump. It has been necessary to use the catheter twice daily, and to give an occasional purgative, solely because he will retain those evacuations even when he suffers pain from doing so; he rests well, and has no physical symptoms referable to the head; his ideas are very deranged; he has no notion of number, fancying he has taken food many times oftener than is the case.

July 30th.—Still fed daily, and daily getting weaker.

August 2nd.—He died this morning, quietly and gently.

August 3rd.—*Post-mortem.*—Body much emaciated; scalp adherent; dura mater strong but not diseased; skull not thickened; arachnoid, opaque, milky, vascular; much serous effusion, (doubtless due to the last few hours of life); brain soft; vesicular neurine pale and pulpy; brain adherent to the membranes near the falx; opacity, extending over the anterior lobe, and anterior portion of the middle lobes of the brain, and into the convolutions; arachnoid lining the ventricles opaque, mostly so in the left ventricle; roughened to the feel; at the base of the brain in a similar state; the lateral convolutions pale and flabby; at the base less so; the tubular neurine healthy; adhesions of the right pleura; lung studded with tubercles, more so in the right than left lung; cavity posteriorly in the right lung; hepatization; heart soft, pale, flabby; other organs healthy.

In this case the mental disease first shewed itself

after the accident, and its first manifestation was merely an inability to accomplish the commonest arithmetical sums; next there appeared an irregularity of habit, instead of an accustomed habit of order; then timidity; then a fear of poverty; after that an idea that it was wicked to eat, when the means of payment were wanting; and lastly, a wish to die, to release his friends from the cost of his maintenance. In the language of phrenologists, the organ of number, immediately under the injury produced by the accident, was the first affected; then order, then cautiousness, then acquisitiveness, then veneration, and lastly, alimentiveness and love of life. Here I wish to draw attention to the consecution of the symptoms, which must have been produced by the gradual spread of the arachnoid inflammation from the anterior lateral portion of the cerebrum backwards, and towards the base of the brain; and let me point out how remarkably the diseased manifestations of the organs corresponded with the extent of the arachnoid thickening, and the diseased state of the vesicular neurine. There was no disorder of the animal, or of the posterior moral, organs; and there was no disease of the arachnoid, or the vesicular neurine, beyond the anterior half of the middle lobes of the cerebrum. One thing seems probable: that if this patient had been put under the influence of mercury in the earliest stage of his disease, he would possibly have recovered; but it is by no means clear that there was any symptom sufficiently prominent to induce any rational practitioner to proceed to so active a measure as the use of mercury to the extent of salivation. It must be remembered that the only symptom was a diseased idea, there were no physical symptoms; and it must be admitted that phrenology is by no means so certain a science as to enable its votaries to predicate the exact nature of the morbid change from the diseased manifestation. The organ of number might have been disordered just as well from a change in the tubular neurine, which conveys, and enables the individual to manifest the idea originated in the vesicular neurine. In short, the most ardent phrenologist will admit, that as yet it is impossible to found any safe treatment upon phrenological symptoms alone. I record this case because of its interest phrenologically, and because it is useful to have such cases known, that other observers may add their facts to this fact, in order either to lay the foundation of treatment based on phrenological indications, or else to show its uselessness, as the event may happen. I would further draw attention to the entire absence of all head symptoms. It is somewhat interesting to remember, that with the absence of symptoms referring to the head, the patient never had one calm, natural, night's sleep, until insanity became well marked. That is, I suppose, while the disease was confined to the arachnoid; the state of the vesicular neurine was one of irritation and excitement, which prevented sleep; but when the vesicular neurine became more diseased, and less susceptible to irritating impressions, less capable, in fact, of performing its proper functions, sleep returned. I look upon the phthisis as an accidental complication, though, probably, the tubercle development was encouraged by the low tone of the nervous energies, consequent upon the accident. The slow progress of the disease, (a year and a half), the absence of bodily suffering, the extent of the morbid alteration, and the peculiarity of the mental aberration, make the case interesting.

Case II.

D. C., admitted into the Retreat on the 8th of June, 1849, aged 44, single, has been ill six months, at first with hepatic disturbance, but except that she was rather desponding she exhibited no symptoms of mental disease. A gentle mercurial course, with taraxacum, completely restored her, and she pursued her customary occupation as a domestic servant up to the beginning of April, when her old symptoms reappeared, accompanied by great irritabilty and decided mental aberration. She threatened suicide. On her admission, it was stated by her friends, and also on the face of the certificate, that she had taken no food for several days. She was extremely emaciated; breath fœtid; pulse 72, very languid; bowels costive; countenance anxious; tongue whitish; sleeps well; head cool; has the most invincible objection to any measures likely to benefit her. For the first two days she was fed with the spoon, but subsequently her resistance was so great as to require the œsophageal tube, which has since been employed regularly three times a day. Calomel was administered occasionally, and sulphate of quina twice a day; this was subsequently changed for infusion of gentian with carbonate of soda, and hydr. c. cretâ every night.

June 29th.—Emaciation extreme; tongue aphthous. She takes arrowroot and milk, with a little brandy, morning and evening, with arrowroot and soup at dinner.

July 30th.—During the whole of this month she has been fed thrice daily. Her general health and state of bowels are improving, but her obstinacy is invincible. She complains of hunger, but says she dare not eat. Seems to have some perverted religious feeling, thinking it wicked and herself condemned as an unconverted sinner.

In August, a slight diarrhœa, which was easily checked. She became stronger and more determined not to eat. In September bed-sores appeared. In October each trochanter was exposed; but she got stronger, and she was still fed with the pump, taking morphine at night. November and December she remained in the same state. In January, 1850, she was placed on a water bed.

It may be briefly stated that she lingered on until the 18th of September, 1850. Her bed-sores healed entirely. She was left without food occasionally, and she ate her food for a day or two in a fair quantity; but she then reverted to her old determination, and at the last moment I was obliged to yield and feed her again. She was tempted by the daily exhibition of food; she was coaxed and frightened into eating a meal occasionally, but she always returned to her old courses, and, although she did eat now and then, she could never be induced to drink, so that she felt the loss of her usual

stimulant—the brandy, which, latterly, was given to a considerable amount. At any time during the past year it appeared that she would have recovered, if she could have been induced to eat, for there was no evidence of disease of any organ. She could at any time converse quite rationally, and her ideas were sound on most subjects, except the persistent idea of wishing to die. Abstinence from food was the way in which she desired to end herself. She swore violently, and resisted determinedly when she was fed. Latterly she would not open her mouth without the use of great force. She was once or twice made to open her mouth by stimulating the digastric muscles with a small galvanic battery.

On the 20th of September her body was examined. She was extremely emaciated; skull-cap natural; the membranes healthy; slight venous congestion; brain flabby and pale, but no trace of altered structure. In fact, no disease could be found in any organ of the body, after a very minute and careful search, excepting a few old adhesions of the right pleura, and a very few isolated tubercles. All the organs were healthy, liver particularly so.

Remarks.—In the first place we will remark on the total absence of disease in the brain and its membranes, and contrast the deranged ideas of this case, which were remarkably similar to those of A. B.; yet in his case there was amply sufficient to account for the symptoms, while in this there were some similar delusions with no disease of structure. What becomes of the phrenological indications—alimentiveness, and veneration, and love of life, quite as much deranged as in the previous case, but no trace of alteration of structure in those organs? It must be confessed that if the other case seemed to confirm phrenology, this as completely sets it at nought.

Notwithstanding, I believe that there is in all cases of insanity structural alteration, but it escapes our imperfect means of detection.

With regard to the mode of feeding adopted in this case, there is little room for two opinions. We hear a great deal of the facility which some people have of overcoming the obstinate refusal to take food manifested by insane patients; but in this case all means of persuasion and all modes of administering food were tried before it was found absolutely necessary to employ the stomach pump. It is true that in very recent cases, where the patient retains some amount of bodily strength, artifice is often successful, such as strong exercise, exciting hunger, and then making a companion or an attendant eat in the patient's presence. Often, also, by the administration of opium until unconsciousness ensues, and in that state placing food in the mouth, it is swallowed mechanically, and the patient continues eating when sensibility occurs; for, when once the first reluctance to eat is overcome the patient yields without further effort. However, none of these modes succeeded in this case, nor was there any disease of the digestive or other organs to lead to the hope that on its removal her obstinacy would give way. There remained, then, no other resource but mechanical feeding. Although in the former case there was great disinclination to eat, and absolute refusal at times, yet that patient yielded to one or two applications of the tube, and could be fed with the spoon or feeding-cup; but in the last case nothing but force could get a particle of food into the stomach.

There is another case now under treatment, with mental symptoms very similar to the first here recorded, but with a better hope of recovery. I will report it at some future time.

CASE OF

STRICTURE OF THE URETHRA.

By W. JEAFFRESON, Esq., Framlingham.

Read at the Suffolk Branch Meeting, held at Framlingham, June 27, 1851.

I HAVE more than usual satisfaction in directing attention to the case I am about to relate, as, although it occurred fourteen or fifteen years since, I was again called to the patient in July, last year, and therefore can speak positively of its results.

Case of aggravated Stricture, followed by Rupture of the Membranous part of the Urethra, consequent Extravasation of Urine, and Sloughing of the whole of the Integuments of the Scrotum and of the Perineum, exposing the Muscles as if dissected for demonstration.

J. N., a mechanic, married, and with a family living in a parish five miles from Framlingham, and thirteen from Saxmundham, applied to my late friend Mr. King, surgeon, of the latter place, on the 21st of May, 1836, suffering retention of urine from neglected stricture. Being unable to pass a catheter, of the smallest size, Mr. King advised him to drive carefully home, and to send for me immediately. In returning home in a cart, *not very easy*, and over rough roads, the membranous part of the urethra gave way, and the scrotum and perineum became distended with urine, by which he was for a time relieved, and did not send for me till the following day, when the distended parts were highly inflamed and of a dark dusky hue. I at once persuaded him to allow me to make a deep incision into the perineum from the membranous part of the urethra, along the raphé, to very near the sphincter ani externus, which gave exit to a very large quantity of highly offensive matter and urine.

This patient had suffered more than three years from blennorrhœa, during which period he had consulted many practitioners, regular and irregular, and had for many months placed his confidence in Franks' essence of copaiba. There was complete obliteration of that portion of the urethra, embraced by the glans, and it terminated by a morbid opening posterior to the glans, just at the junction of the frænum preputiæ.

Having dilated this sufficiently to admit a fair-sized catheter, I was enabled to carry this down to the bulb, where existed the very narrow stricture which had given rise to the retention of urine, and the rupture of the membranous part. This I was enabled to divide, and to pass the catheter fairly into the bladder. I directed one drachm of sulphate of magnesia in saline draught every four hours, and a spirituous lotion to be applied to the parts affected.

24th.—Complete sphacelus of the scrotum and of the integuments of the perineum, which emitted a most offensive odour; directed quinine and ammonia every four hours, and a solution of chloride of lime (two drachms to a pint) to be constantly applied to the part affected. Visited him in the evening; a liberal allowance of wine, porter, and strong meat broth, and gave him—Tinct. Opii, Spr. Ammon., Arom., sing, m. xxx.; Aquæ, oz. j., horâ somni sumend.

25th.—Withdrew, cleansed, and replaced the catheter, which I continued to do every third day during the progress of the case, there being a strong disposition to calculous deposit. Continue the quinine of ammonia, and lotion of chloride of lime.

26th.—Pulse very feeble, 130. Continue the same plan, with cordial opiate at bed time.

27th.—*In statu quo*, with frequent hiccough; added musk to each dose of his mixture. Continue opiate draught and lotion. The same plan continued to 31st. Line of separation commenced.

June 1st.—Line of separation complete; pulse improved in power, less frequent; hiccough gone. The same plan continued till the 7th, when the sloughs, came away, leaving testes exposed. Continue the same, omitting the musk, but continuing the same liberal supply of wine, porter, and good broth, which he commenced from the first appearance of sphacelus.

13th.—Healthy granulations, and commencing cicatrization. The same plan continued.

August 27th.—Testes covered.

July 27th, 1850.—Requested to visit him in consequence of the closing of the morbid termination of the urethra, causing retention of urine; dilated this sufficiently to admit a catheter, which passed without obstruction into the bladder. He has continued well since.

In conclusion, I may perhaps be allowed to inquire what would have been the result of this case had it been treated on the professed principles of that most cruel of all fallacies—homœopathy? or on the plan recommended by the hydropathists? which, although more powerful, is scarcely less dangerous, and of which it may be said that much is not new, and the greater part of the little which is new is not true, as the more valuable part of the water cure was given us long since by Dr. Currie of Liverpool, Dr. Mason Good, and others; but when men attaching M.D. to their names can become such traitors to their profession, as to accuse regular practitioners of treating every fever patient indiscriminately, by bleeding, purging and salivation, they merit the execration of every honest member of that profession they have so grossly traduced, and when such men pretend to base their fallacies on the principles of such characters as the immortal Liebig, I would refer them to one of this gentleman's published works for his opinion. "The existence of hydropathic institutions—those dens of covetous and rapacious gamblers, where the wretched invalid resorts to throw the dice for health and life; the rise and progress of the homœopathic system, which treats truth with scorn, and bids defiance to common sense, loudly proclaim the need which exists for the adoption of settled principles, definite methods of research, and a systematic arrangement to guarantee their attainment and retention."—*Justus Liebig.*

CASE OF FUNGUS HÆMATODES OF THE BLADDER.

By RICHARD V. GORHAM, Esq., M.R.C.S.

Read at the Meeting of the Suffolk Branch, June 27, 1851.

The subject of this case, J. K., aged 67 years, a bricklayer and master builder, has been a sufferer from very early youth, from an irritable bladder, and also from severe vomiting, which lasted as many as three days when it commenced, but yielded to abstinence from food or drink and effervescent salines.

The irritable bladder increased to the time of his death, and was always aggravated after drinking, and particularly beer, but this combined with gin did not produce so much injury. He also had the gout when young, and twice during his illness. For three years this individual was my patient, during which time he was at intervals under my charge for symptoms of stomach, renal, and bladder affection.

In December, 1850, he was taken with slight hæmaturia, for which he took the gallic acid in five-grain doses, with marked benefit, this drug both restrained the bleeding in a short time, and diminished the albumen, which continued afterwards to show itself. It was required to give him an opiate at night on account of the great pain he felt both before and after passing the least drop of urine.

The distressing sickness noticed in the commencement of my acquaintance with him, never showed itself during his last illness, which would have aggravated his sufferings much. The hæmorrhoids and prolapsus ani were very distressing. During the whole treatment I had to bear in mind his gouty tendency, and to give him alkalies after his food, and the nitro-muriatic acid, diluted with a bitter, and sulphate of zinc before his food, and this for some time seemed to improve the symptoms, but at the end of January, 1851, the bladder symptoms increased in severity. I then had recourse to the infusion of buchu and uva ursi, with soda and soap, and from this time till his death, which took place in April, I made the bladder and kidneys the principal object of treatment.

On March 28th, I find by my notes the first appearance of pus in the urine showed itself. This fluid was

turbid, greater in quantity than it had been for some days previously, very acid, great pain in voiding the least drop, slight delirium, with flatulence and great difficulty of breathing, for which I prescribed Æther Sulphuric c. Sp. Armocaciæ.

29th.—Increase of pus; slight delirium; great pain; no appetite, and great prostration of strength, with violent spasm of the larynx, nearly amounting to suffocation, which came on just as he was about trying to eat a small piece of mutton, and, in the attempt at swallowing it, which the æther draught relieved. From this date his nervous system lost its power, but there were no symptoms of effusion. The turbid and purulent deposits in the urine increased, and the depression also. The tongue now became for the first time brown, although its edges were clean; hiccup came on with great severity, for which I prescribed, (in conjunction with Mr. Beales, of Halesworth, who was now called in by the request of his friends, although I had suggested the propriety of some surgeon meeting me in consultation upon the case some weeks previously,) the nitric acid, with prussic acid and buchu, with a mustard plaster, to the scrobiculis cordis, but with no benefit. Musk, camphor, opium, and assafœtida shared the same fate in relieving it, when I had recourse to chloroform, in six-drop doses, twice a day, which calmed the patient, and stopped the hiccup. Previous to Mr. Beales' coming, I had for a fortnight begged my patient to allow me to introduce a catheter, to aid me in my diagnosis, but he would not submit, and it was passed with the greatest difficulty, although done admirably, by Mr. Beales, when we met, on account of the patient throwing himself about most violently. The instrument appeared to strike against a stone, or roughened surface, which we both found it difficult to diagnose, in consequence of the above-named cause, but the opinion we came to was, that there was severe mischief going on in the bladder, that it was corrugated, the prostate gland enlarged, and I thought disease of kidney. There was so very little albumen when Mr. Beales and myself tested the urine, that if there had been stone, he would have recommenced lithotomy.

The evening of the day of consultaton bloody and fœtid urine was passed, and from this time portions of encephaloid matter were discharged with it, so as to render the room scarcely bearable. I told his friends the formidable nature of the disease, and to be prepared for the result. He was comatose for seven days, and was gradually sinking for four.

Post-mortem examination, seven hours after death.—The amount of disease was very great, both in the kidneys, bladder, and prostate gland. The first were congested, friable, and their pelves were dilated and filled with purulent matter, the right especially, and imbedded in fat, caused by chronic pyelitis. The bladder itself was hypertrophied and corrugated in the posterior superior part. The tongue healthy. The anterior superior wall and upper part of the neck of the bladder was firmly attached to the back of the pubes and pyramidal muscles by a morbid mass of an encephaloid character; and whether this would have gone on to open ulceration through the abdominal parietes, or have passed off by increased fœtid discharge of urine, and thus have exhausted him, I can hardly decide, but I fancy the former. The prostrate gland was schirroid, and about the size of a very large chesnut. I beg to add, that for the last few days the patient passed but little water, and I had a doubt as to the propriety of introducing the catheter; but I refrained, in consequence of there being no apparent distention of bladder. Previously to commencing my *post-mortem* I introduced the catheter, when four ounces of very fœtid urine came away. The liver, stomach, and viscera generally were healthy in appearance; there was abundance of fat also.

Remarks.—The practical remarks I should be inclined to offer on this case would be, to bear in mind first symptoms, such as the extreme pain, before and after passing the least drop of urine, in the course of the urethra, extending along the perineum, and even to the pubes, which was in some measure relieved by pressure upon the glans penis. The ability of the patient to bear exercise in a gig or even on horseback, and with this there was the want of any amount of hæmorrhage, so characteristic of this malady, and which obscured this case. The necessity of introducing the catheter in all obscure cases of urinary disease is of paramount importance, and particularly in one of so formidable a character as this; for although there is no chance of curing this dreadful malady, I fancy the distressing and agonising pain might be assuaged by demulcent and sedative injections, and by the introduction of a gum elastic catheter just sufficient to enter the bladder, thus allowing the escape of the smallest quantity of urine; for the natural or most common situation of these malignant growths is, according to Sir B. Brodie, in his excellent work on diseases of the urinary organs, near the neck of the bladder, which was the case in this instance; and the bladder having become a fixed point, from its attachment to the pubes, as brought to light by the *post mortem*, explains the reason of the forcing efforts, and inability to pass only a few drops at a time, and only when standing up.

I should have remarked that about three weeks before his decease the countenance became yellow or parchment like, and the legs and arms began to waste; and, strange to say, the pulse never failed till within a few hours of death, which was to be accounted for by the heart being sound.

Davenport's bimeconate of opium in solution acted most beautifully in the relief of this poor fellow's sufferings, and without producing headache.

Hospital Reports.

STRATFORD-ON-AVON INFIRMARY.

CASES OF PNEUMONIA IN CHILDREN.

Reported by Mr. BERNARD RICE, St. Bartholomew's Hospital.

In diseases of children, from their being able to give but little information concerning their sufferings, and in cases of affections of the lungs, from an inability to avail ourselves of an important part of auscultation, any additional means tending to facilitate their detection are exceedingly useful, even if they be only occasionally present.

During a recent epidemic of measles, pneumonia having frequently supervened, I have had an opportunity of verifying a former observation, of the occasional presence of an auscultatory sign, which is not alluded to in the most recent English work on the diseases of children, viz., that by Dr. West.

I mean a harsh, dry, respiratory murmur, heard in one or both dorsal regions, which frequently precedes the existence of minute crepitation, and often exists for some considerable time. This sound conveys to my mind, the impression of its being due to a dry state of the membrane lining the air-cells, owing to a congested state of its vessels. In the first case this sound was plainly heard, and by means of proper treatment minute crepitation was not set up, *i.e.*, the congestion was prevented from passing on to inflammation. In many other cases a similar sound has been heard; in some arrested by treatment, in others being succeeded by minute crepitation, as in the third case

At the same time that this is present, other urgent symptoms are found to exist, viz., hurried respiration, a flushed and anxious countenance, a dry tongue, and quick and sharp pulse. It is also easily arrested, a few doses of calomel administered every four hours, and aided by a warm bath, being generally sufficient. This treatment was recommended to me by Dr. Thomson, who had rarely found it fail, and the few cases in which I have used it, bear out this assertion. To him I am also indebted for the care of many of the cases on which these observations are founded.

After the existence of minute crepitation, a sound is frequently heard partaking of a character between rhonchus and bronchial respiration, easily mistaken for the latter, unless carefully listened to. In the second case it was mistaken for bronchial respiration, and treated accordingly. This sound, I think, indicates the presence of a portion of the products of inflammation, escaped from the air-cells, but still lodged in two or three only of the bronchi leading to them.

Case 1.—F., aged 14 months, a healthy child, of bilious temperament, on May 20th, 1851, was first observed to have slight difficulty in breathing, and fever, for which a dose of magnesia was given, and the warm bath used at night.

On the 21st, the difficulty in breathing increased rapidly about the middle of the day. The symptoms when first visited were as follows:—Countenance pale and anxious, with a circumscribed flush on cheeks; alæ nasi dilating during respiration, which is exceedingly hurried; great heat and dryness of skin; a quick (140) and sharp pulse; a dry tongue, with prominent papillæ; bowels open freely (by medicine); great thirst; no appetite. Has vomited a small quantity of yellowish matter. Has a frequent cough in paroxysms.

Auscultation.—In right dorsal, and lower parts of right scapular, and left dorsal regions, a harsh dry respiratory murmur is plainly heard. Ordered—Hydr. Chlor., gr. j.; Pulv. Glycyrrhizæ, gr. ij., quartis horis cum Potass. Nitr., gr. iiss.; Liq. Am. Ac., dr. j., ex Aquâ. Thermæ vespere.

22nd.—Slept tolerably during the night; respiration much less hurried; less heat of skin and perspires freely; pulse 110, soft, and quick; tongue moist and slightly furred; bowels not relieved as yet to day; vomited a little bilious matter this morning; less thirst. Cough less violent. Auscultatory signs present but in a less marked degree. Ordered—Hydr. c. Cretâ, gr. iij.; Rhei Pulv., gr. iv., hac. nocte.—Rept. Haust. c. Vin. Ipecac., m. vij. Thermæ vespere.

23rd. Was restless during the first part of last night, but slept well towards morning. Extreme pallor of face; skin cooler and moist; pulse 98, soft; less thirst; Appetite improving; bowels freely open. Was very faint after the bath. Respiratory murmur natural. Rept. Mist.

She convalesced rapidly from this time, but on the 28th a deposit of lithates appeared in the urine. Relieved speedily by nitre and bicarbonate of potash.

Case 2.—Elizabeth R., aged 4 years and a half, admitted an out-patient April 5th, 1851, a stout healthy girl, of florid complexion. On recovering from measles, being incautiously exposed to a cold wind, an attack of pneumonia supervened. Has had difficulty of breathing for two days.

Present symptoms.—Hurried respiration, nearly 50 in a minute; hot and dry skin; sharp pulse (125); tongue moist and red, with prominent papillæ; bowels freely open; great thirst and loss of appetite. Frequent cough, attended by the occasional expectoration of a tenacious mucus, streaked slightly with blood. Dulness and minute crepitation in both dorsal regions. Ordered the eighth of a grain of tartar emetic every half hour until vomiting supervenes.

6th.—Less hurry of respiration, and less cough; hot and moist skin; pulse 110, sharp; crepitation much less intense. Rept.

7th.—Hurry of respiration and cough decreasing; skin cool; pulse 120, soft; less thirst; appetite improving; a sound, somewhat resembling bronchial respiration, heard in the right dorsal region. Ordered Hydr. Chlor., gr. iss., quartis horis ad vices sex.

9th.—Improved considerably; cough troublesome

occasionally. Ordered Tinct. Camph. Co., m. viij. ex Inf. Cascaril., oz. ss., ter die.

She recovered rapidly, and was discharged April 21st, 1851, quite well.

Case 3.—Joseph T., aged 3 years, became an out-patient May 9, 1851. Has lately had measles and is now suffering from hooping cough; has frequent paroxysms of cough; a weak and quick pulse; moist tongue, and slight aphtha; bowels open; appetite impaired; is much emaciated; minute crepitation heard in the right dorsal region, and in the left a harsh dry respiratory murmur; puerile respiration elsewhere. Ordered Hydrarg. c. Cretâ, gr. iij.; Pulv. Ipecac. Co., gr. ij., hâc nocte.—Vini Ipecac., m. xv; Sp. Ammon. Arom., m. x.; Tinct. Opii, m. ij., ex aquâ quartis horis.—Emp. Lyttæ thoraci.

During the next two days he continued much the same, but on the 12th he had an anxious countenance; hurried respiration; alæ nasi dilating; a quick (120) and sharp pulse, and the whole of the mouth was covered with aphtha; considerable heat of skin; bronchial respiration and bronchophony in the right, minute crepitation in the left, dorsal region. Ordered Hydrarg. Chlorid., gr. j.; Ant. Pot. Tart., gr. 1-12th, omni horâ.—Potass. Chlor., gr. iij.; Syr. Pap. Alb., dr. ss., ex aquâ quartis horis. Thermæ statim.

In the evening, when visited, the symptoms remained as before, the pulse weaker, and he appeared much more exhausted.

13th.—Scarcely any anxiety of countenance; respiration much less frequent; pulse stronger, but still quick; bowels very freely open; minute crepitation in both dorsal regions. Continue mixture.

14th.—Much as yesterday. Rept. Pulv. Cal., &c., ad vices tres.

15th.—Continues improving; much less aphtha. Ordered Emp. Lyttæ sub scap dextr; Potass. Nitrat., gr. iij.; Liq. Ammon. Ac., dr. j., ex Aquâ, quartis horis.

16th.—Yesterday wine was given without leave, the child became much worse, and great debility showed itself; bronchial respiration returned in the right dorsal region. He was ordered Hydrarg. Chlor., gr. ss.; Pulv. Ipecac. Co., gr. j., quartis horis, but gradually sank and died on the morning of the 17th.

No *post-mortem* examination.

Provincial Medical & Surgical Journal.

WEDNESDAY, AUGUST 6, 1851.

As but a few days must necessarily elapse between the publication of the present number of our *Journal*, and the Anniversary Meeting of the Association which we have the honour to represent, we take the opportunity of urging upon our readers, the more than ordinary inducements, which may well serve to lure even the least locomotive of them from the comparative seclusion of every-day occupations. Interesting in many points of view as these annual reunions must be acknowledged to be, by those who, like ourselves, have had the privilege of frequent attendance upon them, accidental circumstances give a fair guarantee that the forthcoming meeting will, both in scientific value, as well as social and professional benefit, greatly surpass those of former years.

The "Great Exhibition" has become a household word in every mouth, and we need not therefore be ashamed to invoke its magic influence, as in itself a powerful reason, why the meeting of 1851 should be pre-eminently successful as far at least as numbers contribute to so desirable an effect. There may be some, though we would fain hope a small minority, who, when called upon to travel a long distance, solely for scientific purposes, would hesitate to leave their *domus atque placens uxor*, but when such take it into consideration, that for little or no extra expense, they may at the same time also enjoy the grand spectacle of the day, and thus combine amusement with profit, they will doubtless feel the temptation to be too strong for their resolution. There are many who are, on the other hand, anxious to witness the wonders of the Crystal Palace, but would scruple to desert their practice solely for amusement; to such it may be said, that a more suitable opportunity can never offer, of fulfilling a laudable wish, while they may at the same time gratify their taste for scientific inquiry, and the interchange of professional courtesies.

The exhibition has, moreover, been the means of bringing to England distinguished foreigners of all denominations, and among them many who are celebrated in our own profession. These we trust will grace the meeting with their presence, and thus give an *èclat* to the Anniversary of 1851, which could scarcely be attained at a less favourable juncture.

In addition, however, to the inducements thus afforded by the great exhibition, to encourage the hope of a large muster of our Associates, something may be expected of the locality of the meeting and its propinquity to the metropolis. Brighton may fairly be termed the queen of watering places, and in a topographical view alone will well repay the attention of visitors from inland and more rural districts.

Its vicinity to London will also justify the reasonable expectation that we shall be honoured with the society of many of the heads of the profession.

The above considerations, we believe, fully entitle us to anticipate a numerous meeting, irrespective of any attractions offered by the contemplated proceedings. These, however, we are enabled to assure our readers will possess no common interest.

Of the position and prospects of the Association itself, it is gratifying to be able to speak in the most satisfactory terms. It retains, unquestioned, the reputation which it has some time possessed, of being one of the most influential medical bodies in the kingdom. It has done much for science, and more for the cultivation of honourable principles, and the discountenance of professional dishonesty and chicanery. In the question now under agitation, as to the treatment of the homœopathic quackery and its abettors, we trust that it will at the ensuing meeting pronounce in unmistakeable language, that there can be no compromise between truth and error. No less will be expected from an Association instituted for the maintenance of the honour of the medical profession, than that it shall, by a deliberate vote, brand with well-merited disgrace, those qualified men, who, by coquetting with, or openly espousing the quackeries of the day, do not hesitate to sacrifice every honourable principle at the shrine of mammon.

Whilst on this subject, we think it advisable to draw attention to the communication from Dr. Cormack, published at page 444. It may be read with advantage by every member of our profession who has its dignity and usefulness at heart. There is so much difficulty in carrying on a discussion on the absurdities of homœopathy with a non-professional person, that we are not surprised that Dr. Cormack should fail to convince his former patient, still we honour the attempt, and must admire the gentlemanly tone in which the correspondence was conducted. It is so trying to the temper to find ourselves before a tribunal entirely ignorant of the merits of the case, that we can scarcely wonder that some irritability should occasionally be evinced. Nevertheless, it should, if possible, be avoided, and we cannot do better, in similar circumstances, than to profit by the example set us by our worthy associate.

Mr. Bottomley, of Croydon, has made arrangements with the Railway officials for the issue of return tickets to members of the Association at the following reduced rate, viz:—

Express Train.		Ordinary Trains.	
First Class	... 22s.	First Class	... 17s. 6d.
Second Class	... 17s.6d.	Second Class	... 14s.

Return tickets not available for the 5 p.m. down train, or the 8.45 a.m. up train.

A late train for London will leave the Brighton Station on Thursday evening, the 14th of August, at a quarter-past ten o'clock, arriving in London at half-past eleven.

The Tickets will be issued at the London Bridge Station on the 12th, 13th, and 14th of August, returnable up to the night of the 15th, to members of the Association only, and must be asked for specially as such.

Reviews.

Memoires sur la Digitaline. Par MM. Homolle et Quevenne. Rapports faits a l'Academie de Medecine. Jan. 1830, et Fev. 1851.

Of these memoirs, two in number, the first is entirely chemical in its contents, the second embraces the physiological and therapeutical action of digitaline—the active principle of the digitalis purpurea. Of the first memoir we shall only remark that it contains full directions for preparing and purifying digitaline, which is described as a resinoid substance of a laminated aspect, and giving an emerald green reaction with concentrated hydrochloric acid.

The second memoir gives an extended historical account of the opinions of practitioners on the properties of digitalis, as well as an analysis of certain physiological and clinical experiments on the properties of digitaline as compared with digitalis.

Of the physiological experiments on the action of digitalis and digitaline on man and animals, it need only be said, that the authors have found that this drug invariably depresses the hearts' action, but not to the extent which is generally admitted; out of six trials, they found the average falling of the pulse to be only four beats; but in one it fell as low as seventeen beats in the minute. They noticed, moreover, that the greatest effect took place, not during the exhibition of the drug, but after its suspension. In reference to the medicinal action of

digitalis and digitaline, the authors state that they have not met with intolerance of the drug in more than 3 per cent., and that this intolerance was due to an emetico-cathartic action, which speedily subsided. They determined also, that as a remedy, digitaline was preferable to the powder of digitalis, inasmuch as the action was more certain, and the dose could be more carefully graduated. The conclusions which they have drawn from their multiplied experience are as follows:—

1. Digitaline possesses all the therapeutical virtues of digitalis.

2. It regulates the action of the heart, and retards the frequency of its movements. These effects are produced by from two to five milligrammes in the twenty-four hours.

3. Beyond this dose, digitaline has an emetico-cathartic action, sometimes suddenly, at others gradually induced.

4. Digitaline has a poisonous effect when given in a large dose. This effect may be induced in the dog by injecting one centigramme into the veins, but when given by the stomach its toxic effect is not to be apprehended, as the excess of the drug is eliminated by vomiting and purging.

5. Digatiline is to be preferred to the powder of digitalis, from the greater facility of exhibition, and its more certain action.

6. The authors have observed the diuretic effect of digitaline, but do not consider this as a constant action.

The above memoirs having been submitted, as is the custom, to a committee of reporters, MM. Rayer, Soubeiran, and Bouillaud, who were selected for the purpose, communicated to the Academy the results of their own investigations. They for the most part accord with those of the authors of the memoirs, both as to the superiority of digitaline over the other preparations of digitalis, and also in regard to its physiological and medicinal action. They found it extremely serviceable in heart diseases accompanied by irregularity of rythm; not only reducing the frequency of the pulse, but restoring its regularity; at the same time, however, they find that the force of the beat is diminished, for which reason, they consider that some discrimination is required in the selection of cases for its exhibition.

Proceedings of Societies.

SHROPSHIRE BRANCH.

The anniversary meeting of the Shropshire Branch of the Provincial Medical and Surgical Association, under the Presidency of Richard Thursfield, Esq., of Broseley, was held at Hay Gate, on Tuesday, the 15th of July. A considerable portion of the members assembled at two o'clock, for the transaction of business and the discussion of professional subjects. There were present,—

R. Thursfield, Esq., Broseley; Matthew Webb, Esq., Wellington; F. Webb, Esq., Wellington; R. W. Maxon, Esq., Wellington; J. Ryder, Esq., Wellington; W. Rowlet, Esq., Wellington; Dr. Drury, Shrewsbury; J. Y. Arrowsmith, Esq., Shrewsbury; W. Clement, Esq., Shrewsbury; J. Dicken, Esq., Shrewsbury; J. Nigel Heathcote, Esq., Shrewsbury; Samuel Wood, Esq., Shrewsbury; — Whitwell, Esq., Shrewsbury; P. Cartwright, Esq., Oswestry; Henry Bidwell, Esq., M.D., Albrighton; Robert Broughton, Esq., Ruyton; J. B. Hickman, Esq., Brocton; J. R. Humphreys, Esq., Shrewsbury.

The business of the meeting was opened by the President, who, in expressing his gratification at the attendance of so many members, hoped that an additional impulse would that day be given to the success and prosperity of the institution. He enlarged on the importance of meetings like the present, and the beneficial results of a number of medical men congregating together, and conferring on the different modes of treatment of diseases. He dwelt on the collective information so to be obtained, and on the reciprocal advantages derivable therefrom. He particularly inculcated union and goodfellowship amongst those who had to undergo so many trials in an arduous and ill requited profession, and above all, he trusted their annual meetings would always have the effect of making them much better known to each other and of exciting them to cultivate those Christian feelings which should especially prevail amongst the members of an honourable profession, and which would tend to preserve and perpetuate a good understanding with each other, and lead to acts of benevolence and charity to their afflicted and suffering brethren, a cause which he was afraid from all he heard, had need of good assistance at the present time.

The President then stated that he had to regret the unavoidable absence of Dr. Henry Johnson, Dr. Banning, and Dr. Oliver, and he had also hoped at one time to have had the attendance of Drs. Evans and Bell Fletcher of Birmingham, but they were also prevented. He had letters of apology, for non-attendance from Mr. Brookes, Mr. Pidduck, Mr. Wilding, and others, who were generally very constant attendants. He had also letters from some thirty other gentlemen, who were unable to respond satisfactorily to his invitations.

The President was listened to with great attention throughout his discourse, and on its conclusion, he

introduced to the meeting a patient suffering under one of the most formidable maladies that human nature is liable to,—viz., osteosarcoma; the subject of which was severally examined by all the gentlemen present, and amongst all excited one universal feeling of sympathy and commiseration.

The subject of the resignation of the secretaryship by Dr. Drury, next claimed attention, and such was the universally high estimation in which that gentleman's services were held, that all the members joined in soliciting him to continue to discharge the duties of Secretary. An arrangement was at length happily effected by the kind consent of Mr. Humphreys, House-surgeon to the Salop Infirmary, to be associated with Dr. Drury as conjoint Secretary, thereby dividing the labours of the office with that gentleman. Dr. Drury and Mr. Humphreys were then formally appointed Secretaries. Two Presidents were also appointed for the next meeting, an arrangement necessary in consequence of the very distant residence of one of the gentlemen.

J. B. Hickman, Esq., Brockton, and R. Broughton, Esq., Kington, were unanimously appointed Presidents-elect.

The Central Council, at Worcester, having requested the opinion of this Branch on the recent important concessions made by the Royal College of Surgeons of England, it was proposed by P. Cartwright, Esq., and seconded by Mathew Webb, Esq.,—

"That a copy of the memorial recently forwarded to Sir George Grey, Bart., by this Branch of the Association, be sent to the Central Council, at Worcester, with a request that at the meeting at Brighton they would take such steps as may be considered advisable, to urge upon Sir George Grey to grant the proposed new Charters to the Royal Colleges of Physicians and Surgeons, and introduce the long-expected Bill for the better regulation and improvement of the profession."

This resolution was agreed to unanimously.

The subject of the Benevolent Fund next gave rise to a very long and animated debate, in which the President, Dr. Drury, Mr. Cartwright, and Mr. Hickman took a very active share.

This discussion we must condense, and give the general bearings of it.

It was pointed out that there are three institutions at present in the profession adapted to the relief of its suffering members:—

1st. The British Medical Fund; a provident Insurance Society.

2nd. Mr. Propert's proposed Benevolent College; an Asylum for the distressed, and a Collegiate Institution for orphans.

3rd. The Benevolent Fund connected with the Parent Association.

The first, the British Medical Fund, as a provident and relief society for medical men, their widows and orphans, was favourably commented upon as a desirable insurance office well worthy the support of the profession; its benefits were, of course, restricted to its members, and if supported would in time become a valuable institution. To use the words of its originator,—"It is an institution that tells medical men in their prosperity to lay by a little, that when prosperous no longer they *may not want*."

The second, the noble scheme of Mr. Propert, recently brought forward with great promise of success at a meeting held in London, over which Earl Manvers presided, and which proposes the formation of an asylum for the destitute, and a collegiate education for their sons, received the flattering approval of several speakers.

But the general bias was obviously in favour of the *Benevolent Fund*, that invaluable charity "whose gifts come as so many holy blessings," and whose benefits, diffusive and large, have been doled out liberally, far and wide, for the last sixteen years. As the *only purely charitable medical fund* in England, it deserved the strenuous support of the profession at large, but being especially connected with the Provincial Medical and Surgical Association, it had peculiar claims on all who were members of the Association, and it well merited to obtain a much more generous support amongst the medical practitioners of Shropshire than had hitherto been accorded to it. If a case of distress was but rarely met with amongst the Salopian members, the words of their truly Christian and philanthropic brother, Mr. Newnham, of Farnham, should never be forgotten:—"The supplication of the widow,—the piteous lament of the orphan,—the cry for help of the destitute—of the naked—and of the starving, may not in some places break in upon the ear, and awaken the sympathies of home and kindred. But the great *fact* of irremediable distress was not *less a fact*; and to succour those who are ready to perish is not *less a duty* because we do not see and hear them."

It had been graphically and touchingly observed at a late meeting relative to distressed members of the profession, that "they do not retire from practice, they do not die, but they *disappear*." "Poverty spreads her dark mantle over their path, and they are *seen no more*; they cannot dig—to beg they are ashamed." The Benevolent Fund can alone lend them aid—may it never want support.

The attention of the members was particularly directed to the letters of Mr. Newnham and others, which have recently appeared in the Society's journal; and in order to bring matters to a practical bearing, it was suggested that a local Committee should be appointed to promote the success of the Benevolent Fund throughout the Branch, to carry out which suggestion Mr. Arrowsmith proposed, and Mr. Clement seconded, the following resolution:—

"That this meeting, highly approving of the Benevolent Fund connected with the Parent Association, recommend that a Committee, (with power to add to their number) be appointed, to promote its objects throughout the Shropshire district, and that Mr. Cartwright, Mr. Hickman, Dr. Drury, Dr. Johnson, Mr. Dicken, Mr. Webb, Mr. Thursfield, and Mr. Wood, be requested to act on such Committee."

The resolution was agreed to with much approbation, and the names of Mr. Arrowsmith and Mr. Clement (on the suggestion of Mr. Cartwright) were added to the Committee.

Some new members were next enrolled, when dinner being announced, about thirty gentlemen, including

members and visitors, sat down to a most sumptuous repast.

After the health of the Queen and other loyal toasts, the PRESIDENT, with great good taste and emphasis passed a high eulogium on Sir Charles Hastings, the Founder of the Provincial Medical and Surgical Association, and the applause with which the toast was received evinced how sincerely the talents and virtues of their excellent Founder and President of the Council are appreciated by his "friends round the 'Wrekin.'"

The health of Mr. Thursfield, the President of the meeting, was drank with enthusiasm, and many compliments bestowed on him for the energy he had that day displayed in bringing together so good a meeting.

The healths of those who were unavoidably absent, particularly Dr. Henry Johnson, and also the Vice-President Mr. Hickman, were drank in succession; also the health of their talented associate, Mr. Clement, who, in responding to the toast proposed with much good feeling, and in a very flattering manner, the medical and surgical officers of that most valuable institution, the Salop Infirmary, the successful practice of which, he stated, in its medical and surgical departments, was not surpassed by that of any other similar institution in England.

Dr. Drury, Mr. Dicken, and Mr. Arrowsmith, severally returned thanks for the compliments paid them as officers of that most invaluable institution, and expressed their deep anxiety to render it not only as valuable as possible to the patients who reaped the benefit of admission within its walls, but also to afford on suitable occasions opportunities to their professional brethren of witnessing any cases of more than usual interest.

The PRESIDENT next proposed the "Presidents-elect, Mr. Hickman and Mr. Broughton," and hoped they would have a good meeting next year, "in that sweetest of vales" the Vale of Llangollen.

The health of "Mr. Webb, the senior member, and the surgeons of Wellington," the "Visitors who had honoured them that evening," and many other toasts, concluding with "All friends round the Wrekin."

The Company dispersed by the last train, highly gratified.

BIRMINGHAM PATHOLOGICAL SOCIETY.

JANUARY 2ND, 1851.

MR. RUSSELL IN THE CHAIR.

Four Cases of Ovariotomy, with the Preparations in illustration of them. Two of the cases perfectly successful.—By Dr. ELKINGTON.

I.—A FINE specimen of fibrous tumour, the size of a large cocoa-nut, which had been developed in the folds of the peritoneum, and was accompanied by ascites. The following is a brief sketch of the history of the case:—

Mary Boyce, aged 37, mother of two children, became an out-patient of the Lying-in Hospital September 10th, 1845. In 1843 she discovered a tumour, the size of a large hen's egg, in the right iliac region. The swelling gradually increased, and at the time of her application she was nearly as large as a pregnant woman at her full period.

December 11th.—She measures from the scrobiculus cordis to the pubes twenty-eight inches; from the umbilicus to the pubes fifteen inches; around the body at the epigastrium thirty-four inches; around the body at the umbilicus fifty-three inches; and midway between the umbilicus and pubes fifty-four inches; fluctuation is very distinct; dulness on percussion over the whole lower part of the abdomen; on pressing the fingers suddenly upon the right side, the ends strike against a solid mass; her health is good, but she suffers much inconvenience from the swelling and distension; the uterus is healthy, and *can be moved freely in every direction* with the uterine sound; there is prolapsus of the posterior wall of the vagina. About the end of December she became so much distressed by the increased size of the swelling, that it was considered necessary to tap her. Thirty quarts of ascitic fluid were drawn off. After the operation the solid tumour was found to be *very moveable, and apparently free from adhesions.* It was supposed to be a fibrous tumour of the ovary. She rapidly increased in size again, and was obliged, in about six weeks, to be tapped a second time. This afforded her relief only for a short time, and she was obliged to have recourse to the operation nearly every month. At length she suffered so much, and became so very urgent to have the tumour removed, that it was decided in consultation with two or three medical friends, to make the attempt.

The operation was performed in July, 1846, in the presence of Mr. Southam, of Manchester, Dr. Bell Fletcher, and many other friends. An exploratory incision was first made, the fluid evacuated, and as there appeared on introducing the finger to be no adhesions in the immediate neighbourhood of the incision, it was enlarged to the extent of five or six inches, so as fully to expose the tumour and its attachments. It was then found that it had contracted adhesions at the lower part of the fundus of the bladder, to the fore-part of the fundus of the uterus, and to the parietes of the abdomen immediately above the pubes, also above and behind to the intestines. These adhesions were considered of such a serious a character as to preclude the possibility of completing the operation, consequently the wound was carefully closed, and the patient put into bed. She died on the fourth day, of peritonitis.

This case illustrates the difficulty of diagnosis as to the presence of adhesions. It has been stated that the tumour was very moveable in all directions, and that the uterus was also readily moved from side to side with the uterine sound. This is readily explained. The adhesions were very long and loose, so as not to confine or interfere with the motions of the tumour or of the uterus.

II.—A cast of a large ovarian tumour of the multilocular kind, removed by operation. The tumour weighed fifteen pounds.

The patient, Mrs. L., consulted me October 6th, 1847. She stated she was 46 years of age, had been married twenty-five years, and had had five children. In 1830 she first perceived a tumour in the right iliac

region; it remained stationary nearly five years. She had two children after its first appearance. In 1838 she had a severe illness, which continued some months. On recovering from this illness the tumour was much diminished in size, and remained so for six years; it then began to increase, and during the last two years has grown rapidly. On making an examination I found the tumour occupying the lower half of the abdomen, and extending a little above the umbilicus, which was bulging out. The tumour appeared to be divided into two portions. There is fluctuation in the tumour, but it is felt more distinctly in some parts than in others. The swelling extended from the crista of one ilium to the crista of the other, resting against the pubes, and pressing upon the bladder. Percussion dull over the whole surface of the tumour, eliciting a clear sound in the lumbar regions. The integuments were tight, and not moveable over the tumour.

Examination per Vaginam.—The uterus was situated high up, the os pushed forwards, no enlargement of the uterus. The sound passed to the extent of two inches and a quarter only. The uterus moveable in every direction, but not freely so. Owing to the tumour being situated so low down and pressing against the pubes, the fundus uteri cannot be traced externally.

Diagnosis.—Ovarian multilocular tumour of the right side, probably adherent to the parietes. The uterus healthy but its cavity shortened by the pressure of the tumour.

I saw her again in February, 1848. She was much larger, and constantly suffering from pain and sickness, which continued to harass her till the beginning of May. She was then relieved from these distressing symptoms, but suffered so much from the increase of size, and from the difficulty of breathing, that she begged earnestly to have the tumour removed. I explained to her that it was an unfavourable case for an operation, and that we should probably find adhesions which would not only increase the difficulties of the operation, but materially lessen the chances of success. She declared that she would willingly incur the risk, and so anxiously entreated us to operate, that I consented on condition that Dr. Clay of Manchester, who was about to visit Birmingham, would give me the benefit of his great experience in such cases, and should approve of the measure. Dr. C. thought there were adhesions, but that it was a case in which we should be quite justified in operating. The operation was performed July 18th, 1848, in the presence of Dr. Clay, Dr. B. Fletcher, Dr. Mackay, and several other medical friends. The tumour was connected by extensive adhesions to the parietes at the fore and lower part of the abdomen, and to the edge of the omentum, which was spread out on the upper edge of the tumour. It was very vascular, and supplied by several vessels, which passed from the lower edge of the omentum to the surface of the tumour. Several vessels were secured. Upon the anterior surface of the tumour there was a deep groove passing directly across its centre, which caused the appearance of two tumours. The patient died 36 hours after the operation, apparently from the shock.

III.—A large ovarian multilocular tumour, which weighed at the time of its removal nearly forty-five pounds. The following is a short history of the case:—

Mrs. Moore, Walsall, consulted me June, 1848. She says she is 31 years of age, a dress-maker, married 15 months. She began to menstruate at 17, continued regular and in good health till about two months before she was married. She was then "unwell" every week or two, and had a copious discharge. A few weeks before her marriage she had frequently slight pain in the right side. About three months after marriage she began to increase in size, and after another month the swelling increased rapidly. The swelling first appeared on the left side. She was supposed to be pregnant. She lies down on the left side. Has prolapsus uteri. Is as large as if she were in the last month of pregnancy. The tumour is very moveable, irregular, and nodulated. There is indistinct fluctuation, varying in its character at different points.

Examination per Vaginam.—After replacing the uterus, which was prolapsed, there could be felt no enlargement of that organ; the uterine sound showed that the length of the cavity was natural, and that the uterus was moveable in every direction. She menstruates regularly. No enlargement of the breasts. With the stethoscope no bruit to be heard in any part of the tumour.

Diagnosis.—Disease of the left ovary of the multilocular form.

She continued to increase in size. In Jaunuary, 1849, she measured 45 inches round her; at this time she began to suffer very much from the great size and dragging of the tumour. Her breathing too, was much embarrassed.

She was tapped on the 28th of February; a quart of thick gelatinous fluid was drawn off, slowly, and with difficulty; it then ceased. A second cyst was tapped, and altogether about five gallons of fluid drawn off, but the size of the tumour did not appear to be reduced more than one half. In a month she was as large as ever. She now became very anxious to have the tumour removed, and as it seemed to be a favourable case for extirpation, and as there appeared no chance of tapping affording more than very partial and temporary relief, it was decided that we should have recourse to ovariotomy. The operation was performed on April 3rd, in the presence of Dr. Clay, of Manchester; Mr. Fletcher, Walsall; Mr. Dehane, Wolverhampton; and several other medical friends. The tumour was so very large that, although the incision was extended to ten or twelve inches, we were obliged to empty one or two of the cysts before we could remove the tumour. Fortunately there were no adhesions of importance. The pedicle was broad, and was tied by a double ligature. The operation occupied about twenty minutes. She scarcely had a bad symptom after, recovered rapidly, and was out of doors in a month. The first ligature came away on the eighteenth and the second on the twenty-first day. Her recovery was perfect, and she has continued quite well.

In April last (*i. e.* 1851) she was confined of a fine healthy girl; had an easy labour, and a rapid recovery.

IV.—The next was a beautiful specimen of a fibrous tumour of the left ovary, weighing twelve pounds,

removed by Mr. Day, of Walsall, from whose report the following short sketch has been taken:—

Mrs. Howard, aged 42, married twenty-one years, has had nine children. About two years and a half since she found an enlargement in the left hypochondrium, which gave her no uneasiness. She consulted Mr. Day about six months afterwards, who found a hard tumour the size of a cream jug, readily moveable in every direction, and attached, as he imagined, by a thin pedicle to the left ovary. She afterwards became pregnant, and had a favourable labour. After delivery Mr. Day made an examination, and found that the tumour was double the size it was before pregnancy, but still moveable in every direction, and apparently quite free from uterine adhesion. She suckled her child twelve months. She gradually increased in size. In June, 1850, her health began to suffer, and she was obliged to wean the child. The swelling increased to such an extent that it became necessary to tap her on August 30th, when three gallons of fluid were drawn off. She refilled rapidly, and in one month was larger than before the operation. At this time Mr. Day says, "Her situation was truly deplorable, being unable to remain in either the upright or recumbent position without excruciating misery, from dyspnœa and severe pain in the region of the liver and heart. But a very small quantity of urine was passed in the twenty-four hours. Diarrhœa was a distressing and constant symptom. She expressed herself suffering intolerable agony, and prayed for the operation to be performed, stating that otherwise she felt sure she must speedily die. Mr. Day operated September 26, 1850. He first drew off five gallons of ascitic fluid with the trocar; then passed a director through the opening made by the trocar, and laid open the abdominal cavity to the extent of five inches, and having ascertained that the tumour was free from adhesions, he continued the incision upwards, making use of his fingers instead of a director, to within a short distance of the ensiform cartilage. He also extended the incision below nearly to the pubes. The tumour being then completely brought into view, was found to be attached by a broad but thin pedicle, about three inches in width, to the left broad ligament of the uterus. The pedicle was secured by a double ligature, and divided close to the tumour. The operation was concluded and the patient in bed in fifteen minutes. The first ligature came away on the twelfth and the second was removed on the fifteenth day. It was followed by a small quantity of discharge, which had the appearance and smell of feculent matter, but the discharge soon ceased. Her recovery was slow and for some time doubtful. She suffered much from diarrhœa, sickness, and an aphthous condition of the mouth and fauces. She was able to walk in the garden on the 31st of October, and from that time gradually recovered her health and strength.

Three other preparations were exhibited; one, a cystic tumour, situated in the anterior wall of the vagina; another, showing a simple cystic tumour growing by a long pedicle from the under edge of the fallopian tube, near to its fimbriated extremity. The third, a cystic tumour of the left ovary, containing a large mass of hair and fatty matter, or adipocere. There is also developed in its parietes one of those cross bands, composed of a dense fibrous substance, which usually marks the locality of the development of teeth. In this instance there is one of those anomalous formations.

Foreign Department.

FRANCE.

An Ovary Removed by Mistake for a Labial Cyst.

At one of the late meetings of the Surgical Society of Paris, M. Guersant, chief surgeon to the Hospital for Children, brought forward a case in which an error in diagnosis was committed, and which ended fatally. The patient was a little girl, eleven years of age, who, ever since she was one year old, had in the left labium a small painless tumour. Of late, however, this tumour had become troublesome, and interfered with walking. When examined, it was found of the size of a small walnut, situated in the thickness of the labium, and extremely moveable, so much so that it could be pushed downwards to the most posterior portion of the labium, and upwards as far as the external ring. It was, however, impossible to press the tumour into the ring, which latter presented no abnormal dilatation. The tumour had a great deal of analogy with a testicle. M. Guersant looked upon it as a cyst, and resolved to remove it. A longitudinal incision brought into view a membrane much resembling tunica vaginalis, and having the aspect of the peritoneum. Through this membrane an ovoid body was observed, which was no other than the ovary; it was attached to a pedicle formed by the fallopian tube, which ran into the abdomen through the inguinal canal. M. Guersant placed a ligature on the pedicle, and cut out the ovary. Acute peritonitis occurred the very next day, and the patient died on the third day after the operation. M. Morel mentioned during the discussion that he had had an opportunity of seeing a tumour of the same kind in the labium, and formed by the ovary; no modification of size or sensibility was noticed to occur at the menstrual period. M. Lenoir stated that Pott has related a case in which the two ovaries were removed by an error in circumstances analogous to those of M. Guersant's patient.

GERMANY.

Structure of the Uterus in Animals.

M. Kilian (*Zeitschrift für Rationelle Medizin*) has published a memoir on the structure of the uterus in animals, both in the unimpregnated and the impregnated state. One remarkable fact elicited by his microscopical researches is, that the adult uterus does not differ sensibly in structure from that of the young animal. It is only during gestation that it arrives at its complete development. The rule does not, however, hold good in respect of the mucous lining, which is more

developed in the full grown than in the young animal. This membrane in the adult is of considerable thickness, and is constituted of utricular glands, covered, according to the author, with epithelium, while the os and cervix are also furnished with vibratile cells.

The increase in the size of the gravid uterus depends on the increase and multiplication of its elements. It is composed of gelatinous-looking nucleated fibres, which increase in dimensions during the progress of gestation. At the close of this process the nuclei also become converted into a fibrous filament.

Below the external muscular layer is a tissue of amorphous cellular formation, mingled with muscular fibres. Lower still we find a layer of cellular tissue which unites the external and middle muscular layers. This tissue treated with acetic acid exhibits the characters of elastic tissue. The second muscular layer is united by the muscular tissue to the decidua.

At the close of gestation the decidua is characterised by the production of a multitude of fat globules, deposited in its cells. The formation of a new mucous lining prior to the destruction of the decidua has not been confirmed by the author. The author has not been able to discover anything resembling nerve either in the empty or the gravid uterus.

The author has carefully studied the interesting question of the *rationale* of the restoration of the uterus to the unimpregnated state, and has ascertained that it is not by the simple return of the developed elements to their original state, but by the formation of new elements in lieu of the old, which become disintegrated and removed, so that, as he observes, a new uterus is actually formed after each gestation. He insists particularly on the formation of fat globules as indicative in the uterus, as elsewhere, of degeneration.

On Fatty Cysts of the Ovaries.

It is not uncommon to find hair, teeth, or fragments of bones in ovarian cysts, which have been regarded as evidences of extra-uterine pregnancy, but according to M. Steinlein (*ib.*) this interpretation cannot be received, as he has found them in persons who were far from the age of puberty. The researches of this anatomist are calculated to throw considerable light on the production of these substances. He has ascertained that the cyst in these cases is composed of several layers, an external one formed of loose cellular tissue, another subjacent, in which the fibres are more closely interlaced, a third of elastic tissue, and a fourth consisting of epithelium. This epithelium covers the entire internal surface of the sac, and offers numerous isolated patches, having a shining appearance. At these shining spots the epithelial cells are round and regular, which is not the case in the other parts of the membrane. Very often small projections like warts are observed, which if deprived of their epidermis are seen to resemble the papillæ of the skin. This resemblance is more evident still under the microscope.

All the portions of the sac which are covered with the dull epithelium are of the same structure. It is these spots which are observed to be covered with hair, springing from pilous follicles, as in the external skin; and, moreover, both sebaceous and sudoriparous glands are also observed. This analogy between the structure of ovarian cysts and skin renders it intelligible that the fatty contents of the former are the product of a sebaceous secretion, and not the result of a conversion of tissue.

The author explains the presence of teeth in ovarian cysts on the same grounds; teeth being, he observes, only a development of cutaneous tissue, and not necessarily confined to the jaws. He admits the difficulty of accounting for the presence of bones.

General Retrospect.

PRACTICAL MEDICINE AND PATHOLOGY.

On Internal Strangulation of the Intestines.—By Mr. Robinson.

Having gone through the various complications of hernia, in a communication which we noticed in a former number, the author continues his valuable essay by an inquiry into the causes, diagnosis, and treatment of internal strangulation of the intestines. A *resumé* of his observations is contained in the following conclusions:—

1. Internal strangulation most frequently occurs in the ileum.

2. Membranous bands are the most frequent cause of internal strangulation.

3. Partial peritonitis is more likely to induce obstruction than general.

4. All the convolutions of the bowels may be matted together by adhesion, without obstruction.

5. Mechanical are not the sole causes of obstruction, as there is reason to believe that the mechanical cause must have been in existence some time prior to the occurrence of the symptoms; other causes must arise to produce them, and the most frequent are sudden exercise, and errors of diet.

6. It is possible for spontaneous cure to take place by ulceration of an obstructing band.

7. The symptoms vary considerably in different cases.

8. The order in which the symptoms arise is important in diagnosis.

9. There are no symptoms by which one obstructing cause can be distinguished from another.

10. The strength of the patient must be maintained, as part of the treatment.

11. Bleeding requires great caution.

12. The operation (of gastrotomy) is only justifiable as a forlorn hope.

13. Metallic mercury has proved useful chiefly in obstruction from ligamentous bands.—*London Journal of Medicine*, July.

Epilepsy treated by Tracheotomy.—By Mr. Cane.

In his various lectures and communications on spasmodic diseases, Dr. Marshall Hall has repeatedly

expressed his opinion that closure of the glottis is a necessary element in the act of convulsion, and has suggested that if an opening were made in the trachea, the convulsion would cease. The justice of the surmise is admirably shown in the following case:—

Mr. Cane was summoned on February 1st, 1851, to the case of a boatman, aged 24, who had become subject to violent fits of epilepsy, one of which had just occurred in so extreme a form as to leave him in a state of deep apoplectic coma and asphyxia, inspiration being performed only "by seldom and short catches, whilst the veins of the head and neck were everywhere visible, and greatly distended." This state had continued nineteen hours. "Feeling convinced," Mr. Cane observes, "that the patient must shortly expire, and that the root of the evil was in the closure of the larynx, I at once proceeded to open the trachea, a matter of no small difficulty, on account of the twisted state of the neck, the engorged state of the vessels, and the constant action of the muscles. The operation of tracheotomy was performed, and the tracheal tube is kept in the trachea to the present time. The relief to the patient was immediate; the air passed into the lungs, the state of spasm subsided, with the turgid condition of the head and neck, and the patient soon recovered his sensibility. This was not the only gratifying result; although the poor man had experienced his epileptic seizures in increasing violence during seven or eight years, and recently thrice a week, he had, on April 1st, during two months, had no return of them. More recent accounts of the patient, who is now in Staffordshire, confirm the former report; the tube is still kept in the trachea, and the epileptic seizures have not recurred.—*Lancet*, July 12.

On Hysterical Affections of the Hip-joint.—By Mr. Coulson.

Mr. Coulson gives the following diagnostic signs of nervous, as contradistinguished from organic, disease of the hip-joint:—

In the nervous affection pain is felt from the commencement in the hip, and extends to the loins and down the thigh. There is great nervous excitability and extreme sensitiveness in the part; and the patient from the first, is unable to walk. Combined with this extreme suffering, the trochanter major retains its proper bearing to the spine of the ilium. There is not the characteristic wasting of the glutæi muscles, and consequently no flattened appearance of the nates. Pressure in these situations, when the bone approaches the surface does not excite greater pain than elsewhere. There are no involuntary startings during sleep. On the contrary, the patient sleeps calmly through the night. In true hip disease the reverse is the case, the sleep, if unaided by opium, is broken by sudden shooting pains and frightful dreams, or vague anticipations of coming pain.

Of the pathology of the disease Mr. Coulson admits that little is known. The joint is healthy in structure. He asks whether the spine is not in a morbidly excited state, and responds truly, or whether the brain is not itself perverted as to its functions, and the pain is not a delusion? His own opinion inclines the other way, and he looks to the sensorium as the organ chiefly affected.

With regard to the treatment, he remarks, that if it be mistaken for organic disease, the line of practice adopted on that supposition will be positively injurious. The patient must be persuaded to leave her couch, and to take air. The diet must be plain and nutritious. Among medicines, he prefers the vegetable tonics and antisposmodics—as valerian. Copland has found most benefit from turpentine internally by enema, but he also associates various tonics and local sedatives.—*London Journal of Medicine*, July, 1851

SURGERY.

Case of Obturator Hernia successfully Operated upon.—By Mr. Obre.

In a communication to the Medico-Chirurgical Society the author, after commenting on the extreme rarity of this form of hernia, and stating that he had been unable to find any record of its having been detected and relieved by operation during life, relates a case in which he operated successfully. The patient, a female, aged 55, the mother of a large family, was seized with symptoms which led her medical attendant (Mr. Gardener) to believe that she was suffering from rupture. She denied that this was the case, and a careful examination convinced Mr. Gardener that there was no hernia in the usual situations of that disorder. A little below the femoral region on the right side, however, he detected a degree of hardness resembling a small gland, and deeply seated, with some general fulness about the part. The author saw this patient on the fourth day after the symptoms had begun; at this time she was suffering extreme abdominal pain in the umbilical region. During the previous twelve hours her vomiting had been stercoraceous and incessant; the countenance pale and contracted; voice faltering; pulse weak, small, and intermitting—in short, all the symptoms of pending dissolution from strangulated intestine were present. On careful examination nothing could be detected but a slight degree of fulness in Scarpa's triangle on the right side, that on the opposite side being well marked. On using firm pressure with the ends of the fingers over the neighbourhood of the femoral artery, and a little below the saphenous opening, a distinct hardness was to be felt, slight in extent, but giving the impression as if the sheath of the vessels was being pressed on. The state of the patient was such as to induce the author to propose to make an incision in the upper part of the thigh, down to the hard structure, in the hope that he might find confined intestine low in the femoral canal. He made a straight incision into Scarpa's triangle, as in the operation for tying the common femoral artery, beginning about three inches below Poupart's ligament. When the cribriform fascia was opened, and the saphenous opening exposed, no hernial sac was found, but the hardened structure could be felt lying deep to the inside of this

opening. The dissection was with some difficulty continued downwards, the fascia lata was divided, and the pectinæus muscle exposed. The fibres of this muscle were divided transversely for about an inch and a half or two inches, and a hernial sac was exposed, which rose up into the wound to the size of a pigeon's egg. The finger being passed along the sac, entered the obturator opening. The sac was opened, and the intestine was found to be a portion of the small gut, blue and congested. The opening through which it passed did not tightly enclose its neck, but it was considered prudent slightly to divide the edge; in doing this the saphena vein was wounded, and it was necessary to apply a ligature to its upper part. This was the only ligature required. After the operation no medicine was given. In the course of the day the bowels acted three times, and in the course of a few days the patient had quite recovered.—Reported in *Lancet* July 5.

MIDWIFERY AND DISEASES OF CHILDREN.

Induction of Premature Labour by means of the Tepid Douche.

In his report of the Vienna Lying-in Hospital, Dr. Arneth narrates six cases in which the above plan was tried, and with perfect success in all but one. The mode in which it is applied is as follows:—A basin of tepid water is placed at a height of twelve feet from the floor. From this a tube is conducted, one half of which is flexible the other rigid. This is introduced into the vagina in a sitting posture, so that the current of fluid is projected against the os uteri. This is to be repeated twice a day. Thirteen douches are about the average required, but in one patient the second induced labour.—*Ibid.*

Diagnosis between Infantile Remittent Fever and Hydrocephalus.—By Mr. Taylor.

It is often an anxious point in infantile pathology to determine whether the cerebral symptoms which may be present in a given case are indicative simply of sympathetic disturbance of the sensorium, or of the series of anatomical changes which characterize the disease known as hydrocephalus. In deciding the question some assistance will be derived from the following summary of the distinctive symptoms in each:—

Remittent Fever.	*Hydrocephalus.*
Head, slight pain in.	Head, violent pain in; tossing of; drawn backwards, and bored in pillow.
Delirium at night frequent; convulsion rare—sometimes at onset.	Delirium seldom; convulsion not early—more towards end of disease; aversion to light and noise.
Easily aroused.	Roused with difficulty; stertorous breathing; squinting; paralysis in late stage.
Cry fretful, if any.	Cry peculiar, sharp and shrill; frequent sighing.
Hands usually thrown about bed (Coley).	Hands tossed towards head.
Countenance heavy and dull; vacant expression, as of fever in adult.	Countenance sometimes anxious, sometimes dull.
Neither knitting of brows, nor pupil of eye affected.	Knitting of brows; wakefulness; pupil of eye contracted in early stage,—sometimes oscillatory, afterwards dilated.
Senses of sight and hearing often dull.	Senses of sight and hearing often acute in early stage.
Pulse quick throughout the disease.	Pulse quick, but irregular in its action and force in early stage; often beating of carotids, and pulsation and prominence of fontanelle; pulse afterwards becomes slow, but, on raising the child, again quickened.
Bowels occasionally constipated at first; frequently relaxed.	Bowels constipated, and very difficult to move.
Motions various; often clayey and deficient in bile; very offensive.	Motions peculiar and characteristic—dark-green, and slimy, like chopped spinach.
Vomiting occasionally at first, but never continuous.	Vomiting early in first stage; often very constant, especially on assuming the erect posture or sitting up.
Pain often in iliac regions, particularly the right.	Pain occasionally at hypochondrium.
Abdomen in advanced stage sometimes tumid.	Abdomen drawn in in advanced stage.
Appetite mostly destroyed; will not take anything.	Appetite sometimes good; will take food.
Thirst often great from commencement.	Thirst not great in first stage; often in latter stage great avidity for constant drink.
Tongue often loaded with yellowish-white fur, in gastric form, and elongated and injected papillæ, giving it a "strawberry appearance;" red, dry, and occasionally brown, in malarial form.	Tongue white; nothing indicative.
Skin very hot; abdomen hotter than the head; picking of the nostrils, corners of the mouth, &c.	Skin not so hot, afterwards cold; head the hottest part.
Paroxysms regular; exacerbations towards night, remissions in the morning.	Varies in intensity, without regularity.
Seldom occurs under three years.	Frequent under the third year; less so after the fifth. More frequent in boys of a scrofulous habit.

—*Medical Gazette*, July 11th, 1851.

TOXICOLOGY.

Accidental Poisoning by Tincture of Aconite.—By Dr. Topham.

Dr. Topham was called to a female suffering under anæmic dyspepsia with leucorrhœa, and who had been

prescribed citrate of iron and quinine. By some error half an ounce of tincture of aconite was added to the eight-ounce mixture. At eleven, A.M., she took one tablespoonful, and immediately complained of numbness in the tongue, with difficulty of swallowing. Soon after she began to cry violently with twitching of the facial muscles. Next she lost the power of walking and began to eject mucus from the stomach. When seen she was lying with the eyelids closed and the pupils contracted. She was quite unconscious but occasionally uttered a plaintive cry. The pulse was weak but regular, the hands and feet were cold. There was constant lachrymation. She was given the sesquicarbonate of ammonia and brandy, under which she rallied.—*Lancet*, July 19.

Correspondence.

OUR RELATIONS WITH HOMŒOPATHY.

To the Editor of the Provincial Medical and Surgical Journal.

Putney, July 29, 1851.

SIR,—While, with you, I recognize the greatness of the benefit conferred on legitimate medicine by the recent acts of the Scottish Colleges, I cannot help feeling that we ought to do more than, as individuals, yield to them our concurrence and applause We ought not, I think, to allow our annual meeting at Brighton to pass without issuing a deliverance upon the subject of homœopathy, as explicit as those which have come to us from beyond the Tweed; and there is one point upon which it appears to me that even more plainness of expression is required.

To adopt resolutions setting forth that the homœopathic dogma, and the doctrine of infinitessimal doses, have no truthful basis, and are, in fact, mere nonsensical delusions, may be quite proper, inasmuch as some honest but weak and undisciplined minds have been seduced by the hardy assertions and false reasoning by which these errors have been supported. But something more is required, if it be true, as I think it is, that this fashionable quackery is so susceptible of adaptation to the most contradictory prejudices of shallow men and women, as to have become a sort of Protean deceit, able to lure lucre by every imaginable wile from the sick and the silly. The worst part of homœopathy is, in my opinion, the DISHONESTY of the majority of those who live by it. When patients are once secured, they are, I think, very rarely treated in accordance with the principles of Hahnemann; but are retained by the combination of every current medical novelty which may at the time be most in favour with the monied throng of quack fanciers. I have not been able to hear of any one who honestly relies on homœopathy for the cure of disease; but I can point to many calling themselves homœopathic practitioners, who attempt to relieve the symptoms of disease by the same means which we would adopt, and to others, who retain their *clientelle* fully as much by practising hydropathy, mesmerism, and miscellaneous tricks, as by giving the globules. If homœopathy were honestly practised, it might be amicably dealt with; but as it is truly a combination of any and every available charlatanic trick, it cannot be effectively opposed as a distinct medical heresy, and therefore all that remains for us, as men of science and men of integrity, is to give notice, that we exclude from all professional intercourse practitioners who are in any way engaged in using or upholding a system which we think bears upon its very face fraud as well as absurdity.

I have heard it urged in extenuation of the fall of some medical men, that they had large starving families, and that they had met with distressing pecuniary reverses. It has often been said to me that if they treated disease to the best of their ability, there was no great crime in their sailing so far with the fashionable current as to call themselves homœopathic, and to give globules as placebos. From my heart I compassionate these persons; for I know that want has distorted and destroyed the moral sense even in good men; but, while in some cases we pardon the transgressors, let us not be tolerant of the transgression. It behoves us, quickly and decidedly, to draw a broad line between medicine and homœopathy, so as to encourage and strengthen the hands of many in our impoverished and overstocked profession, who, though tempted, have not yet bartered principle for pelf.

The Provincial Medical and Surgical Association has now the power, and the near opportunity, of drawing this much-needed line of demarcation:—*Let the Association declare that the names of homœopathic practitioners, and of those who hold professional intercourse with them, cannot be on its list of members.* The promulgation of this law would enlighten the public, It would also deter some too-facile consulting physicians from meeting the homœopathic quacks "simply for diagnosis;" and it would make it impossible for operating surgeons to say that they did not mean to insult the profession, "that they only went to give a surgical opinion" or "perform an operation." When it is known that such unworthy proceedings are of daily occurrence in London; and when we see Fellows of our metropolitan colleges eagerly seeking as the patrons of their hospitals Lord Carlisle, Lord Robert Grosvenor, and other noblemen, who are notorious abettors of homœopathic charities, is it wonderful that the public mind has become poisoned, and unable to discriminate between legitimate medicine and fraudulent practice? When we see Fellows of both London colleges so demeaning themselves, how can the colleges serve the cause of truth? In these circumstances it is doubly the duty of our great Association to come forward; and when we meet at Brighton let us make the fact of membership be a more distinctive test of professional morality than any now existing out of Scotland.

I am, Sir, your obedient servant,

JOHN ROSE CORMACK.

Postcript.—As the following recent correspondence illustrates some of the points to which I have adverted, perhaps you may think it worth adding as an appendix to my letter. I will thank you not to print the names of persons or places.

No. I.—A. B., Esq., to Dr. Cormack. July 12, 1851.

My dear Sir,—As you are aware that I have been for some time much impressed in favour of homœopathic

medicines, I hope you will not think me actuated by any want of confidence in your professional skill and careful treatment, if I wish to place my baby under a different system of medicine. I can assure you it was from the high opinion we have entertained of your professional knowledge that led us, in spite of our loss of faith in the ordinary medicines, to ask you to attend the baby, but we find ourselves unable longer to resist the desire to adopt homœopathic medicines, especially as we feel that *that* is the only change we could make in our leaving ———, which we shall do at the end of this month. We feel ourselves very much indebted to you for your particularly kind attention to, and treatment of, Mrs. A. B., which will always cause us to remember you with great regard. Although we are putting the baby under what you may consider a proscribed system, we can assure you that Mrs. A. B. will at all times have the same pleasure in seeing you. I have written what I conscientiously feel, and I hope you will always consider me as yours very sincerely and obliged, A. B.

P.S. Mrs. A. B. begs me to add, that if you are at ——— to-day, she will be glad to explain our feelings towards you, more fully than I have in this note.

No. II.—A. B., Esq., to Dr. Cormack. On same day.

My dear Sir,—It has just occurred to me that, as I did not say otherwise in my note of this morning, you may, perhaps, conclude that we considered the baby's state, and your treatment of her, unsatisfactory. This is not so, as she is no doubt, under the circumstances, as well as we could expect; but I have from the beginning of her attack feared any complication of the head or lungs, and felt that in such an event I could hardly change the treatment, although I should have had very great apprehension as to the efficacy of the remedies at your command. I wrote and left home hurriedly this morning, so I do not know if Mrs. A. B. will mention this, should she see you. Again believe me to be yours sincerely, A. B.

No. III.—Dr. Cormack's answer to A. B. On same day.

My dear Sir,—Having yesterday stated to Mrs. A. B. that I expected baby to go *safely* (though to me and to her very *anxiously*) through her illness, and as I thought that I had on good grounds and successfully relieved Mrs. A. B from the idea of any present danger, I was not prepared for your first letter, which I got before I left home in the morning. Your second I have just received. Entertaining the opinions which you hold regarding the sources which I have at command, as compared with others which you can obtain, you have properly performed your duty as a parent; and I receive your letters in the same kindly spirit in which they were written and intended.

You are right in stating that I regard homœopathy as a "proscribed system;" but I would not have you to believe that my principal objection to it is its non-acceptance by scientific men, after a thirty years' discussion. The homœopathic dogma has, as far as I can see, no adequate basis to rest upon; and the doctrine of infinitessimal doses is immeasureably beyond the grasp of my intellect. For these reasons I cannot assent to them. But it is upon far higher grounds that I consider homœopathic practitioners, as a body, justly proscribed; and at last divorced publicly by the College of which I have the honour to be a Fellow.

Homœopathics stand convicted by their practice of being disbelievers in the doctrines on which they found their claims to be regarded as superior to the Colleges; and so ill disguised of late has been the want of accordance between their principles and their practice, that homœopathy has become in England nothing more than a conventional appellation for a very clever quack system—one of the many which from time to time arise, and fasten themselves parasitically to the science of medicine, filling the pockets and cankering the integrity of not a few of its nominal cultivators. A good many patients have come to me from homœopathic doctors; and I have thus discovered that even the commonest and the coarsest of the "ordinary" means of cure are habitually used by them. Castor oil and aloes are advised in the ordinary purgative doses; camphor is given in very large doses in the same circumstances in which I would administer it; croton oil is used as a counter-irritant; cod-liver oil is relied on in some forms of phthisis; and in several cases of disease I have actually found that, with the globules, hydropathy and mesmerism were had recourse to! There is nothing here stated but what I can prove to be true.

But let me remind you of the circumstances of Mrs. A. B.'s case when you first called me in to take charge of her, on the 17th of May, last year. She had been under a gentleman described by you to me as a homœopathic obstetric physican, whose name, however, I do not now remember. I found that, in addition to the globules (containing, as was to be supposed, the billioneth or trillioneth of a grain of some medicinal agent), she was taking regularly, under the direction of her homœopathic (?) adviser, boluses of a purgative paste, which from its taste I perceived to be principally composed of Barbadoes aloes; and she was also using as a lotion a strong solution of alum. I then stated, that, granting the infinitessimal doses had any power, it was impossible to assign to them their share in any effects produced, if other and powerful remedies were used along with them, such as the aloes and the alum; and that it seemed very odd to regard the latter as mere "adjuvants," the other medicines, from some unexplained cause, being regarded as the truly potent and beneficial. I looked upon the globules as non-essential and charlatanic, and I therefore discarded them, but as I regarded the aloes and alum as required I continued them; adding, however, which seemed not less needed, ammonia, valerian, and henbane. I believe that very great good resulted from the system which was adopted both before and after Mrs. A. B.'s confinement; and from her having got through that trial so much better than on former occasions, I think there need be no question on this point. The use of iron by the eldest child also seemed to be attended with decided benefit; and I have always felt that although there was nothing but what was very "ordinary" in the practice adopted, it was signally successful. From these circumstances—from the complete and cordial way in which all my directions were carried out, from the very agreeable intercourse which we have had, and in particular from the very

kind exertions which you used in my behalf in the matter of ——, I can very sincerely reciprocate all the kind expressions contained in your letters. As you are not of my profession, we may very easily agree to differ on the subject of homœopathy; but that this difference may ever be thoroughly amicable, the best plan is, after this mutual explanation, to let the matter drop. *You* cannot convince *me* that homœopathy is true in theory, or that "the system," so-called, is honest in practice, or that it legitimately brings riches to starving doctors. On the other hand, *I* could not satisfy *you* that the facts of "the proscribed system" bear a less proportion to its astounding theories than Sir John Falstaff's halfpenny worth of bread to a gallon of sack.

We have both written what we conscientiously feel, and I hope you will always consider me as

Yours, very sincerely and obliged,

JOHN ROSE CORMACK.

No. IV.—Mrs. A. B. to Dr. Cormack. Some days later.

My dear Sir,—It struck me for the first time this morning, that you have possibly thought we had decided on, or at least contemplated, changing our baby's treatment, before I saw you on Friday, (4th July). I write to you immediately to assure you that this was not the case. We have often from time to time given the children a globule, and on Friday evening when Mr. A. B. came home, he was very anxious to give baby something, to see if it would relieve her cough; it appeared to us to do her so much good, that we resolved on Saturday to let her see Dr. ————, and to try homœopathy properly with her. I feel sure that you will excuse my troubling you with this explanation, as it would really grieve me if you thought I could speak to you as I did on Friday, at the same time intending to act as we did on Saturday. You will, I think, like to hear that dear baby's cough has nearly left her, though she continues very weak, and has a bad appetite. I hope you will come to see us before we leave ———. I shall always feel grateful to you for your kindness to me and to the children. Believe me, my dear Sir, yours very sincerely, MATILDA A. B.

LETTER FROM DR. HILBERS, ON HIS DEFENCE OF HOMŒOPATHY.

To the Editor of the Provincial Medical and Surgical Journal.

SIR,—Having been absent from home for a few days, the number of the *Provincial Journal*, containing your strictures on my letter, only fell into my hands a day or two ago. As you have impugned my conscientiousness, I trust you will not deny me a place in an early number of the *Journal*, in order that I may point out the error in your article to which, as I conceive, your remarks are mainly attributable.

The "sophisms" which you are pleased to call mine, are of your own manufacture. My "sophisms" are quite different, and are not touched by your article. You say,—"He admits, in fact, that equivocation is justifiable when it is necessary to obtain a certain end." I say,—"If a set of men can be found so blinded by prejudice to a sense of their duty, as to punish a man because he knows all that they do, and something more, any reasonable amount of deception is justifiable, when the object to be attained is a laudable and a necessary one, and *when, through their dishonesty*, it cannot be obtained without it." I would suggest that there is some slight difference between the qualified and the unqualified assertion; about as much as if you were accused of justifying assault and battery in the abstract, because you had said that if a man assaulted you, and tried to take away your coat, you would feel yourself justified in knocking him down. Methinks it seems passing strange, and somewhat inconsistent, for so stern a moralist to fall into such an error and consequent injustice, for I presume it is not a part of your moral creed that it is unnecessary for "a Christian and a gentleman" to act fairly and honestly to a heretic.

If you desire fairly to put the question to your clerical adviser it would run thus:—I am in want of a distinction which the State has empowered a University to bestow on all candidates who comply with certain conditions. I *have* complied with those conditions, and consequently consider myself legally and equitably entitled to the distinction. But some members of this University, in order to gratify a blind prejudice, based on ignorance, have illegally and arbitrarily appended certain other conditions never contemplated by the State, and diametrically opposed to the genius of our institutions and the spirit of the age. Am I justified in answering in the third person, (the sum and substance, be it remembered, of Dr. Hale's delinquency, and of my justification,) instead of the first, in order to evade these conditions. Despite your taunt as to my want of conscientiousness, I still think that such an act of "deception," if deception it can be called, is justifiable, exactly as I should consider the unfortunate red-haired prisoner, mentioned in my former letter, justified in going into court with his hair dyed black. The old English proverb—"what is sauce for the goose, is sauce for the gander," holds good here. If it is imperative on the homœopath to answer purely conscientiously, it is imperative on every other candidate to do so too. Considering the diversity of opinions which exist in the treatment of disease, any examination on such terms would be impossible. Every man would naturally contend for the correctness of his own views; the examination room would speedily be transformed into a bear-garden, and the police office, or the riot act, would be the *finale* of every examination. The examination always has been, and always must be, a test of a man's knowledge, and not of his creed. If he is found to possess a competent share of the former, he ought to be presumed capable of correctly determining the latter.

As to the members of the University deciding that homœopathy is a mischievous fallacy, it is not surprising, when it is remembered that it is something new, and that they are quite ignorant about it. Granting for a moment that the system is as true as its warmest advocates assert it to be, how is it possible that either you or they can ever be convinced of its truth so long as you refuse to test it, or to believe a word spoken in its favour by those who have tested it? To talk in a grandiloquent style about its not being worth testing, and of its having been refuted over and over again, is

simply absurd. There are plenty of writers in your own school who would deny such assertions. Dr. Andrew Combe, for instance says:—*(British and Foreign Med. Review*, vol. 21, page 521) "If I were now in practice I should hold myself bound, without further delay, to test its truth by careful and extensive experiments." Again, to compare it with Morrison or Holloway, is worse than absurd, for surely no useful analogy can be drawn between a system which is supported by thousands of competent authorities, (educated medical men,) and a single medicine which rests for support on the testimony of one or two interested persons. Read the fine philosophic views in the paper of Combe's above quoted, and then see whether such reasoning is applicable to homœopathy.

Depend upon it, Sir, that whether homœopathy is true or false, the course pursued by the periodical medical press is alike impolitic and injurious to the respectability of the profession. The public are beginning to inquire into the matter, and it will be hard for the profession to come well out of the scrutiny. If you really believe homœopathy to be a "mischievous fallacy," you ought to urge on your readers to set to work to expose it without delay, by experimenting honestly with their medicines, and publishing their failures. You should tell them that what has heretofore been called refutation, (in other words, abuse and calumny,) has been tried for sixty years, and has most signally failed;—that homœopathy to-day is more rampant than ever;—that, therefore, the further reliance on these weapons is hopeless;—that nothing can be expected from persecution;—that that also has been tried and found wanting;—and that if despotic Austria was obliged to abandon it, it is scarcely probable that the miserable efforts of the Scotch Universities in the same direction will answer better. Wonderful to say, however, the unwillingness of the profession to enter on our destruction in the way which (if we are wrong) would insure success, is only equalled by *our* eagerness to court this destruction. We open hospitals, we put every facility in the way of medical men attending them, we say to our bitterest enemies—come, and welcome. On the present occasion I have tried to bribe the profession to expose us, by offering a twenty guinea prize, (I will make it forty if you please,) for the best series of cases illustrative of the failure of the treatment, but all to no purpose. You fall back on the old tactics, and solemnly pronounce your deliberate conviction, that out of two or three thousand medical men not one has ordinary conscientiousness and intelligence combined. And you say this, although many of these men have made the greatest possible sacrifices, personal and professional, in embracing homœopathy; and though they have enlisted on their side such men as the scientific Chevalier Bunsen, the logical Archbishop Whateley, and the hard-headed statistician Wilson. Verily, Sir, the extreme of scepticism is the quintessence of credulity.

I am, Sir, yours obediently,

GEORGE HILBERS.

19, South Bedford Street,
July 29, 1851.

Medical Intelligence.

THE LAW OF LUNACY.

On Thursday, the 17th ultimo, a meeting of the "Association of Medical Officers of Hospitals for the Insane" was held by appointment at twelve o'clock, at the Freemasons' Tavern. Dr. Conolly, being the senior member of the Association, was voted in the chair. The following members, with others, were present:—Dr. Bucknel, of the Devon Asylum; Dr. Huxley, Kent Asylum; Dr. Stewart, Belfast Asylum; Dr. Huckle, Asylum, Oxford; Dr. Kirkman, Suffolk Asylum; Dr. Boyd, Somerset Asylum; Mr. Diamond, Surrey Asylum; Mr. Prosser, Asylum, Leicester; Dr. Fox, of Northwood; Dr. Munro, of Bethlem; Dr. Lloyd Williams and Dr. Nesbitt, of the Northampton Asylum. The Association has been in operation some years. The meetings have hitherto been held in the provinces, at or in the neighbourhood of the various County Asylums. It was, however, determined this year to summon a meeting of the Association in London in order to afford the members living in the metropolis an opportunity of discussing with their provincial friends some important matters of business.

As a preliminary matter, the question arose as to the organization of the Society. The Association has always met annually in the provinces, and has been confined to medical gentlemen officially connected with County or Public Lunatic Asylums. It was proposed and carried that the medical proprietors of private Asylums should be eligible as members; and a number of gentlemen were immediately elected. It was also resolved that for the future the annual meetings should take place in London, in the second week of July; and that the members of the Association resident in or near London should hold quarterly meetings in the metropolis for the despatch of business.

The condition of the criminal lunatics was then brought under the notice of the Society by Dr. Conolly, and after a long discussion, in which Drs. Boyd, Nesbitt, and Winslow took a part, it was agreed to present a petition to Government for the establishment of an institution, apart from Bethlem, exclusively for the reception of persons acquitted of crime on the plea of insanity. The unfortunate, desolate, and unhappy condition of the criminal lunatics was feelingly dwelt on by all the speakers, and it appeared to be the unanimous opinion of the Association that sufficient attention had not been paid to their state. It was thought that great good would result from the separation of the criminal from the other lunatics confined in Bethlem and other public asylums. The state of the law relating to the insane was then fully discussed. It appeared to be opinion of the Association that the Lunacy Acts were greatly defective, and that the whole of them required careful revision. Nearly all the speakers pointed out most glaring errors in the construction of the Acts of Parliament bearing upon the management of asylums and the care of the insane. It was proposed that a Committee of five members of the Association be formed to consider the subject. The following gentlemen were nominated:—Dr. Corsellis,

Dr. Conolly, Dr. Forbes Winslow, Dr. Boyd, and Dr. Nesbitt. It was also proposed and carried that Dr. Winslow should be appointed Secretary to the Committee; that he should communicate with the various members of the Association, and obtain from them suggestions as to the amendment of the law, and embody them with his own views in an official shape, for the consideration of the Government and the Commissioners in Lunacy. The inquiry which Dr. Winslow was authorized by the Association to make was to extend to all the Lunacy Acts, embracing also the enactment relating to the administration of the property of lunatics, which was considered unjust and defective in its operation.

After the despatch of other business, the Association agreed in a body to visit Colney Hatch and the Surrey County Asylum, with the view of inspecting their arrangements.

The first quarterly meeting of the Association is to be held in London early in September, when important matters of business are to be considered.

THE ROYAL COLLEGE OF PHYSICIANS.

The portals of this College, which have, until lately, appeared hermetically sealed in their aristocratic stateliness, were thrown open, for the second time this season, on Wednesday evening; and to the great gratification derived from the former *soirée* was doubtless to be attributed the large number of visitors, both home and foreign, who assembled on this occasion. To the genial influence of this eventful year may be attributed the dissolution of many barriers to social intercourse, and in the College of Physicians the effects were visibly pourtrayed in the kindly manner in which the President and Fellows received their guests; nor was it difficult to perceive, that mutual recognitions and exchanges of courtesy formed the staple of the hour. The floral decorations throughout the various *salons* were displayed in excellent taste, added to which, the brilliant mode of lighting the grand library greatly facilitated the observation of such objects of interest as covered the tables, and gave additional effect to the charming *coup d'œil* from the gallery of the Museum. We cannot in justice omit a remark, *en passant*, on the profusion with which the supper tables displayed in elegant arrangement their tempting delicacies;—the greatest credit is due to the Messrs. Staples, on whom, we understand, this, not the least important, part of the entertainment devolved. We only hope the Council of the College of Surgeons will not fail to profit by the example afforded them, and render their public meetings more dignified and better worthy the object they seek to elevate. Among the company assembled we observed—the Duke of Newcastle; Lord Colborne; Bishop of Sodor and Man; Archdeacons Hale, Sinclair, and Burney; Sir Henry Ellis; Sir Wm. Newton; Sir Benjamin Brodie; Sir James Ross; Sir Charles Fellows; Sir James South; Sir John Herschell; Sir Charles Young; Lieutenant-Colonel North; Captain Sibthorpe; Judge Patteson; Sir Frederick Thesiger; Sheriffs Carden and Hodgkinson; Seyd Abdoolah; Baron Homfeldt; Don José de Odriozola; Don Miguel de Odriozola; Don Cubi y Solis; Dr. Pantaleone; Father Gavazzi; Professor Pattison; Rev. Drs. Russell, Croker, Plumptre, Major, Richard Fayle, Edwin Fayle, R. N. Russell, Babington, Rowlatt, Williams, Mr. Pusey, M.P.; Mr. Gladstone, M.P.; Mr. Hastie, M.P.; Mr. Goulbnrn, M.P.; Mr. Jacob Bell, M.P.; Hon. Charles Villiers, M.P.; Mr. Pickersgill; Mr. David Roberts; Mr. Copley Fielding; Sir Richard Westmacott; Doctors Paris, Monro, Hawkins, Alison, Hue, Merriman, Tyler Smith, Dew, Henry Monro, Sieveking, Walshe, Babington, Roberts, Balfour, Blacklock (of Dumfries), Malcolm (of Edinburgh), Benjamin Bell, Quain, Jenner, Bushnan, Hodgkin, Turley, Thomson, Reid, Diruf, Lee, Coxe, Toogood, Scholfield, Goodfellow, etc. etc.—*Medical Times.*

ROYAL COLLEGE OF SURGEONS.

The following gentlemen were admitted on the 18th ultimo:—Charles Le Gay Bereton, Beverley, Yorkshire; John Page Cooper, Coborn Road, Bow, Middlesex; John Edward Davies, Stone's End, Southwark; Michael Cudmore Furnell, Pelham Place, North, Brompton; John Grabham, Rochford, Essex; Thomas Ligertwood, Foveran, Aberdeenshire; James Mudge, Bodmin, Cornwall; Robert Vaile Skinner, Headcorn, Kent; Charles Henry Tovey, Bermondsey Street, Southwark; Thomas Delamine Wheatley, Carlisle, Cumberland.

The following gentlemen were admitted on the 23rd ultimo:—Merrick Lloyd Burrows, Devizes, Wiltshire; Edward Davis, Thatcham, Berkshire; Frederick Wm. Headland, Guildford Street, Russell Square; James F. Henry, Royal Navy; Horace F. Howard, New Buckingham, Norfolk; George William Nichols, St. Ives, Huntingdonshire; John Henry Peacock Oldmeadow, Great Coram Street; John Douglas Tapin, Barbadoes; William Warke, Liverpool; William Robert Woodman, India.

The following were admitted on the 25th ultimo:—James Hobson Aveling, Rochester, Kent; George Burnham, Great Grimsby, Lincolnshire; David Daniel Davies, Carmarthen; Francis Godrich, Brompton, Middlesex; Robert Joseph Hodges, Barrington, Dorset; John Langdon, Bampton, Devon; William Cecil Lovell, St. John's Wood; Frederick Pratt, Swimbridge, Devon; Richard Richards, Carnarvon, North Wales; John S. Sanderson, Newcastle-upon-Tyne; Willoughby Francis Wade, Derby.

The following were admitted on the 28th ultimo:—Arthur Adey, Hon. East India Company's Service, Madras; Edward Ashton, Boston, Lincolnshire; Herbert Beresford, Chesterfield, Derbyshire; Henry Bond Ware, Herts; Charles Wm. Chaldecott, Dorking, Surrey; James Crawford, Belfast; Jeremiah Cronin, Cork; Southmead Langworthy, Modbury, Devon; D. Leman, London; William Henry Yates, Stroud, Gloucestershire; Henry William Wood, Royal Navy.

SOCIETY OF APOTHECARIES.

Gentlemen admitted members on Thursday, the 24th ult.:—Henry Gregory King, Kingston; George Wise Mackenzie, Maidstone; Thomas Joseph Wm. Marsh, London; William Parater, Exeter.

TO CORRESPONDENTS.

Communications have been received from Mr. Lawrance and Mr. McNab.

It is requested that all letters and communications connected with the *Editorial department* be sent to J. H. Walsh, Esq., Foregate Street, Worcester. Parcels and books for review may be addressed to the care of Mr. Churchill, Princes Street, Soho.

PROVINCIAL
MEDICAL & SURGICAL ASSOCIATION.

NINETEENTH ANNIVERSARY MEETING.

THE Nineteenth Anniversary Meeting of the Association was held at Brighton, on Wednesday the 13th, and Thursday the 14th of August, 1851.

The following gentlemen recorded their names in the book kept for that purpose. There were present altogether about 300 :—

F. R. Horner, M.D., Hull; James Crang, Esq., Timsbury; Wm. Newnham, Esq., Farnham; J. R. Beddome, Esq., Romsey; Frederick H. Sankey, Esq., Wingham; Robert Wake, M.D., Southwold, Suffolk; George Bottomley, Esq., Croydon, Surrey; Sir Charles Hastings, M.D., Worcester; J. Conolly, M.D., Hanwell; Caleb Williams, Esq., York; William Conolly, M.D., Hayes, Middlesex; Thomas Thomson, M.D., Stratford-on Avon; Thomas Workman, Esq., Basingstoke; Archibald Robertson, M.D., Northampton; James Stedman, Esq., Guildford; Harrington Tuke, Esq., Chiswick; Charles B. Nankivell, M.D., Torquay; Arthur Stilwell, Esq., Hillingdon; C. W. Crowdy, M.D., Brighton; Charles Lord, Esq., Hampstead; Edwards Crisp, M.D., London; Benjamin Vallance, Esq., Brighton ; John Lawrence, Esq., Brighton; Nicholas Tyacke M.D., Chichester; Allen Duke, M.D., Chichester; Edmund Lyon, M.D., Manchester; J. Cordey Burrows, Esq., Brighton; George Royde, Esq., Brighton; Thomas B. Horne, Esq., Brighton; H. D. Carden, Esq., Worcester; William Chalmers, M.D., Croydon; John Rose Cormack, M.D., Putney; John Colthurst, Esq., Clifton, Bristol; C. Radcliffe Hall, M.D., Torquay; John Propert, Esq., London; S. Hare, Esq., London; Thomas Paget, Esq., Leicester; H. Davies, M.D., Brighton; J. M. Cunningham, M.D., Hailsham; J. Taplin, Esq., London; Peploe Cartwright, Esq., Oswestry; Thomas Smith, Esq., Crawley; Joseph Hickman, Esq., Brockton; Thomas Bell, Esq., Great Grimsby; Henry Hopkins, Esq., Brighton; G. B. Knowles, Esq., Birmingham; J. Churchill, Esq., London; John S. Bartrum, Esq., Bath; Francis Henry Woodforde, M.D., Taunton; John Hatton, Esq., Manchester; C. R. Bree, Esq., Stowmarket; John Lawrence, Esq., Brighton; W. A. Greenhill, M.D., Hastings; J. M. Bean, Esq., Peckham; H. R. Fawcett, Esq., Brighton; B. Thos. Seabrook, Esq., Brighton; Henry Ewen, Esq., Long Sutton; Robert Ceely, Esq., Aylesbury; Thomas Smith, M.D., Cheltenham; William Addison, M.D., Maidstone; Francis Sibson, M.D., London; Thomas Henry Starr, M.D., Brighton; Harry Mills Blaken, Esq., Brighton; H. Martin Holman, M.D., Hurst-Pierrepoint, Sussex; J. Edwards, M.D., Chester; Peter Martin, Esq., Reigate; Alfred Barrow Jones, Esq., Brighton; Edward Pope, Esq., Tring; Samuel Crompton, Esq., Manchester; G. M. Humphry, Esq., Cambridge; Joseph McCarogher, M.D., Chichester; John S. Soden, Eeq., Sunbury, Middlesex; Joseph Toynbee, Esq., London; A. Napper, Esq., Guildford; Charles West, M.D., London; James Tunstall, M.D., Bath; W. H. Ranking, M.D., Norwich; Forbes Winslow, M.D., London; R. Rugg, Esq., Brighton; John Soden, Esq., Bath; William Davies, M.D., Bath; William Church, Bath; George Norman, Esq., Bath; James Yearsley, Esq., London; Henry Moon, M.D., Lewes: Jas. Turner, Esq., Brighton; J. Snow, M.D., London; J. B. Browne, Esq., London; Thomas Hodgkin, M.D., London; Joseph Wickenden, Esq., Birmingham; John Grabham, Esq., Rochford; Chas. Penny, Esq., West Coker; Wm. Tery, Esq., Brighton; Joseph Ellis, Esq., Brighton; A. Mackenzie, Esq., Brighton; Joseph Ferard, Esq., Brighton; Charles Joseph Fox, M.D., Bristol; James Kingden Tuke, Esq., Brighton; George Moore, M.D., Tunbridge Wells; M. Brewste, Paris; William Holswath, Esq.; Rev. H. Cotterill, Brighton; John Brideook, Esq., Manchester; Joseph William Moore, Esq., Brighton; — Wambey, Esq., Brighton; W. H. Walker, Esq., London; Colonel de Gaudrior; Charles Carpenter, Esq., Brighton; John Allfree, Esq., Brighton; Thos. Stokes, Esq., Bath; H. Rutherford Smith, Esq., Brighton; W. Kirkpatrick, Esq., Brighton; K. Leake, Esq., Brighton; S. Dennant, Esq., Brighton; C. J. Bond, Esq., Brighton; C. J. B. Williams, M.D., London; T. C. Penfold, Esq., Brighton; H. Penfold, Esq., Brighton; Robert W. Kemp, Esq., Brighton; Thomas Glaisyer, Esq., Brighton; W. Boxall, Esq., Brighton; Wm. Penfold, Esq., Brighton; S. Child, Esq., Brighton; H. Child, Esq., Brighton; J. Basse, Esq., Brighton; Theophilus Thompson, M.D., London; J. McWhinnie, Esq., Brighton; Joseph Dixon, Esq., Brighton; Robert Bayly, Esq.; A. H. Hull, Esq., Cheltenham; Edward Barlee Rector, Esq., Worlingworth, Suffolk; J. D. Hull, Cheltenham; Wm. Sleight, Esq., Brighton; John Eld, Esq., Brighton; J. Andrews, Esq., Brighton; J. P. Sheppard, Esq., Worcester; James Stilwell, Esq., Uxbridge; J. Bedingfield, M.D., Needham-Market, Suffolk; J. A. Locking, Esq., Hull; R. C. N. Davies, Esq., Winchelsea; T. B. Winter, Esq., Brighton; Arthur Harrison, Esq., Brighton; Gavin Elliot Pocock, Esq., Brighton; R. A. Frew, Esq., Steyning; Charles M. Thompson, Esq., Westerham; O. Roberts, M.D., St. Asaph, North Wales; J. Lucas Worship, Esq., Sevenoaks; J. Rayner, Esq., Stockport; C. Lashman, Esq., Croydon; E. Morris, M.D., Spalding; Fred. Wallis, Esq., Bexhill; Henry Davies, Esq., Brighton; R. Righton Gream, Esq., Tunbridge Wells; Jacob Bell, Esq., M.P., London; T. Radford, M.D., Manchester; Edmund Lyon, M.D., Manchester; George Turner, M.D., Stockport; George Downs, Esq., Stockport; John Kempthorne, Esq., Cornwall; Harrington Tuke, M.D., Chiswick; J. C. Franz, M.D., Brighton; J. Hodgson, Esq., London; Thomas Leigh Blundell, M.D., London; Wm. Wallis, Esq., Hartfield, Sussex; R. U. West, Esq., Alford, Lincolnshire; R. Weekes,

Esq., Hampton Lodge, Hurstpierpoint; Rev. T. Cooke, Brighton; Thomas Graveley, Esq., Cowfold, Sussex; John Steele, Esq., Brighton; Edward Wallis, Esq., Hull; James Oldham, Esq., Brighton; Henry Oldham, M.D., London; J. C. Turner, M.D., Brighton; Thos. S. Byass, Esq., Cuckfield; John Henry Bull, Esq., Lindfield; Thomas H. Silvester, M.D., Clapham, near London; George Cooper, Esq., Brentford; Alex. Shaw, Esq., London; Edwd. Westall, Esq., Croydon; Thomas Henry Starr, M.D., Brighton; P. Blackiston, M.D., St. Leonard's-on-Sea; Theophilus Thompson, M.D., London, J. J. Field, M.D., Torquay; George Vicary, Esq., Warminster; G. Moore, M.D., Tunbridge Wells; George Moore, Esq., jun., Tunbridge Wells, &c., &c., &c.

A preliminary meeting of the Council was held in the Board Room of the Brighton Dispensary, Queen's Road, at eight o'clock on Tuesday evening, and the

FIRST GENERAL MEETING

was held in the Music Room of the Pavilion, on Wednesday morning, at ten o'clock. There was a large gathering of the profession. The proceedings commenced at eleven o'clock, when

Sir CHARLES HASTINGS rose and moved that Dr. Horner of Hull, take the chair. (Applause.)

Dr. HORNER complied, and then, addressing the meeting, said,—

GENTLEMEN,—I beg to acknowledge the honour you have done me. I do, however, resume the chair but for the purpose of inducting thereto my successor, Dr. Jenks, and I congratulate the Association that their choice has fallen upon one whose experience and ability so well befit him for the office. As it is not according to the usages of the Association that the retiring President should address you, I shall be very brief in my remarks. In the first place I cannot refrain from the pleasure of congratulating you that your Association has by no means halted in its prosperous career; nay, that during the year of my own presidency some very important measures have been consummated, measures which this Association has long and arduously laboured to attain; these will be more especially alluded to, either in the report from the Council, or possibly by Dr. Jenks himself, and it would not be fair for me to forestal those observations. I think, gentlemen, that we have much cause for satisfaction at our present position; let us not, however, I beseech you, therefore be content—be satisfied—with where we now are, for we know that these are days of progress, of onward movement, of discovery. To put forth only exertions which we have been in the habit of putting forth, would really be to stand still, which would be to retrograde, to be left behind in the great intellectual march. No, gentlemen, I say there is greater cause than ever for your exertions, and as the eagle is fabled to fix its piercing gaze on the sun, and thitherward unswervingly to cleave his course, so let the light of knowledge, the good of mankind, and the advancement of science, be as it were the shining beacons of your course. With an eye that is single, and a purpose that is determined, be your course like the eagle's—onward, right on. There is one subject to which I will only cursorily allude, and which will be laid before you by the Council; it is one, however on which I have strong personal feeling, and which I cannot in my office of retiring President, refrain from just alluding to, I mean the sad bereavement which we have sustained in the death of Dr. Mackness. He was my sincere friend. No man valued him more highly than myself. But a week before his death he wrote me expressing his congratulations at the thought of reading an address before you in this room, on this day. This question is a very serious matter; it is one calculated to give rise to serious reflection. It is true here is the audience collected, but where is the lecturer? *Sub cespite jacet.* I say this does give us a reason for now doing our duty in that state of life to which we have been called. If we are willing to exert ourselves for the benefit of our fellow-men, and for the great objects of the Association, now is the time that we should do it. Such a painful event also naturally awakens in the mind other feelings of a far more important nature to which it would be inopportune in me, at this meeting, to allude. The words of Dr. Young occur to my mind as most applicable:—

> "Whose grave prescribes the best? A friend's.
> And yet, from a friend's grave how soon we disengage!
> E'en to the dearest, as his marble cold.
> Why are friends ravished from us?—'Tis
> To bind, by soft affection's ties, the human heart
> To thoughts of death, which reason, too supine,
> Or misemployed, ne'er fastens there.
> And yet nor reason, nor affection, nor both combined,
> Can break us from the witchcrafts of this world!
> The inexorable hour,—how near at hand!
> The inexorable hour,—how soon forgot!
> Nay, to forget it, the chief aim of life,
> Tho' well to ponder it, is life's dire end."

We have now specific duties before us; and whether I look at the magnificent arrangements which have been made for you, or whether I look to the high character of our medical friends at Brighton, or whether I look at our Association now in all the vigour of its nineteenth year, I am sure I can safely promise you a most happy, and a most prosperous meeting, which I now most cordially wish you.

Dr. JENKS at once proceeded to take the President's chair, and then addressed the meeting as follows:—

GENTLEMEN, —When I look round upon this assembly, composed of members of a learned and scientific profession, many of whom by the force of intellectual zeal and power have risen to distinction in the highest walks of literature and science, as well as in the various branches of medicine and surgery, and, consider, that I have been nominated to preside over so distinguished a body, I feel deeply sensible, I assure you, of the great honour conferred on me; but unaccustomed as I am to fill so high an office, I hardly know in what terms I can make my acknowledgments acceptable. I must entreat you, therefore, to receive my best thanks as kindly and favourably, as I tender them cordially and gratefully.

In entering upon my office, gentlemen, believe me, I have no little mistrust of my ability through inexperience, to fulfil the duties thereof in a manner adequate to my own ideas, much less equal to the expectations of such an audience. I must, therefore, crave a larger share than usual of that indulgence and support which you always readily accord to your Presidents. I know well, on looking at the names and qualifications of those gentlemen who have already filled this chair, that there is no lack of admirable and excellent examples to all who may come after; but this very excellence it is, which augments the difficulties of their successors. In all posts of honour men are excited to do their best. There is a not unbecoming pride in doing more than was expected of us, and not less than others would have done, but with such an array of distinguished predecessors before me, in all humility, and sincerity, I regard the latter hope as unattainable. I must be content to follow, *haud passibus æquis*, those eminent persons who, with so much dignity and ability, have conducted the deliberations of these meetings on former occasions, and shall think myself well rewarded if I succeed in imitating their example to your satisfaction; if not, I feel persuaded you are generous enough to accept the intention favourably, and to think there may be even some merit in the earnestness of my endeavours.

We are now met to celebrate the nineteenth anniversary of the Provincial Medical and Surgical Association, and the numbers assembled here this day abundantly testify to the continued prosperity and importance of the Society. Great have been the benefits conferred on its members in the diffusion of knowledge, in the union of thoughts and interests, in the interchange of kindly offices—and, I think I may add, that faithfully and extensively has the General Association been seconded in this good work by the local branches.

It was happily and wisely determined, by the honoured founder of this Institution, to collect his widely scattered associates, year by year, into one place, where minds overwrought by the cares, anxieties, and Sisyphean labours of a busy harassing profession, might forget awhile their ever-recurring toil, and indulge freely in well-intentioned and dignified sentiments and communion, by which manners are improved, character is exalted, mutual esteem generated, and good fellowship established and strengthened. Besides the cultivation of the social virtues, we gather other fruits from these meetings. We learn the advantage of combination and concert for the advancement of professional objects and for public ends. The difficult and much vexed questions of medical reform, the unrestricted sale of poisons, the state of health of the people, together with the legislative measures needful for their improvement, have occupied your time and been maturely and deliberately considered.

Deputations from the Provincial Medical and Surgical Association have been received by those in authority with marked respect, and listened to with becoming attention. The resolutions formed at your meetings have taken effect, your reports been approved, and your suggestions upon legislative improvements adopted. In proof of these remarks, we may refer with satisfaction to the spirit of conciliation manifested by the Council of the College of Surgeons in their recent concessions; to the Sale of Arsenic Regulation Bill, and to the impulse given to sanitary improvements all over the country.

Furthermore, as an important auxiliary to your proceedings, you have a well-established, most ably conducted, and excellent *Journal*, which registers your deeds, publishes original essays, treasures up valuable facts, and is at once a channel for mutual correspondence, impartial criticism, and useful intelligence. The volume of "Transactions," published yearly, I may say, without fear of contradiction, deserves a place in every medical library in the kingdom.

But neither are social advantages, nor science nor medical polity, exclusively the objects sought for and obtained on these occasions. From the bosom of these meetings there emanated that excellent and charitable idea of a "Benevolent Fund," for the relief of distressed and decayed members of the profession, and the widows and orphans of those deceased. In this beneficent cause, I might be pardoned for addressing you at the length it deserves—but I forbear. At the proper time this subject will come before you, adorned with the moving eloquence and urged with the fervent zeal which have distinguished its able advocate, the Treasurer and Secretary, upon all former occasions. To him belongs the task, *magnum munus atque onus*, of appealing to you in behalf of our poorer brethren, and well persuaded am I that he will not do so in vain. Suffer me merely to remind you, that poverty is an evil bringing in its train so much trouble, peril and misery, that while every man should strive to avoid it, he ought at the same time to help, as far as he is able, those whom the gripe of necessity has reduced to destitution. Indeed this can hardly be considered a duty that we can do or leave undone as we list, for many are they who stand in utmost need of our bounty. And shall the reproach be cast upon us that we do not readily assist one another? Upon us! the members of a profession of whom, it was said by Dr. Johnson, that "every man has found among them great liberality and dignity of sentiment, very prompt effusion of beneficence, and willingness to exert a lucrative art, where there is no hope of lucre."

If we look heedfully at the condition of many of our poorer brethren, especially in the rural districts—overworked, badly remunerated, cruelly oppressed by hard task-masters, or perchance ruined by the reckless competition of interlopers, we shall see abundant necessity for a Benevolent Fund. Much of this evil is to be attributed to the adverse administration of the Poor-Laws. It would have given me great pleasure if I could have announced any improvement in the relative position of medical Union officers and their oppressors—the guardians of the poor as they are called; but I am sorry to say that the Committee of the Convention of Poor-Law Medical Officers have suspended their meetings through want of support. After a statement of

their difficulties and proceedings, they conclude their report by urging "the Poor-Law Medical Officers and the profession in general to consider how much the redress which is sought, and for which so large a sacrifice of money, exertion, and time, has been made by some of their brethren, is within their voluntary grasp; but that it can never be hoped for so long as the degrading and ill-paid appointments are not merely accepted, but made the objects of eager competition."

Alas! how long will this spirit of rashness on the one hand and supineness on the other disturb our counsels and cast reproach upon our very name and calling. Let it be remembered that by this ruinous competition for Poor-Law appointments the real thrift and progress of the profession are seriously injured; that by undertaking more than they can perform medical officers share the guilt of neglecting the poor with the so-called guardians; that by receiving less than a just reward for their services they degrade themselves and damage not only the interests of their fellow-labourers with their own, but indirectly those of every practitioner in the kingdom. A competition, unlimited like this, degenerates into unlicensed selfishness, which can only be checked by judicious combination. These rival principles may both be considered useful when properly balanced. Some degree of honest rivalry or emulation is needful to develop the energies of mankind, and some degree of combination equally so to protect the interests of class or profession. The one is a duty we owe to ourselves, the other to our neighbours. The remedy for this debasing system of Poor-Law competition is chiefly in the hands of the Union Officers themselves; but much might be done by a Government acting upon public principles for the public good, and especially the good of the indigent poor, who in the main are the greatest sufferers by these irregularities.

From this discouraging state of things, however, let us turn to the subject of Medical Reform, which at length affords a better prospect. In the opinion of most thinking and well-informed men, the question of medical reform is now ripe, and probably none the worse for having been hitherto withheld. It has been cast into the crucible of public discussion and has come out purified and separated from much dross. The contending parties are now wiser and better disposed to treat upon equitable terms. Upon this ground, therefore, we may look with more sanguine hopes than heretofore; with hopes, I would fain believe, well and solidly founded, that all parties, seeing the propriety of needful concessions, will concur in a plan of practicable and useful reform, which shall have for its basis the principles contended for by this Association, and on various occasions so ably advocated by the President of the Council and his colleagues. The consummation of these hopes, I am afraid, is not very near at hand; nevertheless, the good already effected is great; the progress though slow is assured. The moral certainty of some efficient reform should console us for its delay, for there is no fear of retrogression.

In the mean time, gentlemen, it behoves us all, and especially the junior members of our noble calling, to persevere steadily and diligently in cultivating the art and science of medicine; neither deterred by the difficulty of the study, which cannot be achieved without much labour and no triffling proficiency in the other sciences; nor discouraged by a degree of uncertainty pertaining to it, in common with many other branches of human knowledge. "Whatever can be said of the uncertainty of the art of physic," writes Sir William Temple, "or the disagreement of its professors, they may, I believe, confidently undertake, that when divines arrive at certainty in their schemes of divinity, or lawyers in those of law, or politicians in those of civil government, the physicians will do it likewise in the methods and practice of physic."

An earnest and truthful endeavour to improve our professional knowledge is the best foundation for public support, and the surest weapon wherewith to defeat the bold pretenders who rise up daily around us. Men of this description, whose maxim is, *ibi fas, ubi maxima merces*, have only themselves to serve, we our country and mankind. In such a cause our efforts are ennobled, and we should rather rejoice in being called to such a service.

Let not any man wonder that quacks and impostors should abound even in these enlightened days. They have abounded in all times and in all professions, and probably will never cease, for there is nothing so irrational or extraordinary that some men will not maintain for truth, feeling sure that the credulous, and ignorant vulgar, rich and poor, will receive it with implicit belief. We live in an age for example, supplying humble followers in great numbers to Mormonism, and educated *gobemouches* in crowds to Mesmerism.

It is not my intention to treat of the fashionable follies of the day—the mystifications and legerdemain of mesmerism, the unreal mockeries and sublimated jargon of homœopathy, nor the more dangerous excesses of hydropathy. All this has been admirably done lately by an accomplished member of this Society. I would observe merely that such aberrations from the path of true medical science should be adjured and repudiated with firm and solemn resolution, while the professors thereof may be left to an avenging Nemesis, which may one day or other overtake them. Let me, however, turn your attention to an evil which has developed itself within our own ranks.

"Iliacos intra muros peccatur et extra."

We have treachery within and war without. Open adversaries we know well how to deal with; but it is another thing when a man's foes are of his own household. I am grieved to hear that some, even of the legitimate sons of physic, are tainted with the leaven of these new doctrines, that others, like the bat in the fable, take either side as it may suit their purpose, while a few have not scrupled from indifference or crooked policy to countenance this defection, or to shield it by a sort of compurgation. Against this laxity of conduct the opinion of the profession should be unmistakably pronounced. To admit seceders, or

doubtful allies, to the privileges of regular practitioners, or to an equality in consultation, is the same sort of treason to the profession as the admission of the wooden horse into the walls of Troy. I trust enough has been said of late to induce those who have extended an ill-timed indulgence to these false brethren to withdraw from further communication with them, for we must never look for peace with quackery in any of its monstrous shapes; and as to the apostates themselves, it would be well that by a self-ostracism they quitted altogether the ranks of a profession which by a half-faced fellowship they dishonour and betray, lest, neglecting such admonition, they find at length "forbearance, no acquittance." Their secession will relieve us from much embarrassment, and their hostility will have no other effect than to strengthen our mutual confidence, improve our discipline, and excite us to increased exertion.

Now "great labour directed by great abilities is never wholly lost," and happily there never was more activity displayed, nor greater progress made than at the present time. The labourers in the field are skilful and numerous, and the harvest abundant. By the aid of chemical analysis, the microscope, and the stethoscope, by careful experiment, by patient and industrious observation, and a system of statistics based on numerical methods and averages, and what is of no slight importance, the co-operation of an active press, the advance in minute anatomy, physiology, pathology, diagnosis, and therapeutics, has been very considerable. In alluding to the press, I am unwilling to allow this opportunity to escape of paying a just tribute of praise to it generally, but to the medical periodical press in particular, which is not simply the channel of much useful knowledge and valuable criticism,—not merely a storehouse of important facts, but it constitutes a kind of censorship within the profession, and presents a formidable bulwark against all assailants from without. The thanks of the profession are due to the Editors of the medical journals generally for their exertions in behalf of the union surgeons, and also of the naval assistant-surgeons, and for their advocacy of the claims of the army and navy medical officers to a share in the honours distributed to their respective services. The meed of praise must be awarded likewise to the Editor of the *Lancet*, for the labours of the Sanitary Commission, which have scared the obscene harpies who defiled the food of the people, from their dishonest frauds and odious impositions. With such allies, therefore, and with resolution to work out our own purpose stedfastly and truly, we cannot doubt of the triumph that awaits us in the cause of true medical science. That cause which numbers among its chief supporters, besides the great names of antiquity, those master spirits of their time, Baglivi and Sydenham, Harvey and Haller, Boerhaave and Hoffmann, Heberden, the two Hunters, Baillie, Jenner, and many more. That cause of true medicine, I repeat, which the boasted wisdom of our forefathers has laboured to bring to perfection for two thousand years or more, but which, in the opinion of some modern sophists, has been overmatched with wondrous ease, in the leisure hours and sober intervals of Hahnemann!!

> "Can such things be,
> And overcome us like a Summer cloud
> Without our special wonder?

But enough of this theme. Let us turn to another subject more in harmony with your feelings. It has been usual, I believe, on these occasions to pass in review the characters and services of those members of the Association who have departed this life during the past year. It is good so to do, that we may derive therefrom matter for useful and solemn reflection. It is likewise natural that we should not allow those to whom we have given the right hand of fellowship to disappear from the scene of their earthly labours without casting one last lingering look of affectionate regard towards them. Time will not permit me to dwell upon the worth and merits of each individual; nor were it otherwise, could I perform that melancholy but grateful office through lack of needful information. But there is one whom I cannot pass over without paying to him the tribute due to a most able and zealous member of this Association; one who, had he been spared, would have been a principal contributor to the proceedings of this day. I do not take upon myself the office of biographer, but a short summary of the principal events in the life of our late lamented associate, Dr. Mackness, may not be unacceptable. In early life he met with some trials, and was beset with difficulties, which to many might have seemed insurmonntable. By dint of patient industry, frugality, and an excellent understanding, wholly unassisted by favour or fortune, he cleared the way at length to eminence, and made good his position. His was no exception, however, to the rule of the poet—

> "Haud facile emergunt, quorum virtutibus obstat Res angusta domi."

It would be foreign to my purpose to follow our late colleague through the difficulties he encountered, and so manfully overcame. I intend only to shew you that he sounded all the depths, and passed through all the tides of medical life. He began his professional career as a general practitioner in a country village, whence he removed to a larger field of practice at Northampton, but being unequal, through ill health, to the numerous and very arduous duties of general practice, he retired. In May, 1840, he went to St. Andrews, where he took the degree of Doctor of Medicine. In the year 1843, he became an extra-licentiate of the Royal College of Physicians, London. Soon after he had obtained his degree at St. Andrews, he settled at Hastings, where he continued to practise as physician till his death.

In private life he was beloved, and deservedly respected; he was a cheerful and instructive companion; his sentiments were solemnly religious, but elevated and liberal; his manners gentle and unassuming; his professional acquirements were of the highest order; to great skill and readiness in detecting and treating disease, he added good sense, urbanity, and benevolence. Though fully occupied in practice, he found time for several publications; he added to the stock of medical literature, (besides minor performances), a work on

"The moral aspects of Medical Life," containing a translation of the "Akesios" of Professor Manx. In this work of our late associate some inexperience in the art of composition is apparent, but it is rich in medical ethics, containing a judicious selection of facts, and abounding in interesting anecdotes. He wrote also a monograph on "Dysphonia Clericorum," a work displaying distinct and accurate views of a disease, not heretofore separately treated of, and manifesting great ability and judgment in the application of those views to practice. He was occupied in preparing a "Report upon the Medical Topography of Sussex," when the hand of death removed him from among us. Dr. Mackness died at the early age of 46, after a life spent in much labour and sickness. It may be said of him, as it has been said of another eminent physician, that "he worked out for himself an education, a profession, a reputation, and a competence."

I make no apology for detaining you awhile upon this subject, because I feel sure you think with me, that so much real merit in an associate now no more deserves honourable mention from the chair of this Association; but lest I trespass upon your valuable time I must be brief in what remains.

I should be much wanting to myself and to that obligation which the presence of so many distinguished persons imposes upon me if I delayed any longer to express the warm feelings which I know animate the hearts of all my colleagues, who, "on hospitable thoughts intent," I fear already reproach me for postponing it so long. Gentlemen, I have the greatest pleasure, in the name of the medical profession of this place, in bidding you a hearty, sincere, and perfect welcome to the town of Brighton. We thank you cordially for the prompt acceptance of our proposal to visit us on this occasion, and assure you it will afford us the highest gratification if the arrangements we have made for your reception should meet your approbation. We are all the more anxious to make your visit agreeable and your reception worthy of you as we cannot depend upon the local attractious of the place for any great help to your entertainment. The town, as you know, is quite modern: it may be said to have been founded by George IV., whose bronze statue, by Chantrey, adorns the centre of the Steine, and whose far-famed marine palace, now the property of the inhabitants, opens its portals to receive you. Though the town be of such recent construction, yet the place itself and the neighbourhood have been the theatre of some remarkable events. On the downs near Lewes—that is, on Plumpton Plain, a spot which, according to Ray, the naturalist, affords one of the most magnificent prospects in Europe—was fought, in 1265, the famous battle of Lewes, in which Henry III. and his gallant son, afterwards Edward I., were defeated by Simon de Montfort, at the head of the Barons. After this battle a Parliament was summoned, when, for the first time, cities and towns were required "each to choose and send two discreet, loyal, and honest men." Hallam observes, that after long controversy almost all judicious inquirers seem to acquiesce in admitting this origin of popular representation. When Brighthelmstone was yet a mere fishing village, Charles II., being hotly pursued after the battle of Worcester, embarked from the beach on board of a merchant vessel, commanded by one Tattersall, and escaped to France. The house is still standing in West Street, where Dr. Johnson visited Mr. Thrale, and recruited a shattered frame and overlaboured mind by a pure air and exercise, and some enlivening recretion. In the old church of the neighbouring village of Preston there is a curious ancient painting of the time of Edward I. on the eastern wall of the nave, the principal subject of which is the murder of Thomas a'Becket. This was discovered on removing some whitewash and plaster.

With the exception of the Pavilion, chiefly designed by Nash, of which you have now an opportunity of forming your own opinions, there are few public edifices upon a grand scale. Of the churches, that of St. Peter, by Barry, is the most to be admired for its correctness and beauty of style, and chasteness of decoration. The old parish church of St. Nicholas is interesting from its antiquity, its curious memorials of sepulture, and from its having been a landmark for mariners, being elevated 150 feet above the level of the sea.

Of the public works executed by the Commissioners, the Town Hall and the Market deserve notice; but the stupendous sea-wall, eastwards, is the greatest, and I trust will be the perpetual monument of their public spirit. Many important works have been projected and carried out by the enterprise of companies and individuals. Of these the Chain Pier is the most admired and frequented by strangers. Then follows the Railway Terminus, with its beautiful curved viaduct. The German Spa also deserves some special notice. The scientific process there employed for making the artificial mineral waters will be briefly explained by the resident Director. The grand reservoir of the Brighton Water Company is another construction of public interest. Near to it, on the Lewes Road, is the new Cemetery for extra-urban interment. On the hill above, called White Hawk Hill, supposed to have been a military station in ancient times, a handsome Race Stand has been recently erected by a few public spirited individuals. Among the public works I must not omit to mention the fountain on the Steine, and I would call the attention of the lovers of the fine arts to a beautiful altar-piece in the Roman Catholic Chapel by that celebrated sculptor, Carew.

The Institutions for charitable purposes are numerous. The Sussex County Hospital is a spacious building, with 120 beds. The original plan, however, having been upon a smaller scale, two wings have been subsequently added, and it is now found necessary to attach to it an additional building, which will contain a Chapel, Museum, and Library, and afford room for dispensing medicines and conducting the whole of the out-patient department. The ground on which the Hospital stands was given by the late Thomas Reade Kemp, Esq., and more has since been added by the Marquis of Bristol,

but the Institution itself was projected and magnificently endowed by the late Earl of Egremont.

"Clarum et venerabile nomen
Gentibus, et multum nostræ quod proderat urbi.

We particularly invite you to visit the hospital, and shall be happy to receive any suggestions for its improvement.

Next in importance, is the General Dispensary, a most useful Institution. The building is large and handsome, one room whereof contains the library of the Medico-Chirurgical Society of this town, and serves for their monthly meetings. This society was founded four years ago; it is in a flourishing state, and is very well supported. The Eye Infirmary is another valuable medical charity. We have, besides a self-supporting Dispensary, a Lying-in Institution; an Asylum for the deaf and dumb, and one also for female orphans. For purposes of education, besides various public establishments, and private schools without number, a College has been erected, the whole design of which has not yet been carried out, but when complete it will be a fine building. Beyond, and not far distant, is St. Mary's Hall, an admirable institution for the education of the daughters of poor clergymen.

At the Royal Literary and Scientific Institution, and at the Brighton Athenæum, lectures are occasionally delivered, and libraries are in the course of formation. At the former institution 360 original papers have been read. The population of Brighton, according to the census of the present year, is 65,000. The town is governed by 120 Commissioners, elected by the inhabitants, being householders of the annual value of £20. Sixteen of this body go out by rotation every year.

Gentlemen, it now only remains for me, in conclusion, to thank you most sincerely for the very indulgent and patient attention yon have vouchsafed me, notwithstanding my inexperience and slender ability; and to assure you, again and again, of the high sense I shall always entertain of the honour conferred on me by having been elected to this chair.

The SECRETARY next read the.—

REPORT OF THE COUNCIL.

In meeting for the first time the members of the Association in the South-Eastern District, the Council think they cannot more properly commence the Report which they are called upon to present to this, the Nineteenth Anniversary Meeting of the Association, than by expressing their great gratification that the establishment of the South-Eastern Branch has led to the gathering of the members together in a locality long celebrated for its attractions; and they at the same time offer their sincere congratulations to the Secretary of this Branch, that his laborious exertions in extending the Society in this portion of the provinces have been so successful. The state of the medical profession is such as imperatively calls for the further extension of the principles and objects for which the Association was founded; and your Council therefore rejoice greatly in every circumstance which has that praiseworthy tendency.

The number of members of the Association remains pretty much the same as at the last Anniversary. There have been many deaths during the year, and some retirements, but these have been more than compensated by the introduction of new members. The carrying out the resolution of last year, relative to the removal from the list of those who had neglected for a given period to pay their subscriptions, has reduced our number of members, with a benefit to the finances of the Society.

Publications.

The Committee appointed at the last Anniversary to consider whether any and what alterations may be advantageously made in the publications of the Society, have not given in any Report to your Council, but they are expected to do so on this occasion. Your Council have not, therefore, thought it prudent to make any alteration in the Editorial department of the *Journal*, and it is but a gracious acknowledgment of the labours of those gentlemen who conduct the periodical *Journal* to say that it has been a source of pleasure to your Council to have received during the year numerous communications from members, stating their satisfaction as to the ability with which the Editorial department is conducted.

"As respects the 'Transactions,' your Council are enabled to report the publication, at the termination of the last year, of the seventeenth volume—a contribution to medical literature of much value, and which will bear comparison with any previous volumes published by the Society. The Council are glad to have it in their power to state that the printing of the eighteenth volume is far advanced, and that as soon as time shall have permitted the papers that may be read at this Anniversary to be printed, another volume will be added to those already published by the Association, which it is hoped will be delivered to the members before the present year terminates.

Finances.

"Your Council have still to regret that many members are backward in paying their subscriptions, a circumstance much to be deplored, as it places your officers in a position of some difficulty, for they are thereby prevented being assured of the exact income of the Society. Notwithstanding this irregularity, your Council can report the finances in a sound state, and they hope that, by careful management of the funds which may come into their possession, the receipts will at all times be sufficient to meet the expenditure. The statement is as follows:—

	£.	s.	d.
Balance in hand, 1850	109	18	6
Receipts	1616	19	7
Expenditure	1632	14	11½
Balance	94	3	1½

Medical Reform.

This difficult question still remains unsettled, but the Council fervently hope that it is approaching a termina-

tion that may ultimately prove satisfactory to all parties. The present year has been distinguished by the Council of the College of Surgeons taking the lead in the adoption of a highly conciliatory course of conduct, for which they deserve, and have received, a meed of praise from all parties in the profession. This concession has very considerably lessened the obstacles which stood in the way of Medical Reform. There are, however, still some difficulties to be overcome, which require calm and careful consideration; but as all parties are now animated by an earnest desire that this long contention should cease, your Council cannot but look forward to the final settlement of the question at no distant day.

As soon as it was known that the Council of the College of Surgeons were prepared to yield so much, your Council communicated with many Members of the Association, and with the accredited societies, who had worked with them to obtain a legislative amelioration of the profession. The result of this consultation was, that it was deemed prudent by all parties to accept the proffered terms of the College, with some slight modifications. Your Council, therefore, thought it right to address the Secretary of State for the Home Department, and at the same time assured him that they felt gratified by the concessions which had been made by the College; they also reiterated the principles on which they considered any safe medical legislation should proceed.

Since the memorial no further step has been taken, as the near approach of the Anniversary rendered any further movement unnecessary. The Council, however. have thought it desirable to seek the opinion of the District Branches on the course they have pursued, and they are happy to say it has received their sanction.

Medical Topography.

The Council grieve to have to announce that the Report of Medical Topography will not be presented by Dr. Mackness. The hand of death has removed him from among us, and the Association has to deplore the loss of one of its most meritorious members. Dr. Mackness had at all times evinced much zeal for the success of the Association; and last year, at Hull, was foremost to take part in the endeavour to revive an interest for medical topography amongst the members. He was devoting much time to the subject, and this meeting, had he been spared, would have reaped the fruit of his labours in the field of Sussex; but, alas! in the midst of his exertions he was cut short in his useful career. Your Council feared that this mournful event would have defeated the object so many had in view; but through the kindness of the Brighton Council, the task of addressing you on the Medical Topography of Sussex has been undertaken by Dr. Mantell—a name too well known to the science of geology to need any commendation here.

Your Council have likewise corresponded with the Manchester Council, respecting a Report on the Medical Topography of that district, to be presented at the Anniversary Meeting in 1852. They have also held communication with Dr. Barham, of Truro, respecting a plan whereby it is proposed to effect a systematic prosecution of the study of Medical Topography,—an object which must be admitted to be deserving of all the assistance which it is in the power of the Members of this Association to afford.

Parochial Medical Relief.

Endeavours are still being made to place on a better footing the system of Poor-law Medical attendance; but your Council cannot on the present occasion announce any decided amendment in this respect.

Sale of Arsenic Bill.

It will be in the recollection of many of the Members, that the manifest evils resulting from the sale of Arsenic were discussed at our two last Anniversaries, and petitions were presented to Parliament, and memorials to the Secretary of State were agreed upon. Your Council are much pleased to state that a Bill, principally founded on the petition presented by this Association, has passed both Houses of Parliament, and received the Royal assent. It is true that the bill does not contain all that was desired, but the Legislature has affirmed that the indiscriminate sale of Arsenic facilitates the commission of crime; and the statute enacts that the particulars of every sale of arsenic are to be entered in a book. No arsenic is to be sold to any person unknown, unless in the presence of a witness, and never except to persons of full age; and it is to be coloured whenever sold in smaller quantities than ten pounds weight. It will be admitted that this is an enactment in the right direction, and whatever may be the defects of the law, it cannot fail to produce good results.

Benevolent Fund.

The Benevolent Fund Committee has pursued its steady course of unwearied charity, and notwithstanding difficulties and discouragement from the want of funds, it has not been obliged to send "empty away" any deserving applicant. A Report will be presented.

District Branches.

A new Branch, called the Dorsetshire Branch, has been added to the Association during the past year; and your Council can continue to speak favourably of the influence of these local reunions on the general prosperity of the Association.

Medical Ethics.

The subject of Medical Ethics is very important, and from the commencement of our Institution has attracted more or less attention. A Committee was appointed at Worcester to report on this subject, but has not hitherto done so, partly because of the death of one of the members, and the ill health of another, and partly in consequence of the great difficulty of carrying on any deliberation where differences of opinion exist, by any means except *vivâ voce* communications. Some progress, however, has been made in the work, and a portion of the rules are in type. At the present juncture it is highly desirable that we should give a calm and judicious attention to Medical Ethics; for it is much to be regretted that many regularly educated members of our profession have connected themselves in doctrine and practice with some of the popular delusions of the day. It will be by the judicious consideration of such important matters that the advantages resulting from this Associa-

tion will become more and more apparent. The inflexible adherence to correct principles and upright conduct, will thus continue to be the rallying point of the members of the Association, and they will evince their determination to maintain amongst them a sound philosophy and unblemished honour.

CHARLES HASTINGS,
President of the Council.
JAMES P. SHEPPARD.
Secretary.

Dr. CORMACK: I have very great pleasure in moving the adoption of this Report, upon which I think it quite unnecessary to make any observation. I am sure it must meet with the approval of all present. I may remark that I, for my part, feel particularly gratified by the concluding paragraph in reference to Medical Ethics.

Dr. FORBES WINSLOW had great pleasure in seconding the resolution.

Dr. CRISP (London) begged, as a member and an old advocate for reform, to move an amendment to the Report. He objected to the plan of reform advocated in that Report. At present they were all in the dark, they knew nothing about it, and, therefore, any advance in the proposed direction might prove of infinite injury to the members of the Association. His reasons for the course he pursued were embodied in the amendment itself, which was as follows:—

"That in the opinion of this meeting the plan of Medical Reform reluctantly conceded by the Council of the College of Surgeons, supported by the College of Physicians, and recommended by the majority of the Council of this Association, should not be adopted, for the following reasons:—

"1. Because the fundamental principles of this Association are a *one* portal or faculty for *all*, uniformity of qualifications, and the representative system of Government; principles that cannot be carried out by the proposed Charters of the Colleges of Surgeons and Physicians.

"2. Because the Colleges have always looked to their own interests—the interests of a class—not to the general good of the profession, as shown by their management of grades, their indifference to quackery, illegal practice of many other evils that affect the advancement of the science, the public welfare, and the good of the profession.

"3. Because the reform advocated by the Council of the Association is not approved of by the majority of the members at large, nor by the generality of the profession in the United Kingdom.

"4. Because the system of grade enforced by the Colleges of Surgeons and Physicians, and sanctioned and supported by the Council, cannot improve the *status* of the general practitioner, who, in the Parliamentary evidence of the President of the College of Physicians, is said 'to treat medical and surgical cases to a certain extent,' who is denied by a late President of the College of Surgeons (Mr. J. H. Green) the rank of a professional man, and who is represented by the Council of this College, in their memorial to Sir G. Grey, July, 1850, '*to have been immemorially designated an apothecary.*'

"5. Because on examination of the qualifications of members of the Council of this Association it is clearly shown that the vast majority of these gentlemen have a direct interest in supporting the proposed charters of the Colleges of Physicians and Surgeons.

"6. Because no plan of Medical Reform short of a Faculty of Medicine in each of the three kingdoms—when all will be properly represented in their respective Universities, Colleges, and Halls—can be durable and permanent."

The PRESIDENT inquired if that motion was seconded?

Mr. STEDMAN (Guildford) felt so much that the general practitioner had not been sufficiently cared for, that though not fully agreeing with Dr. Crisp, and not being fully prepared to second his proposition, he still thought it due to him and the general practitioner, that much of it should be considered by the Council of this Association, therefore he would second it, but he hoped it would be matter for future discussion.

The amendment was put and lost by a large majority.

The reading of the Financial Statement was the next business.

Sir CHARLES HASTINGS said,—the general account of the receipts and expenditure had been already given in the Report, but a more detailed one was expected and would be read. The accounts of the last year had not yet received the sanction of the auditors, and the subject was talked over last night, and it was thought necessary that a Committee should be appointed, consisting of Dr. Horner, Dr. Robertson, Mr. Soden, Mr. Bree, and Mr. Bartrum, to inquire into the financial affairs of the Association, and report thereon before the termination of the meeting. He moved the appointment of such committee.

Dr. RANKING seconded the motion.—Carried.

Mr. CROMPTON observed that the accounts had not been passed for the last two years.

Dr. ROBERTSON (Northampton) had had a resolution put into his hands to this effect, "That the thanks of this meeting be given to Dr. Horner, the retiring President, and that his name be placed (as a matter of course) on the list of Vice-Presidents." Those, who, like himself, had the pleasure of attending the meeting last year, would agree with him, that on no occasion was the chair ever filled by any person with greater dignity, ability, or urbanity. His address was a particularly able and interesting one, and was listened to with general pleasure and satisfaction. He should not trouble them with any further observations, but he was sure the motion would be carried with acclamation.

Mr. WILLIAMS (York) seconded the resolution.

The President said it was scarcely necessary for him to put the resolution, he was sure of the spirit with which it would be carried.

Motion carried.

Dr. HORNER would just in one word return his thanks to the meeting, and especially to Dr. Robertson, for the very kind notice bestowed on him; he would not consume the time which was too valuable to be monopolized by observations of his.

Mr. BOTTOMLEY (Croydon) moved "That the thanks of the meeting be given to the Council, to whom they were indebted for their many services during the year,

and that they be requested to continue them; and that the names of the following gentlemen be added:—

John Muriel, Esq., Ely;
Edwin Morris, M.D., Spalding;
Charles Cotton, Esq., Lynn Regis.

He was sure they were much indebted to them for their labours, which had been performed with so much satisfaction to the Association.

Mr. Smith (Southam) seconded the motion.

The President was sure that motion would be warmly received. The labours of the Council were very great; what they got through was enormous. Motion carried.

Dr. Horner, of Hull, moved that the following gentlemen be appointed Honorary Corresponding Members of the Association:—Dr. Pincoff, of Dresden, late of Manchester, and Dr. Goldie, of Rome, late of York. These gentlemen were very well known. He would propose in addition Mons. Phalari, of Paris.

The motion was seconded by Mr. Newnham, and carried.

Publications of the Association.

Sir Charles Hastings then said,—at the last Anniversary Meeting of the Association, Drs. Robertson, Conolly, Lyon, Mr. Soden, and myself, were appointed a Committe to consider what alterations, if any, could be advantageously made in reference to the publications of the Asssociation. The following is our report, which has received the sanction of all the members. I should say that the consent of the Council was given last night.

Report of the Publications' Committee.

The Committee appointed at the last Anniversary Meeting to consider whether any, and what, improvements can be made in the publications of the Association, have not thought it necessary to make any report until the present meeting. By this means the Committee have had time for mature deliberation, and further experience of the working of the present plan of the publications has been obtained.

It appears to your Committee, that the plan adopted at the Norwich Meeting in 1846 should still be the basis of our publications: that is, the *Journal* should be published once a fortnight, and a volume of *Transactions* annually, biennially, or triennially, according to the accumulation of important Papers, and the discretion of the Central Council at Worcester. The Committee think that the experience of the last five years has shewn that this system will, on the whole, give most satisfaction to the members of the Association.

The conjoint Editorship does not appear to your Committee to have been fraught with any inconvenience. Upon the well known principle of a division of labour, the *Journal* is likely to be better edited when there are two Editors; the one more particularly charged with the foreign department, and the other with our indigenous medical literature.

Your Committee think the Reviews in the *Journal* should be analytical rather than critical. Acrimonious reviews, like acrimonious correspondence, should be excluded. The fittest condemnation to pass upon a work calling for severity of criticism is—not to notice it at all.

The Committee do not recommend the suppression of the Editorial or leading articles. They are always looked for with interest, and, provided the topics are selected so as to steer clear of controversy, are read with pleasure. Your Committee wish particularly to point to medico-legal and medico-ethical questions as occasionally fit subjects for discussion by the Editors. But in the absence of any prominent topic, the Editors need never be at any loss if they will give a brief synoptical view of the medical occurrences of the day; of the cases of special interest that may have appeared in cotemporary journals; of the medical matters, the subject of immediate discussion in London or elsewhere; and of the best reviews that appear from time to time in the Quarterly Journals of Medicine. Interesting articles might be written under the title of "Reviews reviewed." If this should seem too ambitious a title, our Editors might at least call attention to the best written articles in the Reviews as they successively appear. For such as cannot read all the Reviews this kind of help would be very beneficial, as they would then never overlook anything of very decided and superior merit.

The *Journal* has been so well edited for months past, that to a great extent it fulfils what your Committee have been endeavouring to set forth. They think, therefore, there is no cause for complaint, and that the Association should not by undue intermeddling, interfere with the wholesome free agency of the Editors, now that it is so laudably and efficiently directed. At the same time the Committee think it well to take this opportunity to put before the Editors their views as to the scope of their labours, and as to what your Committee think is most likely to satisfy the majority of the Association.

It has been suggested to your Committee, that it would be desirable to appoint individuals or Sub-Committees in the large towns, with a view to collect matter for the *Journal*. The plan, your Committee believe would not work well. We must leave voluntary contributions as heretofore, to the zeal and ability of individual members. It cannot, however, be too strongly impressed on the minds of members, whether resident in towns or rural districts; that whatever diligence and ability may be shown by the Editors in conducting the *Journal*, much of its success must depend upon the assistance they derive from the members of the Association.

Your Committee have given consideration to the question of adjudicating prizes for the best contributions to the *Journal*: they recommend the prizes to be confined to Hospital Reports. Industry might be stimulated and emulation excited by inviting Hospital Reports from the House-Surgeons, or even the Senior Pupils, of our Provincial Hospitals, for publication in the *Journal;* and prizes might be proposed yearly for the best and next best series of Reports published during the year. The Council Fund might, with the consent of the Council, be appropriated to this purpose.

Your Committee would suggest to the Editors whether the reports of the meetings and minor articles of intelligence may not be printed in a smaller type.

Your Committee having said what they think

desirable on the general management of the pulications, beg also to report that they have considered the letter addressed by the President and Secretary of the South-Eastern Branch of the Association to the President of the Council, approving of the general management of the *Journal*, but conveying a censure upon the Editors for a want of candour and fairness in their remarks upon Medical Reform; a subject on which, although there is an agreement on three great cardinal points amongst the members of the Association, yet in detail a difference of opinion exists.

The Committee think that the remarks they have previously made are fully applicable to this case, and they have observed with pleasure for some months past, that the Editors have abstained from controversial writing on these points, and they therefore trust that the members of the South Eastern Branch will feel satisfied that their representations have not been unheeded.

C. Hastings,
A. Robertson,
John Conolly,
E. Lyon,
J. S. Soden.

Dr. Lyon observed that he had dissented in a most material point from this report; but that had since been modified, and he wished to say that he now entirely concurred in the report as read.

Mr. Workman proposed that the report be received and acted upon.

Dr. Conolly seconded.

Mr. Bree believed it was not usual to make objections to the Reports presented at the annual meeting; at the same time, though he did not object to anything in the Report, he hoped he might be permitted to make a suggestion. In the Report of the Committee at the meeting subsequent to the Norwich meeting, held, he believed, at Northampton—("at Derby," was suggested,) at Derby, it was so—a suggestion was made by a very valuable member of this Association, and he (the speaker) did not take any credit for the wording of it in the Report, for it was almost copied from the letter in which it was conveyed by the suggestor, Dr. W. Budd, of Bristol. The suggestion was, "that a prize should be given out of the funds of the Association, which he contended were available for that purpose, an annual prize of not less than £50 for the best treatise on any medical subject which had received the investigation of the writer. He would not specify the nature of the subject, but leave it entirely at the discretion of those who should contend for the prize, and who might thus treat of subjects which they had most closely studied." The suggestion when made by Dr. Budd was, he believed, opposed;—certainly it did not appear in the Report. He did not wish to press the subject now; but he could not resist the opportunity of drawing attention to it.

Sir Charles Hastings observed that the subject had been under discussion, but objections were entertained.

Mr. Bree was aware that scruples were entertained as to its being a proper disposition of the Society's funds, but when they considered that they were 2000 strong, and that their journal was now only published once a fortnight, and that they had only an occasional, instead of an annual volume, surely the funds of the Association should be sufficiently ample to allow of such a prize, one that he believed would raise the character of the Association more than anything that could be suggested, for they should then become the patrons of original investigation in any branch of the science.

The motion was put and carried.

Committee on Irregular Practice.

Dr. Cormack then rose and said, the resolution he held in his hand was one which he considered to be of paramount importance, but he did not consider it necessary to introduce it with a speech upon this occasion. It followed as a corollary to the vote by which the Council's Report had been approved, and an echo of an eloquent passage in the President's Address to which they had listened with so much pleasure and instruction. All he wished was, to bring forward the resolution in general terms, reserving to himself the right of defending or explaining it, in case of opposition, though he hoped the matter would not be gone into to-day, as it would interrupt the order of procedure. The prevalence of illegal practices ought to form one subject for consideration at these annual meetings of the Association, and his motion simply went to this effect, that a Committee of three be appointed to report to-morrow on the course proper to be adopted in reference to that matter.

Dr. Ranking rose with great pleasure to second that resolution, and quite concurred in the desirability of taking the discussion to-morrow when the Committee reported.

A Committee consisting of Drs. Cormack, Tunstall, and Ranking, was then appointed.

The Address in Surgery.

Mr. B. Vallance, of Brighton, proceeded to read the "Address on Surgery." On its conclusion

Mr. Norman (Bath) said he was sure that every gentleman present would agree with him that Mr. Vallance had shown great judgment in selecting the important topics treated of in his paper for their consideration; and he moved that the cordial thanks of this meeting be given to Mr. Vallance, with a request that he would allow the paper to be printed.

Mr. Carden (Worcester) seconded the motion.

The President was sure Mr. Vallance had shown a great deal of judgment in his selection of surgical cases; and the zeal and research he had displayed throughout could not but gain for him the thanks of the meeting.

The motion was carried with much applause.

Mr. Vallance begged to return thanks, in the first place, for the kind hearing they had given him, and in the next for the compliment they were pleased to bestow on his labours. He assured them that but for the

indifferent state of his health, he would have rendered his paper more worthy their attention.

The meeting was then adjourned for an hour.

SECOND GENERAL MEETING.

The Association re-assembled at the same place at two P.M., when

Sir CHARLES HASTINGS begged permission to read a letter he had received from Dr. Babington, the mere mention of whose name would, he was sure, command attention to whatever communication he might have to make; and this letter he was the more induced to read because one of the first objects to which this Association directed its attention was the nature of epidemics, (and it was the first Society that did so), and Dr. Babington was the President of the Epidemiological Society. The letter was as follows:—

"31, George Street, Hanover Square,
July 16, 1851.

"My dear Sir,—Will you do me the favour to comply with the joint request of the Council of the Epidemiological Society and myself, by bringing the objects and proceedings of the Society to the notice of the Provincial Medical and Surgical Association, at their approaching meeting at Brighton. As you are one of our Vice-Presidents, and have kindly attended more than one of the meetings of our Council, I need not enter into any details further than to enclose you our printed laws, our objects, as set forth in an address to the medical profession and the public, and a paper of questions which have been circulated by the Committee formed for investigating the important facts connected with small-pox and vaccination. These papers will give a notion of what we purpose to accomplish; and if you think proper you can present them to the Association. I may mention that we have at present two other Committees actively employed, the one in investigating the epidemic diseases which prevail occasionally in hospitals and other public institutions, such as erysipelas, gangrene, &c., the other in making inquiries respecting the influence which common lodging-houses have in promoting the spread of epidemics. You will have perceived by the public journals that several of the Insurance Offices have afforded us pecuniary aid. Perhaps the Association may deem our objects worthy of support of this kind. At any rate, some of its members may feel disposed to join us; and we trust to your able advocacy for bringing about this desirable end. "Believe me, my dear Sir,

"Yours, very truly,
"B. G. BABINGTON.

"To Sir Charles Hastings, M.D.,
"President of the Council of the Provincial Medical and Surgical Association, &c. &c."

He thought the President and the members would admit that the Epidemiological Society was established on principles which rendered it highly deserving of support, and no doubt those who could support it would be inclined to do so. He was afraid that they could not afford to make any pecuniary grant; but if their finances ever arrived at a state to warrant it, he, for one, should be most happy to advocate such a step. He moved that the letter and papers form part of the proceedings of this meeting.

The proposition was assented to.

INCOME-TAX COMMITTEE.

Dr. SMITH (Cheltenham) said the subject he wished to bring before the attention of the members of the Association was one of very great importance at the present time, and which, he was sure every professional man would agree with him in saying, demanded at their hands the most serious consideration, namely, the taxation imposed upon the medical profession. (Hear.) For a long time the members of the profession had suffered, most iniquitously in his opinion, from that ill-advised measure the income-tax. (Hear.) To the medical man more especially the income-tax had been oppressive, and oftentimes had very seriously affected his future interests; and it had been in its operations most unjust, if not something more, and, as an iustance, he would state a fact. A medical man was taken ill shortly after making a return, which was made at a moment when he was in perfect health. He (Dr. Smith) was not now going into a newspaper narrative, but was stating a particular case. The person was taken ill shortly after making a *bonâ fide* return of his previous year's receipts,—perhaps he had compounded for three years; he was suddenly laid on a bed of sickness, and for some time deprived of the means of making up his income, and yet he had no appeal, and could not prevent the tax collector's receiving that full amount of income derived by Government from the income-tax. The money was not in that case derived from the labours of the medical man; and such an unjust tax ought to be done away with. The matter had been before Government, and the farmer had been allowed to make a claim, and a deduction had been granted to him; but the professional man, stretched upon a bed of sickness, had no appeal. (Applause.) It was a matter which ought to be pressed upon the Chancellor of the Exchequer. For his own part, he was most strenuously and decidedly opposed to the income-tax in any way whatever. It was a most iniquitous and unjust tax; and of all the taxes relative to the medical profession, the income-tax was the most unjust. And with regard to the mode of assessment, it was subject to much abuse. All the clerks were sworn to secrecy; but who would be answerable that a young man of 18 or 19, would, upon leaving his employer, still value and adhere to the oath which he had first taken. He did not say that those young men did break their oaths, but still there was a probability that they might. And as regarded the secrecy of the income-tax, it was almost a complete farce. He (Dr. Smith) had compounded under the impression that his income would be kept perfectly secret. He went before the authorities, and, instead of taking his word, they put his name down at £20 instead of about £7 a year, and he allowed it to remain. He went to pay the money, and in that room where everything ought to have been profoundly secret, he saw some twenty persons, and there was a list there containing the names of all the parties who had compounded under what was called the Special Commissioners' Act, and he could have read the whole of that list if he had thought

proper to do so. That was considered secrecy. So far as professional men were concerned, it was a matter of great importance that the amount of income derived from their business should not be known. He was not satisfied also with the workings of a measure which compelled the medical men of Great Britain to pay a tax from which their brethren in Ireland were exempt. If the medical profession were free in one part of Her Majesty's dominions, it ought to be free in another. (Applause.) And also, as regarded the assessment-tax, their brethren on the other side of the water were exempt, whilst they had to pay, and on these grounds a favourable opportunity existed for the medical profession to bestir itself, and endeavour to influence the Legislature to make a reduction of those taxes which so seriously affected every member of the profession. And with regard to the assessed taxes, there was a movement on foot at the present time, to make the tax upon coach horses more equalized. He knew several parties who were independent, and could ride in their carriage without having to pay that tax, whilst they (the profession) worked hard and laboriously to earn their bread, and yet were compelled to pay that tax. The farmer could now have his horses exempt, but medical men had not the slightest exemption, and Government always imposed taxes upon the profession whatever the effect of the imposition might be. And again, with regard to the house duty, they had to pay 9d. in the pound as professional gentlemen, whilst the merchant, rolling in wealth, had only to pay 6d. He hoped that the meeting would carry his motion and appoint a Committee to inquire into the laws affecting taxation, and more especially with reference to the income-tax. He would have the greatest pleasure in co-operating with any committee which might be appointed. He moved,—"That a Committee be formed for the purpose of investigating the subject of taxation, so injuriously and oppressively affecting the medical profession."

Sir C. Hastings: Will you act as Secretary?

Dr. Smith: I shall be happy to do anything I can.

Mr. Newnham, of Farnham, seconded the motion.

Dr. Malden, of Worcester, said he was sure that all were much obliged to Dr. Smith for bringing the subject forward, and he would render his proposal more complete, if, in naming his Committee, he gave the names of those gentlemen who would be able to attend the Committee's meetings. (Hear.) In this Society there were gentlemen who lived at very remote distances, and if such were appointed they would necessarily be very slow in their work; but if Dr. Smith had any friends belonging to the medical profession residing in the same neighbourhood with himself, and who would cordially co-operate with him and regularly attend the meetings, it would much facilitate the business of the Committee. (Hear.)

Dr. Smith mentioned the names of Mr. Fowler and Dr. Cannon, of Cheltenham.

The names of the following gentlemen were then added to the resolution as a Committee:—Dr. Smith, Dr. Malden, Mr. Fowler, Dr. Cannon, Mr. Colthurst, and Mr. Lowe.

Mr. Lowe said, in order to give some additional impulse to the matter, which he was very glad had been brought forward, he would state a circumstance which occurred to himself at the time when this oppressive tax was first imposed. After about fourteen years' hard practice in his profession, some time between the years 1841 and 1842, his health gave way, and he felt it necessary for a time to give up practice. He was away two years, a portion of one of which was spent in Spain. Whilst there he received official papers having relation to his income for what was called the current year, but which he thought was the previous year. Upon his return from Spain he paid the money due, and found his practice and income, as other medical men had found theirs, after a long absence—ruined. The money claimed by Government was paid into the Exchequer, and he applied again and again to have it refunded; but, although he received promises, the money was never returned to him. There was £15 or £18 lost, independent of the annoyance of having his affairs exposed to the public, and the harshness with which the measure was carried out. It was quite manifest from this that Government was not supposed to give countenance to medical men's wants and requirements; but he thought that if a more just system of taxing medical men were resorted to, and countenance given to them equal to others, they would not require so much aid as had been already shown many members of the profession were receiving. They could not too strongly impress upon the public that expression—"God helps those who help themselves." Feeling the sobriety and propriety of the measure now proposed, he was glad that he had an opportunity o supporting it.

The motion was then put by the President, and carried unanimously.

Financial Statement.

Dr. Horner then read the following Report of the Committee on the Finances of the Association:—

"We, the undersigned, being a Committee appointed by the General Meeting of the Provincial Medical and Surgical Association, report to the meeting, that with the assistance of Sir Charles Hastings, the Treasurer, and Mr. Crompton and Mr. Hatton, the Auditors appointed at the meeting of 1850, we have carefully gone through the Accounts of the Association; and that we find the statements laid before us as under are perfectly correct, and we think the Association is under a debt of obligation to Sir C. Hastings for the time and trouble he has devoted to the pecuniary affairs of the Society.

"We find that the balance in favour of the Association in 1849 was £16 2s. 6d.; in 1850, £109 18s. 6d.; and that the cash balance in favour of the Association up to the 31st July, 1851, is £94 3s. 1½d.; and that it has been reported to us by the Treasurer that the subscriptions due up to this period are £1050.

"F. R. Horner, Chairman.
A. Robertson,
John S. Soden,
C. R. Bree,
John S. Bartrum."

On the motion of Mr. Parker seconded by Mr. Newnham, the report was approved.

Benevolent Fund.

Mr. Newnham read the Report of the Benevolent Fund, which will be published in our next number, together with the cash account, as follows:—

Donation Fund.

Dr.

Amount invested to July, 1850 ...	£2179	10	6
Interest for the year	62	10	0
Donations for the year	188	15	6
	2450	15	6
Per contra	2480	14	6
Balance due to Treasurer ...	29	19	0

Cr.

Amount previously invested	£2179	10	6
Balance due to Treasurer, July 1, 1850	11	9	6
Annuities, November, 1850	37	10	0
Do. May, 1851	37	10	0
Purchase of Bank Stock, July, 1851	214	14	6
	2480	14	6

Value of Bank Stock invested £1200 at 214: £2568.

Subscription Fund.

Dr.

Balance, July 1, 1850	£33	1	1
Subscriptions to June 30, 1851	540	1	4
	673	2	5
Per contra	516	15	0
Balance in Treasurer's hands ...	56	7	5

Cr.

Benevolent aid to June 30	£464	2	6
Nichols, for stationery and printing	20	16	6
Envelopes and stamps	26	15	10
Advertisements and expenses of local Secretaries	5	0	2
	516	15	0

Distribution of Balance.

Donation Fund due to Treasurer ...	£29	19	0
Subscription Fund in Treasurer's hands	56	7	5

Mr. Newnham: This balance existed on the 1st of July; but there has been voted another £35, and when thus reduced, the balance is about £20, and we have a list of claimants for the next Committee meeting, at the end of this month, which will more than absorb all our balance, so that we are not in a very prosperous, though a solvent, condition.

Dr. W. Conolly said,—in rising to move the adoption of the report just read, he could not help congratulating the friends and subscribers on the steady progress—the slow but steady progress—of the Association. There were some circumstances in relation to it peculiar to the past year. It was only during that year that they had held their meetings in London. Hitherto the Committee was at Cheltenham, which place was far less advantageously situated for the administration of the affairs of the Society. And here he would gladly bear testimony to the admirable manner in which the London Committee had been attended. Since the last meeting at Hull there had been fourteen meetings, thirteen, he believed, within the current year, and there had been a tolerably numerous attendance on each occasion, and a vast deal of zeal and assiduity had been displayed. He must also mention that many gentlemen, not members of the Association, but London practitioners, had been very regular in their attendance, and had rendered great assistance. (Hear.) Another event of the past year called for notice. It was at the last meeting that the Secretary and Treasurers of the Benevolent Fund were able to announce that the funds had reached that amount which would justify them in granting annuities; and it was in September or October that they granted annuities for the first time to objects, he believed, of the most deserving character. One circumstance he could not help mentioning, namely, that this was a purely benevolent and purely charitable fund. In this respect it differed from all others with which he was acquainted. He knew of no Society that do not confine their relief to the members and subscribers; but in this case it was different. It was sufficient that an applicant should be a regularly educated medical man, of good moral character, and that himself or family were in distressed circumstances, to entitle him to relief from the fund. The motion in his hand did not confine itself entirely to the reception of the report; it also named their Honorary Secretary. It would be superfluous for him to say one word about him. (Hear.) They were all so well acquainted with his labours—with the zeal he had displayed, and the success which had attended his exertions, that any word of comment was rendered unnecessary. He was sure he should have the concurrence of every gentleman present when he proposed "That the report be adopted; and that the cordial and heartfelt thanks of this Association are pre-eminently due and are hereby given to Mr. Newnham for his great exertions in promoting the interest and increasing the amount of the Benevolent Fund; and that he be requested to continue his services as Honorary Secretary."

Dr. Thompson (Stratford) had great pleasure in seconding the resolution, and in bearing testimony to the assiduity and self-sacrifice of their worthy Secretary, and he had equal pleasure in seconding the request that he continue his services as Honorary Secretary. In the whole range of the Association not another gentleman would be found who would devote so large a portion of his time to the promoting the objects of the Benevolent Fund, as their respected friend, Mr. Newnham. (Applause.)

Mr. Bottomley (Croydon) was a great advocate of benevolent associations. He belonged to one called the Surrey Benevolent Medical Society, established since 1812. He had subscribed to it for many years, and was now a life member of it. They had upwards of £8000, and there were other institutions on the same footing, and it might be presumed, if he did not make the fact known, that the funds of this Association ought to be much larger. He wished gentlemen to understand that there were other institutions, which lessened the amount of the Medical Association Benevo-

lent Fund, and if gentlemen were to subscribe more generally to associations of this kind, which exist in almost every county, there would not be so much distress in the medical profession. (Hear.) Every credit was due to Mr. Newnham for his anxiety and zeal in endeavouring to promote the objects of the Benevolent Fund attached to this Association. He thought that gentlemen ought to be informed of these facts.

The PRESIDENT, in putting the motion, said he was sure it would be quite unnecessary for him to say anything in support of it, as every gentleman in the Association must be well aware of the exertions which Mr. Newnham had made in this particular branch. (Hear, hear.)

The motion was then put and carried with acclamation.

Mr. NEWNHAM having thanked his friends for the very kind manner in which they had acknowledged his services for the past year, could only say that such kindness gave him an additional stimulus in carrying out those exertions for the future, and, while he felt that the shadows of evening were lengthening around him he would endeavour to use increased exertions in doing all that he could to extend the influence and efficiency of the Benevolent Fund. (Applause.) It only happened once in the year that he could have the opportunity of mentioning some facts with regard to the fund, which it was impossible to embody in the report; he should therefore state them now, and in doing so he should refer to certain documents. The speaker then read a letter addressed from Mr. Propert to Mr. Walsh, (secretary to the Widows' and Orphans',) in which he states that he knows of no society which did not require a membership before any application can be entertained, except Mr. Newnham's charity, and he, therefore, advises an applicant to make her case known to the latter. This, continued the speaker, was in itself an answer to Mr. Bottomley's observations. That gentleman had said that he belonged to another benevolent society, and he wished he could make Mr. Bottomley understand the difference between that and their own. He was himself an honorary member of the Surrey Society, and would support it, knowing its object to be good; but it had only twenty members, and what were they as a provident society in the extensive county of Surrey, which, although not large, was, in the upper portion of it, densely populated, and consequently contained a great number of medical men? But it must be also remembered that that was a provident institution. An individual says, "I will lay out a certain portion of my income to receive a greater amount under certain circumstances." And no doubt it was incumbent upon all to provide against emergencies, but still they were not to forget their brethren who were reduced to a state of distress without having had the means of so providing for themselves. (Hear, hear.) The great object was to make a distinction between the two sorts of institutions. Mr. Newnham here read several letters showing that relief (stating the amount and the circumstances under which it was given) had been rendered to certain parties whose names were read, and the gratitude with which it had been received. He had mentioned in the report the fact that, annuities had been granted; they were given to one aged physician, one aged widow, and two other widows with large families; and the amount of comfort which had been derived from them had been very great. (Hear.) He would now mention the fact that such another society as this existed in Ireland, and he must say that when he looked over the report of that Society, he blushed to see that their own efforts were not equal to those of their cotemporary. In respect of that institution, he saw that there were a number of large grants; donations to the extent of some hundreds of pounds; and no doubt the meeting was aware of the large sum left by Dr. Carmichael, which had not got into their hands at present. A large amount of those funds were legacies, and they could not be expected at once, unless they wished their friends to die, and he was sure they did not wish that, but on the contrary, they wished them to live as long as possible. (Hear.) He would now offer one remark with respect to the non-professional subscribers. It occurred to him that a great amount of good might be done in that way if properly set about. Amongst his own personal friends, non-professional gentlemen, twenty guineas had been contributed. He had to-day received from non-professional friends a contribution transmitted through Dr. Jenks, and if the Society only kept this in view, they would find it a very considerable source of revenue. (Hear.) During the last few months a gentleman had made an appeal to the Poor-Law Officers, and that had produced a considerable amonnt. Mr. Cartwright had also got a Committee appointed to consider and aid the Benevolent Fund, and another gentleman had sent him (the speaker) a guinea as a fee for life insurance. Another gentleman had sent a considerable sum arising from what he had taken in midwifery cases he had been called on to attend. These were bright spots which served to cheer his somewhat darkened way, and he now certainly began to feel and hope that a greater amount of interest had been excited in reference to their Benevolent Fund. (Applause.)

COMMUNICATIONS.

Dr. MALDEN (Worcester) said,—owing to the courtesy of the Council, the selection of the subject for my paper was left to myself, therefore I thought that I had better select a stirring one, and I have selected "Empiricism." But as in what I have to say to you I am not to occupy more than half an hour, I must endeavour to do the best I can with it, and if I tire you out in half an hour, I shall be vastly astonished. (Applause.)

The paper was received with applause, and will be published hereafter.

Dr. CONOLLY then read a valuable paper on the "Prognosis of Insanity."

The meeting then adjourned.

At six o'clock the members again assembled at the Pavilion, in compliance with the invitation of Dr. Jenks and the other medical gentlemen of Brighton, and partook of a splendid cold collation which awaited them.

Dr. Mantell's Address.

After dinner Dr. Mantell delivered a lecture upon "The Medical Topography of Sussex," of which the following is an outline:—"When Washington Irving returned to his native country, after having acquired a European reputation, and was received by his countrymen with warm congratulations, he observed, that he who goes abroad in the world and reaps a full harvest of worldly favour, will find no applause so sweet to the soul as that which awaits him in his native province. That feeling was most fully impressed on the lecturer's mind on this occasion, while he was expressing his gratitude to the committee for having thought of him while he was absent from Brighton, and given him the privilege and pleasure of addressing his medical friends in it. In the good old times, when there were but four elements, earth, air, fire and water, there would have been but little difficulty about a lecture on medical topography; but now, when we are surrounded by a thousand occult influences, those least obvious to our senses producing the greatest effects on the human constitution, for, as his friend Faraday had said, the most important operations of nature, are the most imperceptible—the action of causes which we cannot well appreciate—it was quite different. We all knew that changes from heat to cold, drought to moisture, will produce influences in the human constitution, and the general effects of such changes are well known, but circumstances are continually arising to baffle all attempts to explain the phenomena that arise in reference to such physical conditions. Now, the superficial soil produces the most visible effects on the constitution, yet the influences promoting the greatest effect have a deep hidden source. It would be his object to point out the geological character of the country and the superficial detritus which covers the surface, and which might be supposed to influence objects upon it, as well as to offer general observations which might seem to bear on the matter which was the immediate object of their inquiry. He proceeded to a geological survey of this part of the country. Beginning at London, he showed that the metropolis was geologically situated over a basin exactly similar to that of Paris, under which the water from the surrounding country flowed, and that London was as favourably placed for the formation of an artesian well as Grenville, near Paris, where a magnificent example existed of the triumphs of geological knowledge, the fact that water would be obtained by boring not only being predicted, but also the temperature at which it would be received when spouting from the bowels of the earth into the air. Geologically journeying to Brighton, the Doctor showed that after meeting the red sand formation, we arrived at the chalk of Merstham, after which we came again to the red sand formation extremely impervious to water, first, there being a stiff argillaceous clay, often requiring six horses instead of two to draw the plough through it, and then Red Hill, so called from the ferruginous colour of the clay there. Leith Hill, Surrey, seen looking westward, was in this range. Next we met with the Wealden formation. Up to the Balcombe range of hills, the strata all dipped towards London. Journeying still southward we met, only the dip was in the opposite direction, a repetition, in an inverse direction, all of these strata, the last being the chalk, and ending in Brighton. But beyond the chalk at Brighton occurred the stratum which he had called the elephant bed, bones of the elephant, hippopotamus, horse, and other animals, being found there. This succession of strata extended in both directions. The chalk appeared at Hertford, Merstham, Brighton, Dieppe (across the Channel), and near Paris on this side, and again beyond; and at Beauvois, the Wealden formation was visible with beds of Sussex marble composed of fresh-water shells. Doubtless, the chalk once covered the entire surface; and the present condition of the surface, arose from upheavings in one place being accompanied by depression and displacements in others. Years ago, the Wealden was regarded as an uninteresting salt-water formation; now it possessed great geological interest, and was known to be, he having first suggested the fact, a fresh water formation, being in fact the delta of a mighty river. The Doctor here stopped short, lest he said he should "get into geology" (laughter), and then he went into geology again. Beyond Kemp Town, just above the beach, there was a little terrace of chalk; but upon this there was a layer of beach, the elephant bed, containing granite and other boulders, bones of animals, &c., evidently brought from distant countries by icebergs, which on arriving in a warmer climate melted, and deposited the burden which had been frozen in their masses, everything, as would be the case under such circumstances, being in a high state of preservation. "Drift" was now the term applied to these ice-borne materials, which were formally called "Diluvium," from a notion that they were caused by Noah's Deluge—a mode of covering ignorance analogous to that resorted to in days gone by, when every disease unknown to the faculty was denominated "nervous." The Doctor proceeded to express an opinion that ague, typhus fever, &c., depended not altogether on dampness, but upon something generated in a locality. Years ago he was surgeon at Ringmer and the surrounding parishes, and so distinctly did he find fevers confined to a district where the blue clay succeeded the chalk, that at his representation, the healthy chalk site of the old barracks was retained by Government for use in the event of another war breaking out. In fact, a geological map, denoting the locality of the blue clay, would denote peculiarly the region of fever. Dr. Mantell then mentioned that ague, typhus, &c., used to prevail on the low grounds contiguous to the river at Lewes, but not on the chalk; and an instance of the periodical attack of fever in the autumn, of a family living on the top of the chalk hill, which was got rid

of by the removal of an accumulation of dung from a large stable. Some cases of cholera in the neighbourhood of a large uncovered sewer at Chelsea, were also mentioned as showing the local origin of disease; as also the theory of a French doctor, whose name we could not catch, who came to England in the last time of cholera, that cholera depended on the galvanic condition of the rocks of the district. He conceived that alternations of sand and clay gave rise to galvanic action; and, with his theory in mind, he traced the progress of the cholera in France and England. He said he had been to the Registrar-General, who told him that "cholera was owing to de poverty of de peple, to de dirt, to de stink;" but, he added, "You have always de poverty, and de dirt, and de stink, but not always the cholera." Both in France aud England they found no cholera on the chalk, except in one place. "*Mais*," said the Frenchman, "*ce n'est pas une exception;*" a great quantity of detritus, brought down by the rivers had been left on the spot. In conclusion, the Doctor suggested that disease might arise from infinitesimal forms of animal life—the cholera from a new creation of animalcules; and with much energy, and we thought with much success, he combatted the assertion that this theory was either a cause or a consequence of the holding of materialist opinions.

At the conclusion of this address the applause was most enthusiastic. A gentleman then rose and expressed a desire to hear the remarks which he presumed the lecturer had intended to indulge in, illustrative of certain diagrams which he had caused to be suspended in the room. The Doctor accordingly consented to enlarge on the topic they suggested, and after a short interval he entertained the audience with an account of the discovery by himself in the weald of the *debris* of the iguanodon, an extinct reptile. In connection with this he introduced much pleasant gossip relative to the reptile world of the past days, drawing especial attention to the pelorosaurus, probably a reptile of eighty or ninety feet in length, one of the bones of which was represented in a diagram before them.

The meeting broke up about ten o'clock.

THIRD GENERAL MEETING.

THURSDAY, AUGUST 14.

THIS morning the members of the Association and friends breakfasted together in the Banqueting Room of the Royal Pavilion, after which they separated to view the Sussex County Hospital, and various subjects of interest in the town. At twelve they re-assembled in the Music Room, when Dr. Jenks again took the chair, and called on Dr. Cormack to bring up the report of the Committee which had been appointed on the previous day "to consider the course which the Association ought to adopt with reference to the prevalence of irregular and unprofessional practices."

Dr. CORMACK said,—I have the honour, Sir, to be commissioned to offer for the acceptance of this great meeting, the Report of your Committee on irregular practice. Although the terms of our appointment might have justified a more general notice of the prevailing delusions and impostures of the day, we have thought it best to direct your attention solely to what is called homœopathy, as, along with it, is almost invariably associated the practice of other systems of charlatanry. I am anxious to state at the outset, that we have not thought it necessary to adopt the language of controversy, and we have endeavoured principally to mark out the necessity of excluding from this Association three classes of practitioners; first, those who really (and many of them honestly) practise homœopathy; second, those of a mixed, or bastard kind, who practise homœopathy in combination with mesmerism, hydropathy, allopathy, or *any pathy* which the patient most may fancy; and, third, those who, under various pretences, hold professional intercourse with homœopathic practitioners. It is not necessary in this assembly to prove that homœopathy is a mere chimera—a system opposed to reason, common sense, and all medical experience; but I may in a few words give you a brief synopsis of what Hahnemannism is. Dr. Cormack then stated that there were three leading doctrines, or rather dogmas, promulgated by the German dreamer:—1st, that all diseases depended upon three inherent taints, the principal one being the itch, or psoric, as he called it; 2nd, that like cures like—*similia similibus curanter;* and, third, the giving of infinitessimal doses. With regard to all of these chimeras, Dr. Cormack averred that they had no scientific basis, no facts to rest upon, and the statements made about medicines acting when divided into the decillioneth of a grain, are so transcendantly nonsensical as to be entertained even as a subject of consideration for an instant, only by an unhealthy mind. The simple fact is this, that Hahnemann's doses cannot be demonstrated to exist, and are so small, that the mind of man can form no conception of their minuteness. Some homœopaths repudiate in a sort of half-and-half way the small doses, but the public who feed homœopaths generally conceive that their medicines are given to them in the attenuations of Hahnemann, in quantities ranging from a millioneth to a decillioneth of a grain. Small doses were lauded at the meeting in Hanover Square Rooms, but these laudations were, perhaps, applauded by men who give more freely than many of us would dare to do, strychnia and aconite, and other such like drugs, the most terrible doses of which are drops and fractions of a grain. Large doses of more common medicines, as I well know, are also every day prescribed by men who come forward as candidates for homœopathic practice among the wealthy and the noble. I have said enough to show you how vain it is to define what is meant by homœopathic practice, when I mention that at a recent meeting of the annual congress of homœopathists, there was present as a large participator in the business, Dr. William Mac Donald, who, besides being a homœopathic practitioner, is a leading man as a believer in, or lecturer on, the highest degrees of mesmerism. Then Dr. Macleod, (whose autobiography I hold in my hand,) the keeper of a water cure inn at Bewrydding, in Yorkshire, is a

chosen champion of homœopathy, a man whom the *Homœopathic Times* delights to honour, and who treats his patients by globules and wet sheets. But besides the legitimate and the bastard homœopaths, there is another class of men who have no right to sit with us as brethren on these benches, nor be associated with us in this Society. Regarding this class, I would wish to say a little; but that little must be plain, and it is this, that we must not—not one member of this Association must hold professional intercourse with those traitorous men who meet at the bed-side with those whose medical creed and character I have, though perhaps too mildly, depicted. A broad line of demarcation must be drawn, and it must be done this day. (Applause.) Private friendships have perhaps made some of us too long in adopting the painful but only right course. To error or imposture there never can be made an honourable exception. After adverting to various other subjects in the report, Dr. Cormack said that he approached the next topic with feelings of the deepest pain and sorrow. He continued:—I will not yield to any man in my respect for the sacred office of the ministry; myself, the son of a Clergyman, I have always felt that the only other calling more noble than our own is that of preaching the everlasting Gospel, but, when Clergymen assail us from the pulpit and injure our influence with our patients by their zeal in converting proselytes to Hahnemann, neither delicacy nor duty exact from us silence. Numerous facts have been laid before your Committee, from which we have ascertained that in some districts of the country the zeal with which the Clergy have taken up homœopathy knows no bounds, and many of our brethren have had their patients wiled away. I would not have ventured however to bring this prominently before you did I not hold in my hand a sermon preached by a Rev. Vice-President of the Hahnemann Hospital, in Bloomsbury Square, from which it is necessary that I should read to you some extracts. The preacher was the Rev. Thomas R. Everest, Rector of Wickwar. He selected his text from the Gospel of St. Matthew:—"And as ye go, preach! saying, the Kingdom of Heaven is at hand. Heal the sick, cleanse the lepers, raise the dead, cast out devils: freely ye have received, freely give"—ch. x., 7 and 8 v.

In this text the reverend gentleman finds revealed the doctrine of Hahnemann, but I will give you his own explanation of the words of the Evangelist "Heal the sick and cleanse the lepers! CLEANSE the LEPERS! Why pick out disease at all from amongst the ills of man? And if so, why that particular one? Why not blindness or madness, the stone or dropsy, rheumatism or the gout?" Thus you see that the leprosy of St. Matthew and the psora of Hahnemann are the same thing. That in fact is the grand idea of the sermon, but the great redemption was not complete, or at least not available, till fallen man—till Hahnemann appeared. I almost feel, Sir, that the passage is too awful to recite before you, but I must do it to save myself from the charge of misrepresentation.

"At the fall of man sin entered into the soul and disorder into the physical frame (with which that soul is connected) at the same moment. God sent his Son to repair the mischief, and He bade His ministers preach the Gospel, and heal the sick;' that is, cure the moral disorder and the physical disorder together; and for 1,900 years that precious wisdom has cried in the streets unheard. The preacher of the Gospel, not aware that that Gospel could never have free course until the physical leprosy of man was cleansed and his chronic tendencies cured, has handed over to a separate profession the business with which his Lord entrusted him. And that profession, unconscious of its privileges, its duties, its powers, has, so to speak, ignored the whole question. It leaves those mad whom it might have cured, or it maddens men by large doses of powerful medicines; and then we wonder at the crimes and folly that mark the career of man. Let us be assured, brethren, that there is in the Gospel of Jesus a life, a power, a spirit, which is so much in harmony with man's happiness and brings with it so much good, that if it had been understood by those who teach it and had had fair play, it would long ago have altered the whole face of society. But in spite of Moses, in spite of Jesus, in spite of the law of nature, alike deaf to God's voice and blind to facts, the medical profession has left the leprosy of the flesh to entwine itself with the leprosy of the soul. Between the two, man's tendencies to sin are increased by the disorder of his reason, caused by the abnormal working of his machinery; and the Gospel finds in whom God intended that all should be normal, but with whom it can only communicate by means of nerves in a chronic state of irritation and a brain in discordant working, not a gentle convert but a hardened criminal, a perverse unbeliever, a furious fanatic, or an eccentric, unreasoning lunatic. But old things are passed away, behold all things are new made unto us. Let us now see what the new system proposes to do for the human race." That is to say, let us see what homœopathy can do to complete the Christian system. The next extract which I shall read is an appeal to the pockets.

"Mothers! do you wish to see your children washed clear of that leprous tendency to disease which fills our grave-yards with sweet young flowers, cut off untimely, and which to those who survive, transmits a legacy of pain, sin, and sorrow? THEN AID US!"

"Fathers! do you wish to see your sons grow up faithful Christians, and sensible men, with a normal allowance of health, able to use calmly the reason which God has given to man for his comfort here, far from all extravagance, and all eccentricity, holding a course of life steady, reasonable, religious—such a course as man, healed, God-fearing, and intellectual, should hold? THEN AID US!"

"Governors of God's heritage, monarchs, Parliaments, magistrates! There is a gloomy thunder-cloud collecting on the horizon, rolling its deep masses over the face of day, threatening, lurid, portentous; but no man knows exactly of what. It is called socialism, communism, the rights of man, the rights of labour, the red republic. It is earnest, dark, sombre, avenging. It

has been lashed up by hunger, low wages, glaring inequality, wicked passions of psoric origin, roused by alcohol and medicines, maddened by burning eloquence. It has no strain of gentleness in it. It is arrested by neither ridicule nor menace. There is not one smile, or one jest hidden beneath its fantastic twirls. The sword has cleft it, but it re-unites more baleful. The cannon has poured its hail against it, but it rolls on as dense and as red as ever. The priest has cursed it; soicety trembles to hear of it; but there it hangs, in the calm that precedes the earthquake; baffled, perhaps, but biding its time till the "hour come, and the man." Shall I teach you to draw the lightning quietly from it ere it bursts upon your throne and your altar, and piles all your institutious into one heap? AID US!" I must inflict one more extract upon you. It is the preacher's account of the medicine of love.

"The medicine of love has prepared the soul for the Gospel of love. The seed of the word will soon strike root in such a soil, and bring forth much fruit; not the fruit of thievery and crime, afflicting folly and snarling religion, that exists at present, but a wholesome crop of sensible actions and sound opinions ripened by the steady rays of reason and religion. Growing up thus amidst calm, and sunshine, and love, and harmony, induced by the medicine of harmony, the education of the young candidate for heaven commences. The first care of the parents is, by proper dynamic medicines, (for medicines in a brute, material state, having a totally different action on the human organism, are perfectly useless, or rather merely injurious), to eradicate all those psoric tendencies which cause or increase all our aches, pains, ill tempers, obstinacies, rebellions, cachexies, and all chronic diseases. Life in the beginning does so long for harmony, that if thus gently aided, it soon overrules all discordant tendencies. The molecular attraction proceeds normally. The infant developes into a normal child of the normal type, in whom all tendencies to irregularity, whether of body or mind, growth or disposition, are much weakened and simplified. It has never been exacerbated by frantic doses of powerful medicines, never been excited by poisonous diet, never been beaten into obstinacy, never imitated the quarrels of its elders, never been spoiled into selfishness, never indulged into evil tempers; continuing the physical education, and watching carefully the cries which life utters for assistance, in order to relieve her just where and when she wants aid—never by mere palliatives, but always by dynamic remedies, whose energumenic power, akin to life itself, has been subtilly awakened and called forth from the brute mass in which it lay slumbering, and, if well chosen, will, by its unfailing elective attraction, restore to life at the very spot, by the very nerve wherein it labours, the very FORCE in which it is deficient—you commence the moral and religious training of the child. Plain, simple, easy, and charming, is THE GOOD NEWS OF GREAT JOY."

So much for the medicine of love. Let us now hear what the preacher says of our system of medicine. "There was once a marriage made in Heaven; but you put asunder those whom God joined together in heaven when you separated the healing of the sick from the preaching of the gospel, and made two professions out of that which Jesus made one; and therefore it is that the art of cure separated from the holy principles of love has lost its way, and fallen into foul company, and consorted with all unloveable things—cathartics, moxa, the lancet, emetics and blisters." Now, Sir, this sermon was preached in aid of the Hahnemann Hospital and under the patronage of much of the wealth and aristocracy of this country. Emblazoned on its title page we find the names of his Excellency Chevalier Bunsen, his Grace the Duke of Hamilton, the Earl of Walton, the Earl of Shrewsbury, Lord Robt. Grosvenor, M.P., and many other noblemen and Members of Parliament. To such lists we are generally referred triumphantly, but I would only say that it would not be difficult to add to the list hundreds of names of equal note, comprising noblemen, clergymen, and gentlemen who also support this quackery. But, Sir, I have yet to learn that these men are fit guides for the physician, and I would say that not all the coronets and mitres in England can convert a lie into the truth, and, layman though I be, I hesitate not to proclaim in this public assembly that the sermon from which I have quoted is replete with quackery, heresy, and impious doctrine. (Prolonged applause.) Dr. Cormack then read the following

Report on Irregular Practice.

"Brighton, 14th August, 1851.

"Your Committee have, after consultation with numerous members of the Association, maturely considered the subject referred to them, and beg respectfully to suggest the adoption of the following resolutions:—

"1. That it is the opinion of this Association that homœopathy, as propounded by Hahnemann and practised by his followers, is so utterly opposed to science and common sense, as well as so completely at variance with the experience of the medical profession, that it ought to be in no way or degree practised or countenanced by any regularly educated medical practitioner.

"2. That homœopathic practitioners, through the press, the platform, and the pulpit, have endeavoured to heap contempt upon the practice of medicine and surgery as followed by members of this Association and by the profession at large.

"3. That for these reasons it is derogatory to the honour of members of this Association to hold any kind of professional intercourse with homœopathic practitioners.

"4. That there are three classes of practitioners who ought not to be members of this Association, viz., 1st, real homœopathic practitioners; 2nd, those who practise homœopathy in combination with other systems of treatment; and 3rd, those who, under various pretences, meet in consultation, or hold professional intercourse with, those who practise homœopathy.

"5. That a Committee of seven be appointed to frame laws in accordance with these resolutions, to be submitted to the next annual meeting of the Association.

"6. That the thanks of the Association are eminently due and are hereby given to the Presidents and Fellows of the Royal Colleges of Physicians and Surgeons of

Edinburgh for their determined stand against homœopathic delusions and impostures.

"7. That the thanks of the Association are also due and are hereby given to the Universities of Edinburgh and St. Andrew's, for their resolution to refuse their diplomas to practitioners of homœopathy; but the Association feels imperatively called on to express its disapproval of any school of medicine which retains among its teachers any one who holds homœopathic opinions.

"8. That these resolutions be printed, and transmitted to all the medical licensing bodies and medical schools in the United Kingdom; and that they likewise be inserted in the *Times* newspaper, the *Morning Post*, the *North British Advertiser*, *Saunders's News Letter*, all the British and Irish medical periodicals, and in such other journals as the Council may sanction upon the recommendation of the Branch Associations.

"In proposing these resolutions for the adoption of the Association, your Committee are anxious to state that they are actuated by a strong sense of the importance of the subject in its relation both to humanity and morals. They most conscientiously believe that the countenance afforded to the form of charlatanry herein alluded to is detrimental to the true interests of the public, as it is subversive of that strict integrity which ought to characterize practitioners of medicine, and which has ever distinguished the profession in these kingdoms.

"John Rose Cormack, M.D., Edin., Fellow Royal Coll. Phys. Edin., (Putney).
"James Tunstall, M.D., Edin., (Bath).
"W. H. Ranking, M.D., Cantab., (Norwich).

Such, then, continued Dr. Cormack, is the Report of your Committee; and we now ask you to adopt it as an expression of the sentiments of this Association. Let us say our own mind plainly and calmly. Silence would be far better than the giving forth a feeble and uncertain sound.

(Dr. Cormack resumed his seat amid prolonged cheering.)

Dr. Malden (Worcester) moved that the report be adopted. After what he stated yesterday, this Association could not doubt his sincerity, and it would therefore be needless to detain them by any further comment.

Dr. Williams (London) begged to second the resolution. In doing so he would offer a very few remarks, for as far as he could judge from the demonstration of feeling which had greeted the report, the Association was pretty nearly unanimous on the subject. (Hear, hear.) It might be a question whether it was within the province of a body of this kind to take up and express opinions so decidedly on matters of this kind; but he only asked the meeting if such an Association did not take it up, where could they look for an expression of the voice of the provinces? (Hear, hear.) We found that homœopathy, and various kinds of quackery were rampant in the land; that they were deluding the great, the learned, the powerful, and, worse than all, the poor (hear, hear); that not only were riches placed at the command of these impostors, but what was far more precious and far more terrible to contemplate, the lives of our fellow-creatures. There was at this moment a wholesale traffic in body and soul; for who would say, where persons were hurried to the grave by improper treatment, or by neglected treatment, who would say that there was not a perishing of body and soul together? (Hear.) It was altogether an awful consideration, and he really trembled when he looked back on the number of terrible cases which had come to his knowledge, where, at the eleventh hour, the regular practitioner had been called in, and it was too late;—when the precious time during which medicine might have availed to save life had fled, and there was nought to be done but shake their head and exclaim—"alas! the folly," and, I fear I must add—"alas! the knavery of people, too." Then the question was:—"Who should take the question up?" The College of Physicians at Edinburgh had shown a good example, and he could now wish that the College of Surgeons, and other bodies would follow it. (Hear, hear.) The medical profession should stand forward boldly and determinedly; and if they did not pass laws, let them express their entire disapprobation of such proceedings. The public were continually making this confusion: they said it was only a difference of system,—that the homœopathists had their system, the regular practitioners theirs; that doctors were always differing; that the homœopathic practitioners were doctors as well as the others, and that they were entitled thus to differ. They refused to make the distinction between that which was sanctioned by the experience of ages,—that which was generally received by the whole profession; and any infatuated motion that might be brought up by any designing or fanciful person, and adopted by a number of fashionable lords and ladies, and thus made prevalent in the land. If the College,—if the licensing boards and Colleges did not stir, then was it incumbent on bodies of men, however collected together, to express their opinion definitely and decidedly; and he thought it incumbent on this Association, assembled as they now were, to adopt the report which Dr. Cormack had brought forward, which had been carefully considered, which might undergo further consideration in committee, and then be adopted as the opinion of this Association. (Hear, hear.) One word before he sat down, by way of warning to his professional brethren. They had heard enough to laugh at, to pity, and to ridicule, in the extracts read by Dr. Cormack; but he would really wish that the members of his profession, who had time, would provide themselves with the proper materials for discussion, by making themselves well acquainted with the Hahnemannic doctrines; they would then be more entirely convinced of their absurdity than they could be without being in full possession of the facts. He separated homœopathy, honestly practised, from homœopathy mixed up with hydropathy. In the latter case, it was little more than deceit and swindling, professing one thing and practising another, it was getting into practice by a side-wind, which was disgraceful. It was quite certain that neither the profession, nor the public, were fully acquainted with homœopathic doctrines. If they could only understand the absurdly nonsensical quantities that were given as efficient means of counteraction to diseases,

they would see the utter absurdity of the thing. In the report, in the *Times* of yesterday, of the proceedings of the Homœopathic Association, the reporter made some attempt to throw cold water on homœopathy. He said, by way of ridicule, that some of the ancestors of the good gentlemen present probably took in a dose three times as much medicine as would have doctored all the homœopathic patients in Golden Square. But this fell far short of what homœopathy is; of the real proportion between homœopathic doses and ordinary doses—doses which had been determined by long, careful, and laborious experience, followed out in a scientific manner. The difference between the one and the other was about this: the dose for an individual on the allopathic plan would be enough for 10,000—he was speaking much within limit—would be enough for 10,000 (ten thousand) times all the inhabitants of this globe. These were the absurdities of homœopathy. It was very well to talk of the billionth and trillionth part of a grain. We could not comprehend the words. The human mind could not grasp the ideas; and he would appeal to any chemist or natural philosopher who was in the habit of considering numbers, on the subject. One of the most delicate chemical tests would, he believe, detect the 100,000th part of a grain. Sulphuric acid would detect lead in that extreme proportion; and he believed that a similar assertion was true with regard to chlorine. But the 100,000th part of a grain would have to be diluted twice, that is to a million of times, before it would reach the homœopathic tenuity. And homœopathy taught that when the human body was under disease—under a terrible disease, capable of destroying all the vital functions, that disease was to be counteracted by something a million times less than could be detected by the finest chemical test that was ever discovered! The thing was so preposterous to any one in the habit of considering the minute division of objects, the molecular division of matter, so out of all reason, that it only required to be put a little before the public for the delusion to be seen. He thought, then, that it was the duty of the profession to show that they were determined and decided in the matter. (Hear. One word more relative to one of the resolutions. It had been said again and again that although it was wrong to practise homœopathy, there might be no harm in giving an opinion to the homœopathist as to the cause of disease. That was the way in which the homœopathists built up their edifice. They said they cured such a case and such a case that was declared by Dr. So-and-so to be incurable. In this way many persons had been entrapped. Again and again did instances of this occur; and therefore there must be no compromise. The profession were bound to protect themselves and to protect the public;—(Hear, hear)—and it was due to the dignity of the science of medicine that a decided opinion should be expressed, and resolutions carried with regard to this awful—this increasing heresy. (Loud applause.)

Dr. Crisp went to the full extent with the gentlemen who had drawn up the Report, and he regretted exceedingly that they had not gone farther. He believed they had not gone to the root of the mischief; they had omitted the most important question connected with the subject. In the first place, the Government ought to be blamed for the encouragement which they gave to quackery in every shape. The regular practitioners paid stamps on their diplomas; and some who had taken several degrees had paid £30 or £40 in that way. The same Government, for a trifle, made the medicine of the quack legitimate. We had a President of the College of Surgeons—a professed Mesmerist—selected to deliver the Hunterian Address, and to examine quack medicines; we had Dr. South, in his "Household Surgery," telling the public that each surgeon ought to have an apothecary's shop, the key being kept by a clear-headed person. With regard to the University of Edinburgh, there was a professor of homœopathy there, and no objection was made to his holding the chair. The College of Physicians at Edinburgh had been, by the pressure from without, forced into a different course. As to the propriety of discussing the question of Homœopathy in these meetings, or in any other meetings, he thought they might as well try to bottle a sun-beam or pocket a shadow. It defied reason—it was absurd—it was ridiculous; and, as a member of the Association, he must express doubts as to the propriety of gentlemen corresponding, and publishing the correspondence, with any unprofessional person. If the public chose to adopt this foolish and dangerous system, it was the duty of the regular practitioner to warn his patients against it; but he did not think a professional man consulted his dignity who went beyond the warning. (Hear, hear.) He was not quite satisfied with the terms used by Dr. Williams, who thought a practitioner was justified in meeting a homœopathic practitioner. (Cries of "No," and "He did not say so.")

Dr. Horner: I should be sorry if anything went from such an Association as this, that was not in accordance with the fact. I think I can contradict Dr. Crisp when he states that the University of Edinburgh permits a gentleman to hold a professor's chair, who professes and practises homœopathic doctrines. If I recollect rightly, the College at Edinburgh expelled from that chair a physician, Dr. Henderson. (Cries of "No, no.") I beg pardon, is that not so?

A Voice: They wished to do so.

Dr. Crisp: It is notorious that Dr. Henderson practised homœopathy.

Dr. Horner: I am very sorry for my own alma mater that it is so.

Dr. Cormack said the University had no power to expel. All the power they had, they exercised. He was clinical professor there, and had clinical wards in the infirmary, and they prevented him from teaching. Unfortunately, he still held the chair of pathology; but he had never dared to teach homœopothy from that chair. The College of Physicians and the University, were two distinct bodies. In the College they acted decisively; in the University nothing could be done without the sanction of the patrons. By passing the

resolutions before the meeting, the Association would aid in ridding the University of its present incumbrances.

Dr. COWAN was not quite a new comer in the anti-quackery ranks. He had laboured against the various delusions which had prevailed in medicine, especially those relating to our own noble science; and he must express his gratification that the present opportunity was taken advantage of to make an associated expression of opinion go forth with regard to the increase of homœopathy amongst them. He regarded it with a very grave view; he looked at it as one of the moral phenomena which were rolling over the age. It was not the practice of medicine that was at stake, but the practice of sound thinking. Directly we advanced beyond the practice of admitting for truths only those things which had long occupied the minds of men, and been verified by the experience of ages, and attempted to bring into existence new notions, and new phases of the human mind, and gave them the outward formality of facts, we departed from stability of judgment and soundness of thinking. A homœopathist was a mystic, without sound judgment on any subject; he was to be distrusted in every form of his thoughts; he had lost the ballast of his reasoning faculties, and set at defiance all those means by which the human mind were regulated and directed. We live in an age in which soundness of thinking was most essential; in which moral and intellectual divergencies of every kind were taking place; and the man who looked forward for truth, instead of backwards, was not to be trusted, for his mind might run in every conceivable direction; believing to-morrow what to-day he disbelieved, and reducing all medical practice to confusion. This was not a matter of etiquette, but it was a matter of absolute fundamental truth; because if these things were true, medical men were practising a delusion,—a lie, and the world before them had believed a lie; all wisdom had perished in the world; and now, like a mushroom, now to start into maturity, in this nineteenth century. Features like homœopathy were not isolated. The age in which we lived had a religious feature. There were men who assumed one form of doctrine, while they were pledged to the reverse. In the medical profession, men assumed the titles of those who had been educated in the Universities; they adopted avowedly a dishonest conduct, putting themselves in the irreconcilable position of combatting those whose titles they assumed, at variance with honesty, though apparently consistent with private interest for the moment. They, the public, attacking and subverting a truth by which they had attained their position. No morally-consistent man could hold such a position. Unless the homœopathist could support the diploma he had gained, he ought to leave the profession and stand alone, unassociated with any practice of honest and legitimate profession. The profession ought to feel strongly on this point, and in discussing the question he did not go into it as one in detail. He maintained that it was utterly false, root and branch; utterly beneath the investigation of any honest and scientific man; it was waste of time to dispute as data, that which bade defiance to all experience,—to all physical or metaphysical science. If a man said to him, "two and two make five," he did not speak to that man twice. He felt that that man was gone. (Applause.) And if a homœopathist declared his belief, he and the speaker were apart for ever. The homœopathist admitted things at variance with every conceivable opinion of rational experience; and under these circumstances they must stand aloof. He (the speaker) could not acknowledge, in any form or shape, principles at variance with a respectable and conscientious, and a reasonable profession. (Loud applause.)

Dr. TUNSTALL moved that a report of the proceedings connected with homœopathy should be circulated by the Council at Worcester, among the members of the Association.

Sir C. HASTINGS: Pass the other resolution first.

The PRESIDENT: After the eloquent speeches we have heard on the subject, I think there will be very little disagreement as to the resolution being carried. (Cheers.)

The motion was then carried unanimously.

Dr. CORMACK: One of the resolutions says, a committee shall be appointed to frame laws. Perhaps you will now name the committee.

Sir C. HASTINGS suggested the three gentlemen who drew up the report, with the mover and seconder.

A MEMBER: Some one suggested that Dr. Cowan be added. (Cheers.)

Sir C. HASTINGS: I think we should have power to add to their number.

Dr. TUNSTALL: Then we will add you, if you please, Sir Charles. (Laughter.)

And the Committee was so constituted, consisting of Sir C. Hastings, Dr. Cormack, Dr. Tunstall, Dr. Ranking, Dr. Malden, and Dr. Cowan.

Dr. TUNSTALL then repeated his motion for the immediate publication of the proceedings relative to homœopathy.

Dr. HORNER: I beg to second that; and I do it as a physician who has seen the fatal effects of homœopathy. I have in my own town seen the fatal and distressing effects of it; and I should be glad of such a document to put into the hands of the good folks of Hull.—Carried unanimously.

SALE OF ARSENIC BILL.

Dr. SIBSON read the following report for Dr. Toogood and himself, detailing the successful operations of the Poisons Committee in getting their recommendations with regard to the sale of arsenic, adopted by Lord Carlisle, and since passed into a law.

Report of Arsenic Committee.

Dr. Toogood and Dr. Sibson, two of the members of the Committee on the Sale of Poisons, reappointed at the meeting in Hull, beg to report that they, in their individual capacity, and in conjunction with Mr. Jacob Bell, M.P., a member of the Committee on the Sale of Poisons, appointed by the Pharmaceutical Society, obtained an interview with Lord Carlisle on Saturday, the 22nd day of March.

As the Bill regulating the sale of arsenic, was to be

read a third time in the House of Lords on the succeeding Monday, there was no time for Dr. Toogood, Mr. Bell, and Dr. Sibson to consult their respective colleagues, they therefore thought no other course was left for them at that late period, than at once to communicate to Lord Carlisle the views of the two Committees, as embodied in their already published reports and petitions. In submitting those reports to Lord Carlisle, they impressed upon his Lordship the importance of supplying some omissions in his Bill. These were :—

That none but an adult male ought to be allowed to purchase arsenic.

That no person unknown to the vendor should be permitted to purchase arsenic, unless accompanied by a witness known to the vendor.

Lord Carlisle paid close attention to the representations made to him and to the reports of the Committees, which reports were left in his Lordship's hands.

The Bill which passed the House of Lords on the succeeding Monday, embodied the suggested provisions; but before the Bill was passed by the House of Commons, the provision limiting the power of purchase to males was struck out, owing to the indignant remonstrances of ladies.

With the valuable assistance of Mr. Hastings, barrister-at-law, the son of Sir Charles Hastings, and through the medium of Mr. Bell, Dr. Toogood, and Dr. Sibson attempted to have a clause introduced into the Bill enacting that if death from arsenic should ensue from the carelessness of any person having arsenic in their possession, such person should, on conviction, be liable to a penalty.

They were, however, unsuccessful in their efforts to obtain the insertion of such provision.

Dr. Theophilus Thompson mentioned that he was a short time since applied to for a quarter of an ounce of quinine, to poison a mountain grouse. He refused; but the applicant obtained it in another quarter.

President: The subject of poisons is a very important one, which will, doubtless, be again taken up with regard to other poisons.

Mr. Bree read a paper on "Sumbul," a new medicine used as an antispasmodic and stimulant.

The Address in Medicine.

Dr. King then read the "Address in Medicine," which was warmly applauded.

Dr. Malden was placed in the very enviable position of being requested to move "that the cordial thanks of the meeting be given to Dr. King, for his able and talented paper, and that he be requested to allow it to be printed." The comprehensive views, the warm heart, the cordial feeling, displayed in that Address,—the noble voice with which it was delivered, his splendid action, and his friendly manner, he was quite certain must not only be appreciated by their heads, but have warmed all their hearts. It was impossible to listen to eloquence like that—to wisdom like that—without having our hearts warmed by cordiality like that, without our feeling, under the influence of such "thoughts that breathe and words that burn," that they were becoming better and wiser men. There was one very large and expansive view taken of what was truth and what was falsehood in the eloquent speech of Dr. Cowan, of Reading. The same expansive view had been again taken by Dr. King. That was what enobled our minds. It was a view which had been beautifully summed up in Hooker's "Ecclesiastical Polity."

Dr. Hodgkin seconded the motion. He would be taking up the time of the meeting improperly if he were to attempt to add to what had been said; yet he would not be doing justice to himself if he merely, without observation, sat down. There were one or two points in the address which struck him. He was much interested in what Dr. King had remarked about the theory of waves, as applicable to parts of Brighton, in regard to the wind. Brighton, although exposed to winds, was not exposed boisterously, owing to the neutralization caused by the meeting of currents. He believed, however, that it was not merely quiet air that was to be looked to; the kind of air was an important consideration when sending patients away for change. Another point was the comprehensive view which Dr. King had taken of the requisites of a moral medical man. Observations had been made with regard to empiricism of various kinds. In the spirit of the resolution which had been passed he entirely concurred, but he felt a little hesitation as to their efficacy. To him it appeared that if medical men were to endeavour to carry out the views of Dr. King, and make themselves what Dr. King had shewn they ought to be, and let this be understood by the public, that would be the true safeguard of the profession. Various "isms" were springing up and deluding the public; but if physiology was better understood he believed that few would be willing to trust themselves and their families to homœopathists or hydropathists or anything involving a single idea. (Applause.) No man would trust his chronometers to a locksmith; and if human physiology were understood no one would trust himself or his family to those who pretended to do every thing by carrying out a single idea. (Applause.)

The President feared to say anything on the subject, after the truly eloquent address from Dr. Malden on the eloquent paper of Dr. King. To his colleagues in Brighton, there was nothing in it to surprise them, because they knew his excellent character, his goodness of heart (hear, hear); but he hailed it with delight, that such a paper should have been read to the meeting of this Association by a physician of Brighton.

The vote of thanks was carried by warm acclamation.

Anniversary Meeting, 1852.

Sir C. Hastings said it was understood that the next meeting of the Association would be held at Manchester, the metropolis, he might almost say, of that part of the kingdom. From the commencement of this Association to the present time Manchester had been one of their most important localities, and one from which the Association had received more support than from any other part of Her Majesty's dominions. It was therefore highly desirable that the Association should next meet there. With regard to 1853, he held in his hand a requisition from the Ipswich Committee

for the meeting to be held there. It was not necessary that the Association should now make any positive arrangement for 1853; still it was desirable that they should give some consideration to their future progress, because no doubt much of the success which had attended, and would attend the Association, depended on the places of meeting being judiciously chosen, and in their going to the right place at the right time. The success of this meeting at Brighton was owing to their coming at a most auspicious moment. With respect to the meeting at Ipswich, in 1853, Mr. Bree, the Local Secretary, informed him that the desire was, not so much that the meeting should be held at Ipswich, but that it should be held somewhere in the eastern counties. Under these circumstances, one of the Universities being situate in that district, and the Association having previously visited Oxford, he thought it would be desirable that the meeting of 1853 should be held at Cambridge. There had existed difficulties with regard to holding a meeting there, but he had reason to believe from communications received from gentlemen who were graduates of Cambridge, and were connected by close ties with the University, that the time was coming when the Association would be able to visit Cambridge with advantage. He now proposed that the meeting in 1852 be held in Manchester; and that W. J. Wilson, Esq., of Manchester, be President-Elect.

Mr. Hatton (Secretary at Manchester,) said it would, in 1853, be 16 years since a meeting of the Association was held in Manchester. Since that time the place had much increased; and this increase would enable the local branch to give the Association a more hearty welcome.

The motion was then agreed to.

This concluded the formal business of the Anniversary.

Communications, &c.

Several hours were then devoted to cases.

Mr. Caleb Williams (York) read a paper on the change, during the last thirty years, in the types of disease.

Dr. R. Hall read a paper entitled "Observations with Hutchinson's Spirometer."

Dr. Sibson exhibited an improved form of his "Chest Measurer."

Mr. Smith (Southam) read a curious paper, tending to show that the diminution of the age of man since the creation, had been not *gradually*, but by jumps; and that in each case, some great sin, such as pride, lust, idolatry, hardness of heart, had been precedents of those changes He enforced the importance of our adopting the opposites of these, which might have the effect of diminishing disease, and prolonging life.

Mr. Lord of Hampstead, now rose on behalf of Mr. Propert, who was, unfortunately, hastily summoned to London, and enforced on the Association the importance of supporting the benevolent idea of Mr. Propert, for forming a Benevolent Medical College, for the support of the widows, and the education of the orphans of deceased members of the profession; and a resolution in support of the plan was then moved, and carried unanimously.

Mr. Bottomley read a paper, detailing the successful treatment of a curious case of gangrene in the foot and leg.

Mr. Domville read a paper on the causes of deafness.

Dr. Crisp read a paper, the object of which was to show that kousso was not a specific for tape-worm.

Dr. Hunt read a paper on the skin, as a diagnostic of health.

Dr. Oldham read a paper descriptive of a successful Cæsarean section under chloroform. He recommended an opening from below, as small as possible, to be afterwards enlarged according to necessity, instead of resorting at first to the major operation, so as to avoid excessive hæmorrhage.

Dr. Tunstall moved the thanks of the Association to those gentlemen who had read cases and made communications to the meeting.

Mr. Crang seconded the motion, which was carried unanimously.

Dr. Conolly said there was one duty which the meeting would have great pleasure in discharging. It would be manifestly wrong to separate without giving some form of expression to the feelings which the excessively kind reception given to the distant members by Dr. Jenks, and those associated with him, had called forth. To himself it was an especial pleasure to again meet a gentleman whom he had had the honour of knowing for some years, and of knowing from report before how much he was respected by his townsmen. As his kindness, urbanity, excessive patience, and the many other good qualities which he had displayed in the chair, it was unnecessary to dilate. He would, therefore, at once gratify himself, and he was sure he should gratify all present, by proposing their best thanks to Dr. Jenks, for his reception of strangers, and for his conduct in the chair.

The motion having been seconded by Dr. Hodgson, was carried by acclamation,

The President returned thanks, merely remarking that their kind expression of feeling towards him would be always a gratifying recollection.

An adjournment now took place, at five o'clock, to afford an opportunity for the members to prepare for

THE DINNER,

Which took place in the Royal Banqueting Room, recently converted by the Brighton Town Commissioners into a splendid mansion, slightly differing from, but scarcely less gorgeous than when used for the reception of Royal guests in the time of George IV., under whose immediate direction it was designed, built, and decorated.

Dr. Jenks was again in the Chair. There were about 250 present, including in addition to the members of the medical profession, the Bishop of Chichester, the Rev. H. M. Wagner, Vicar of Brighton, the Rev. T. Ccoke, the Rev. S. R. Drummond, Rev. J. Nelson Goulty, Montague Scott, Esq., High Constable of Brighton and Magistrate, W. Furner, Esq.,

Magistrate and Judge of the County Courts of Sussex, Eardly N. Hall, Esq., Banker, Lewis Slight, Esq., Clerk to the Brighton Commissioners, P. R. Wilkinson, Esq., &c. &c.

The band of the 1st Dragoons (Royals) played before and during dinner; and some professional singers, local and metropolitan, had been engaged for the occasion.

The dinner, provided by Mr. Shaw, of the Steyne, was aldermanic.

The PRESIDENT gave "the Queen," that illustrious lady whose dominions extend over the seventh part of the earth's inhabitants, and more than a seventh of its surface, but whose kingdom at home was the little island in which we lived,—this little pearl set in the silver sea. The toast was drunk with three times three, the "honours" being subsequently tacit and imagined.

"God save the Queen" was sung by Mr. Hobbs, from London, the whole company joining in the chorus.

The PRESIDENT then gave "Prince Albert and the Royal Family." The Prince Albert had been an ardent promoter of scientific institutions, and patron of the fine arts, and he had this year immortalized himself by proposing and carrying out the Exhibition of the Industry of all Nations. In nothing has he shown his discrimination more than in adopting Mr. Paxton's design for the Crystal Palace, a wonder which surpassed all the wonders of this our day. (Cheers.)

The PRESIDENT then said the next toast he had to propose was one which he was sure would receive the full assent of those present. There was no body of men who could better appreciate the services of the clergy than members of the medical profession. The two professions, though not equal in dignity and importance, were often associated in the same work, actuated by the same noble feeling, that of benefitting mankind. What physic was to the body so much and more was the sovereign balm of religion to the stricken conscience and the troubled spirit. (Hear.) On this memorable occasion the respected and venerated Bishop of Chichester—(cheers)—had done them the honour to partake of their hospitality. He was well known in his diocese for his uniform piety, his loving and peaceful bearing, and his paternal and Christian-like government of those committed to his spiritual care. He had singular pleasure in seeing so many of our Brighton clergy present at this feast. (Hear.) Whatever view they were regarded in,—whether we looked to their duties as faithful teachers, or their assiduous labours among the sick, or their invaluable services as promoting the charitable institutions of the town, it was but common justice they should render them thanks in the toast he proposed,—"The health of the Bishop and Clergy of the Diocese."

The BISHOP OF CHICHESTER, in reply, expressed the satisfaction he felt at being enabled, contrary to his expectation, to accept the invitation which he had received, through Mr. Cordy Burrows, to attend the present festivity. He felt most fully the bond that should ever unite the Clergy to the honourable and useful profession which was adorned by so many persons of eminence now in this room; for if, on the one hand, the medical men were pleased to say that in their visits to the sick chamber they found traces of the advantages reaped by society from the labours of the clergy, on the other hand, no clergyman could, in a place like Brighton, so abounding in hospitals and other institutions for the benefit of our poorer brethren, fail to have forced on his attention, by facts speaking for themselves, constant traces and noble instances of the desire of the profession to make their skill and science available for those for whom the clergy were bound to be assiduously interested,—our poorer brethren. And when God's providence visited us or our families with sickness we uniformly found that not only did members of that honourable profession bring the advantages of their skill and experience to relieve our maladies, but they were always ready and anxious to add a soothing and kind exhortation to the temporal blessings which they conferred. We did, then, all gratefully acknowledge that, whether we looked to the labours of the medical profession among the poor, given gratuitously and most liberally, or whether we looked to them as we saw them in our own families, giving their skill and science in a manner which enhanced their value, their services were most valuable. Although, perhaps, not fully, he could in some degree, enter into the enjoyment which the profession must have had in meeting from all parts of the island, in this town, gentlemen perhaps engaged in their earlier days under the same lecturer, walking the same hospital;—(hear, hear)—and who, perhaps, owing to circumstances, had since been separated north and south, east and west, being once again brought together. And the respected founder of this institution would perhaps allow him to say that not the least of the benefits he had conferred on the profession was connecting it with anniversary meetings, when friends might meet after long intervals to compare their success through life, improve each other by confiding the discoveries and the advances in knowledge made in their common profession, and, lastly, by joining hands together in that friendship which began in early years. These constituted one of the greatest charms of the meeting. (Cheers.)

The PRESIDENT said the next toast he had to propose was,—"The Army and Navy." It was quite unnecessary to say anything in recommendation of this toast. The achievements of our soldiers and sailors had become "familiar in our mouths as household words." But there was one body connected with both services of which, in a company chiefly composed of medical men, he might be allowed to speak—the medical officers of the army and navy. (Cheers.) They knew that of old, Homer thought one medical officer was worth a good many fighting men, as Butler had translated it,—

> "A skilful leech is better far
> Than half-a-hundred men of war."

It was impossible to pass too high an encomium on those devoted men. The whole world, all climates from the equator to the poles, had been the scene of their labours. He was informed that the records of the Directors-General of the Army and Navy contain numerous reports on the diseases and medical peculiarities of all the known races of men, upon the medical topography and natural history of every climate. Some day he hoped a digest of these valuable documents would be made, for the use of the profession, and the benefit of mankind generally.

"Rule Britannia" by the company.

The PRESIDENT would next propose "The Provincial Medical and Surgical Association." (Prolonged cheers.) He was sure that would be received with acclamation. He wished only that he could do full justice to it in the few words he should have the honour of saying. After the nineteen years' experience it had enjoyed, it would be superfluous for him to enter upon the important benefits connected with this noble Association, especially as everything that could be said in praise of it had been said already over and over again, and said with eloquence and ability far beyond his reach. But it was sometimes desirable, and always pleasing, when trials and difficulties were passed, to reflect on what we had gone through, and compute our gains. Many there present would recollect what twenty or twenty-five years ago the state of the profession in the provinces was. There was no bond of union between professional men, they were, indeed, seldom known to each other. There was much contention about rights and privileges which a little friendly intercourse would have cleared up, but for want of which medical practitioners indulged in enmi-

ties, dissent, and jealousies, which made them the theme of ridicule of all the shallow wits and solemn babblers of the day. This was "the winter of our discontent," but all this, while there was a deal of good among them, much benevolence, great aptitude for good-fellowship and kindly feeling, much learning and industry, great store of valuable truths, rich treasuries of knowledge;—all this was scattered widely upon a stormy sea, and all in great danger of being lost for want of a helping hand. At this juncture there arose, like old Neptune, a master spirit, the clouds and darkness were quickly dispelled, and the cheerful light of day restored. He who brought about all this, the man whom they should delight to honour, was Sir Charles Hastings. (Cheers.) He founded the medical profession in the provinces, the chaos of disturbed and conflicting elements united about him, were fused together, and resulted in an institution, which from the commencement to the present day had enjoyed one uninterrupted career of prosperity. What was disunion, through him became united; what was a weak and defenceless body had now attained power and influence. (Hear.) Power and influence had "grown with its growth, and strengthened with its strength." They owed a deep debt of gratitude to their worthy founder—a debt they were in no hurry to wipe off, had no anxiety to forget, but one they were content, nay, willing and happy to pay yearly interest for, in the shape of grateful thanks, affectionate remembrance, and all the honour they could bestow,—(hear)—long might he live so honoured and so loved. (Hear.) He should propose, "Prosperity to the Association, and health and prosperity to its founder, Sir Charles Hastings." (Cheers.)

Sir Charles Hastings could not remain silent, although he feared that any endeavour on his part adequatety to thank them would fall far short of his desire, but he begged the Association to accept his imperfect attempt to embody in language his feelings of respect and gratitude to all. It was now touching upon twenty years since he was first associated with many friends whom he saw around him in commencing this institution, and since in carrying forward its objects and purposes, and it was a feeling constantly present to his mind—a feeling of pride and joy, that he should be considered the founder of an Association which promised to be of much importance not only to medical science but to mankind at large. (Great applause.) At their Anniversary Meetings he had had the pleasure of renewing many old friendships, and of making many new ones, so that he could but regard this Association with the deepest feelings of affection, and he supported it with his weak powers to the utmost. The objects which the Association contemplated and wished to carry out were of the utmost importance to their science. When years ago they unfurled their banner, what did they inscribe on it? what was their motto? Maintenance of the honour of the profession; union and good-will among all the members of legitimate medicine—(cheers);—succour to the widow and afflicted—(hear, hear);—improvement of medical polity; advancement of medical science. This was their banner, and under that banner they had manfully fought,—they had fought a good fight. In the battle-field the cry was—

"Charge, Chester, charge; on, Stanley, on;"

in their field, the field of science, "ride on" should be their watchword. This hitherto had been the principle which had guided them; this it was which had enabled them to accomplish the object which they originally contemplated, this it was which had enabled them to place on their records a memorial of their existence, a memorial which would long remain after they were silent in their graves. He trusted that a feeling of gratitude towards them for having supported his humble efforts would be ever present to his mind. He felt that these anniversary meetings were the bright spots in his life, and he trusted that whatever might be the imperfections which they yearly and daily must perceive in his acts, they would ever consider him their devoted servant, their faithful friend, their attached brother. Let them endeavour to inscribe on this Association the motto *esto perpetua*, and then they might say to those who came after them, "There was a time when the profession in the provinces was disjoined, was dissevered, but by the founding of this Association anew era in the history of medicine arose, a body of men were collected together for the best purposes, peace and harmony being their polar star. They associated together, and handed down to those who succeeded them an Association which had for its object the advancement of mankind—the advancement of medical skill, but still more the common benefit of the whole human race." (Cheers.) At that late hour (nearly midnight) he would trouble them no further. These few remarks would, he trusted, give expression to the feelings which animated him, and he hoped that in future years they would continue to go on conquering and to conquer, and that each advancing year a periodical benefit as great as that which they had seen at the present would occur. To pass from himself and his own doings, and call the attention of the meeting to their duty at this anniversary, in this marine palace, surrounded by circumstances calculated to please the fancy, and to act in every way on the best feelings of our nature, he begged to call attention to their worthy President—(hear, hear)—who had at this present anniversary won for himself golden opinions from all parties. Whatever might be the names of those who preceded him in his high office, he would hand over to his successor this chair not at all damaged, but on the contrary, dignified by the manner in which he had at this anniversary carried out the objects and purposes of this noble Association. (Cheers.) The health of "Dr. Jenks, and thanks to him for the important benefits which he had conferred on this Association by presiding over it." (Loud applause.)

The President, in rising to return thanks for the honour done him, found he had arrived at the most difficult part of the duties of his office. He was most grateful to the meeting for the kind manner in which they had responded to the toast, and to the members for the honour they had conferred on him in electing him to the post he filled. He should ever regard it as the culminating point in his medical life. To his friend Dr.—he begged pardon, Sir Charles—Hastings, he was deeply indebted for his kindness in proposing this toast, and for the flattering encomiums he had been pleased to pronounce on him. *Laudari a laudalo* was a truth to which he was feelingly alive. He was only sorry that he could not realize to himself that he had done sufficient to deserve the thanks so freely bestowed.

After a brief interval:

The President rose and said,—the medical faculty were represented at that board by the President of the Royal College of Physicians, Dr. Paris. All who had had any transactions with that gentleman were aware of his unvarying kindness and urbanity, and the dignity with which he presided over the learned body he represented. He had much pleasure in proposing "Dr. Paris and the Royal College of Physicians."

Dr. Paris, in reply, thanked the President for the handsome manner in which he had proposed, and the meeting for the cordiality with which they had received and responded to the last toast. He was fully aware of the honour done him. He came for the purpose of expressing in the name of the College of Physicians the satisfaction felt by that body at the assembling together of so much talent as is united in this Association, as such gatherings, it was felt, could not fail to conduce to the best interests of the profession. He looked forward with the warmest anticipations to the progress of that intelligent body of men; it was for them and them

only to determine what should be the future state of the medical profession. (Hear.) They were aware that when the College of Physicians was informed that it was the desire—the general desire of the profession, that there should be a third body or College, their answer was simply this,—"If it is the desire of the profession at large to have a third College, we see no objection. We have our private opinions; we don't think it would advance the interests of science or the dignity of the profession, but we have nothing to say against it." For more than six nights they sat from nine till twelve, recieving delegates from all quarters, and the only question with them was,—Did the general profession desire it—did they think it would conduce to their advantage, and to that of the public also? If so, the College of Physicians was perfectly ready—he stated this officially—the College was perfectly ready to follow and carry out any design which the general body of the profession desired. (Prolonged cheers.) He would only, in addition, thank them and drink their very good healths. (Cheers.)

The PRESIDENT said it would ever be memorable in the annals of this Association that, besides the President of the College of Physicians, there was present on this occasion the President of the College of Surgeons also. (Cheers.) He trusted this might prove a happy omen; he hoped that this evening would prove that they had the right spirit among them, while it tended to promote good fellowship. Mr. South was well known to a great part of them, both in his literary character, and as an excellent surgeon. He begged to propose Mr. South and the College of Surgeons.

Mr. SOUTH begged to express his great gratification at the opportunity of meeting the Association that day, and he felt the gratification especially, because he was the first President of the College of Surgeons who had ever met the Association. (Cheers.) He felt still greater pleasure, because he could come among them, and not, as his worthy friend the President of the College of Physicians said, promise what he would do, but tell them what they had done, and remind them that the Government had received favourably the proposals for improving their College and obtaining a new charter. (Cheers.) He was not a very old man, if he was a very young President, but there were among the members of the Association a great number of persons with whom he had been long acquainted, many fellow students and pupils of his own, and it gave him extreme satisfaction to meet them at Brighton, and he felt assured that he was only expressing most honestly and sincerely the feeling of gratification of the Council of his College at receiving the invitation of the Provincial Association to be present on this occasion. It was truly said by the President of the College of Physicians, that upon the profession itself depended what the profession should be. The College of Surgeons could make laws, but had no power to enforce their observance. If the profession liked them, they could come among them; and if they did so come, it must be because they considered it an honour to themselves to be enrolled in the College. (Hear.)

The BISHOP proposed "Prosperity to the town of Brighton,"—a place which contained one-sixth of the population of his diocese—a place which, from the absence of decaying vegetable matter and the salubrity of its air, was a most valuable adjunct to the efforts of the medical profession in the restoration of health. Connected with this toast the Bishop proposed the High Constable of the Hundred, "Montague Scott, Esq.,"—a Magistrate of the county, and son of the late Sir David Scott, whose family had always stood high in the estimation of all sections of the inhabitants of the town.

The toast was received most enthusiastically.

Mr. SCOTT, on behalf of the inhabitants of Brighton, had the honour of returning thanks for the compliment so kindly acknowledged. The town of Brighton owed much to the medical profession, for it was a gentleman of that profession, Dr. Russell, a man of acknowledged ability, who, having devoted his attention to the cure of diseases by sea-water, first drew the attention of the fashionable world to Brighton, and raised it from a mere fishing village to an extehsive town.

The Rev. Mr. WAGNER, (Vicar of Brighton), after a few complimentary remarks directed to the medical profession of Brighton, who, he said, were second to none in the kingdom, proposed the "County Magistrates, and Mr. Furner, Judge of the Sussex County Courts"

Mr. FURNER briefly returned thanks.

Dr. CONOLLY proposed "Mr. Newnham, the Treasurer of the Benevolent Fund."

Mr. NEWNHAM's reply was scarce audible, but it was devoted to a kindly acknowledgment of the services of those gentlemen who aided his labours, and so rendered the Fund available throughout the country.

Dr. CONOLLY gave the health of those gentlemen who, not belonging to the Association, were present as visitors. In relation to the foreign visitors in England at present, he said, Dr. King had in his address told us, there were certain currents of air, which, meeting, produced a calm. They were now in a time when currents were coming from all quarters of the globe, and he trusted to God they might produce a calm that might last for ever. (Applause.)

M. BATELLE, from Paris, returned thanks in French.

Dr. MALDEN proposed the health of Mr. Cordy Burrows, to whose zeal and unremitting labours they owed their admirable reception in Brighton. On the conduct of Mr. Burrows in his "labour of love" in conducting the meeting, and also as acting in the capacity of Hon. Secretary, he passed some very high encomiums.

Mr. BURROWS assured the meeting that the Local Committee had, individually and collectively, had but one motive, and that was that this, the nineteenth meeting of the Association—an Association approaching to manhood—should show the vigour of manhood; that year by year as the Association increased in age it should increase in importance. If the Committee had, by their exertions, assisted in promoting the interests of the Association, he was quite sure they would be amply recompensed. When the Association determined on visiting Brighton he was requested to act as Secretary. He assented, for he believed that the interest of every one was bound up in the prosperity of the medical profession. He had had great pleasure in attending the meeting, and, at this late hour, he would only say that he hoped to live long enough to see the Association again in Brighton.

The meeting, a most delightful one from beginning to end, came to a close soon after midnight.

Medical Intelligence.

THE COLLEGE OF SURGEONS AND THE MANCHESTER MEMORIAL.

To the Right Honourable Sir George Grey, Baronet, Her Majesty's Secretary of State for the Home Department, the humble memorial of the undersigned Members of the Royal College of Surgeons of England practising in Manchester and its vicinity showeth, That while your memorialists express their pleasure at the concessions recently made by the Council of the College to its members, they cannot allow the opportunity to pass without testifying their dissatisfaction at the position in which your memorialists will be placed by the carrying out of the Charter of 1843, as at present proposed. That the denying to your memorialists the

privilege of being admitted to the Fellowship after the proposed term of membership, without examination, while it is granted to all gentlemen who have been 15 years members of the College, and whose diplomas dated as such previous to the granting of the Charter of 1843, will operate upon your memorialists with manifest injustice, since your memorialists, for several years previously to that time, entered upon a much more extensive curriculum of surgical education, in the hope of holding a guaranteed position in the College, and of which position your memorialists will be unjustly deprived by being placed in a lower grade in the profession. That this retrospective operation of the Charter is contrary to the usual practice of the College, since students registered as such, and preparing for examination, have never been made amenable to laws passed after the commencement of their studentship; and your memorialists beg to assure you, Sir, that they have no objection to the examination as a test of merit for the fellowship, simply considered as such; yet, if this distinction is to be granted to any gentleman without examination, after a certain term of membership, your memorialists believe that their claim to that privilege, upon every ground of equity and fairness, is unanswerable. Your memorialists, therefore, respectfully beg you, Sir, in any measure you may be pleased to propose on behalf of Her Majesty's Government, to allow all gentlemen who commenced their surgical studies before the grant of the Charter of 1843, and who have subsequently been admitted Members of the College, to be admitted to the Fellowship upon the same terms as those gentlemen who were Members of the College at the period of the promulgation of the Charter. Your memorialists also beg to state, that they will have no objection to pay such fee as the Council of the College may think necessary; and your memorialists further desire to assure you of their continued attachment to the College, and of their wish for its prosperity and dignity, and to manifest their repugnance to the establishment of any rival body; yet at the same time, with every feeling of respect, to express, that your memorialists can never rest satisfied that justice has been awarded to your memorialists, unless their prayer be approved and granted. And your memorialists will ever pray. Peter Royle, 21, Lever Street, Manchester; John Walsh, 36, Oldham Road; Joseph M'Neand, 107, Grosvenor Street; George Morley Harrison, 59, Dale Street; George M. Burton, 83, Grosvenor Street, Chorlton-on-Medlock; R. Bellhouse Midwood, Grosvenor Square; James Rhodes, 61, Dale Street; James Ogden Fletcher, 24, Dale Street; George Vause Birks, Grosvenor Square; Joseph Edmund Roystran Nadin, 14, Vine Grove, Hulme; John Wells Wainwright, Burlington Street; Robert Manners Mann, 9, Tonman Street, Haymarket; Edmund Lund, 22, St. John's Street; John Shepherd Fletcher, 27, Lever Street; William Hall, 7, St. Stephens Steeet, Salford; Thomas Kay Holland, 101, Greengate, Salford; Alexander Somers, 27, St. Stephen's Street, Salford; Henry Winterbottom, 66, Great Ducie Street, Strangeways; Roydon Jackson, 270, Great Union Street, Manchester; Samuel B. Bennett, 182, Oxford Street, Chorlton-on-Medlock; Henry Merrill Williamson, Dispensary, Chorlton-on-Mdlock; James Jodrell Cooke, Hope Street, Piccadilly. (The signatures to the memorials have been restricted to those gentlemen alone who commenced their studies previous to, and who have passed the College on or since November, 1843.)

ROYAL COLLEGE OF SURGEONS.

The following gentlemen were admitted members on Wednesday, the 30th ult.:—James Andrews, Pershore, Worcestershire; John Dale, Yarm, Yorkshire; James Sherwood, Notttng Hill; Francis Martin, Brighton; John Salusbury, Denbigh, North Wales: Walter Smith, Caistor, Lincolnshire; Charles Joshua Tovell, Hadleigh, Suffolk; John Freeman Wright, Edward's Street, Portman Square.

The following gentlemen were admitted on Thursday, the 31st ult.:—Robert Howarth Blake, Birmingham; Charles Edward Buckoli, Brighton, Sussex; William B. Chavasse, Birmingham; James Richard Alexander Douglas, Arundel, Sussex; Edward D'Arcy Evezaid, York Buildings, Regent's Park; Key Hardey, Great Carter Lane, Doctors' Commons; David Jones, Liverpool; Watkin Rhys, Aberdare, Glamorganshire; Julius Wiles, Hitchin Herts.

The following gentlemen were admitted members on Tuesday, the 5th instant:—James Alsop, Bolsover, Derbyshire; Robert Hannay Cunningham, Lima, South America; Thomas William Fox, Leicester; Francis Goodwin, Newtown Butler, county Fermanagh; John Robert Hughes, Rhyl, Flintshire; William Thomas Irvin, Omagh, county Tyrone; John Ker, Tipton, Staffordshire; John Jones, Dyffryn, Merionethshire; James Nowell, Bradford, Yorkshire; Samuel Bowen Partridge, Newport, Monmouthshire; James Speak, Newcastle, Staffordshire; Henry Benjamin Wood, New Romney, Kent.

The following gentlemen were admitted on Friday, the 8th inst.:—Walter Alexis Bridge, Nicaragua, Central America; John Ansell Brown, Surrey Square, Old Kent Road; Cornelius William Dennehy, Cork; James Dickson, Charlestown, South America; Henry George, Kirton Lindsey, Lincolnshire; Henry Spry Leverton, Truro, Cornwall; Maurice James O'Connor, Morpeth, Northumberland; John Bredin Posnett, Belfast; Charles Rothwell, Bolton-le-Moors, Lancashire.

The following gentlemen were admitted on Monday, the 11th instant:—Francis Ayrton, Liverpool; Frederick William Hart Bayes, Stiffkey, Norfolk; William Henry Borham, Edgware Road; George Crosland, Wakefield, Yorkshire; George Dixon Drury, Emsworth, Hants; Richard Ridge Dyer, Taunton, Somerset; William John Alexander Orr, Dublin; Andrew Spearing, Cork; Arthur Stretton, Wandsworth, Surrey.

SOCIETY OF APOTHECARIES.

The following gentlemen were admitted on Thursday the 31st ult.:—Alexander Fraser Bayne, Reading; Frank James Wilson Packman, Puckeridge, Herts; Henry Seatle, Ulverstone, Lancashire; Julius Wiles, Hitchin, Herts.

The following gentlemen were admitted on Thursday the 7th ult.:—Sidney Haynes, Sandwich, Kent; William Henry Pearce, Launceston, Cornwall; Alonzo Henry Stocker, Sloane Street, Chelsea; Charles Henry Tovey, William Williams, Birmingham.

BOOKS RECEIVED FOR REVIEW.

A Report on the Treatment of Burns and Scalds. By Samuel Crompton. 1851. pp. 124.

On the Preservation of the Health of Women at the Critical Periods of Life. By E. J. Tilt, M.D., &c. London: J. Churchill. 1851. pp. 142.

Letter to the Earl of Shaftesbury. By J. B. Harrison, M.R.C.S., &c. Manchester: Haycraft. Pamphlet; pp. 13. 1851.

The Dublin Quarterly Journal—August, 1851.

London Journal of Medicine—August, 1851.

The Medical Examiner, Philadelphia—July, 1851.

Monthly Journal of Medical Science—August, 1851.

TO CORRESPONDENTS.

Communications have been received from Mr. Owen, Dr. Merei, Birmingham Pathological Society, Dr. Tilt, Dr. Radford, Mr. Royle, Mr. Bedingfield, and Mr. Newnham.

A COURSE OF LECTURES ON SURGERY,

DELIVERED IN THE

MEDICAL SCHOOL OF CAMBRIDGE

By GEORGE MURRAY HUMPHRY, Esq.,

Downing College, Surgeon to Addenbrooke's Hospital.

Lecture XXXI.—Epithelial Cancer.

The points of difference and resemblance between it and the other varieties of cancer; cancer of the lip; its progress and treatment: cancer of the penis and scrotum; the relation of cutaneous cancer to simple cutaneous wart, and the probability that the latter sometimes degenerates into the former, considered and illustrated by cases. The degree in which the structure of cutaneous cancer differs from the natural structure of the skin, is usually proportionate to the malignancy of the disease. Epithelial cancer of the mucous membrane of the mouth and tongue; its malignancy greater in this situation than when it affects the skin. Epithelial cancer of the bladder, urethra, and stomach.

The several varieties of cancer may be conveniently grouped into four species, viz.:—1, epithelial cancer; 2, scirrhous and encephaloid cancer; 3, melanic cancer; 4, alveolar or gelatiniform cancer. All these present some differences in their general appearance, their microscopical characters and their progress, sufficient to require a separate description; at the same time it must be observed that their distinctive peculiarities are not always well marked; two or more of them are occasionally found in the same person; and they all agree in presenting that power of assimilating and destroying the neighbouring tissues, and that tendency to spontaneous decay which I have described to be characteristic of cancer.

The epithelial cancer affects usually the skin or a mucous surface in the first instance. It differs from the other forms of cancer in being composed almost entirely of cells more or less flattened out and closely resembling those of ordinary epithelium; it does not present the malignant qualities in so marked a degree; it is more tardy in its progress, sometimes remaining for months or years in a quiescent state, or growing very slowly; it generally appears at some part of the skin or mucous membrane which has been exposed to a long-continued irritation, and its ravages are confined to the vicinity of that spot and to the adjacent absorbent glands; that is to say, it does not often make its appearance in any other organ, being, in a greater measure than the other forms of cancer, a local affection, less associated with any particular diathesis and much less likely to return after extirpation.

For these reasons some pathologists are inclined to exclude the epithelial species from the family of cancer; mistaking, as it appears to me, differences in degree for differences in kind, inasmuch as the epithelial disease does really present all the leading features of cancer, though it may do so in a less decided and less active manner than the other members of the class. It is attended with the destruction of the original tissues wherever it occurs; it possesses the quality of spreading from point to point, assimilating the adjacent tissues of every kind and in every direction, and reducing them all to one homogeneous structure; it affects the neighbouring absorbent glands, converting them also into a substance like the parent mass; and it is prone to decay and ulceration: moreover, it is unceasingly destructive; it yields to no treatment and pursues its relentless course till death puts a stop to its ravages.

Watch the progress of the disease when it affects the lip, by far its most frequent seat. It usually begins on the edge of the lower lip a little to one side of the middle line, probably at the spot where the pipe is habitually rested. I have seen it in the middle of the lip, originating in one of those cracks which are often so troublesome in that situation, and in two or three cases have met with it in the upper lip; in one of the latter it originated in the cicatrix of a wound inflicted several years previously. A slight thickening or wart-like elevation of the skin is generally the first symptom; the cuticle is also thickened at the part, and in course of time becomes rubbed or scratched off, leaving the surface a little abraded or cracked, or superficially ulcerated. Upon this a succession of scabs are formed and detached, while an increasing lump is produced underneath them and the ulceration proceeds deeper; so that in the course of time a considerable ulcer is engendered with an indurated basis, an excavated, or deeply fissured, or warty surface, covered with white dirty secretion, or perhaps with pale firm granulations, and having a sinuous, raised, everted margin. The discharge from these ulcers is thin and pale, like serum; occasionally it is mixed with blood. They are not painful or tender, and the patients often think little of them. However, they gradually increase extending along the margin of the lip and towards the chin, the thickening and induration preceding, the ulceration following, till the whole lip and part of the cheek may be involved in the disease. Before such extensive ravages have been effected the absorbent glands under the jaw are generally found to be enlarged and hard, the skin over them becomes adherent and inflamed, and ultimately giving way, an ulcer is formed which extends deeply, presents the usual cancerous aspect, and leads to the like fatal termination. If a section be made through the ulcer in the lip, even in an early stage, its indurated basis is found to consist of a compact, opaque white, pearly substance, of uniform appearance, or speckled, it may be, with small yellowish spots, which are softer than the rest of the mass and which are generally situated in greatest numbers near the ulcerated surface. In this substance all the natural tissues of the lip are blended and lost. Not only are the skin, the mucous membrane, and the labial glands transformed, or assimilated by the new structure, but the muscular fibres of the orbicularis as well as the areolar and fibrous tissues are traceable into the mass and are lost

in it. When examined under the microscope the new substance is found to be composed almost entirely of flattened cells, like those of epithelium, compressed together and arranged in laminæ superimposed upon one another. Some of those which are newly formed or which are swollen by the imbibition of moisture are round, oval, or fusiform, and present nearly the characters of the ordinary cancer cell. It is an interesting fact, first announced, I believe, by Mr. Paget, that the microscopical characters of the diseased absorbent glands correspond with those of the primary disease in the skin; the glands, like the tissues of the lip, being converted into masses of flattened and closely compressed scales, intermixed with cells in various stages of transformation. This fact, taken in conjunction with the acknowledged success that attends the removal of epithelial cancer of the skin, makes us somewhat bold to extend our incisions for the purpose of extirpating also the morbidly affected glands.

The disease is most commonly seen in elderly men, though middle-aged and even younger men are sometimes affected by it. The patient's health generally appears to be good till it becomes impaired by the distress, discharge, and inability to masticate, occasioned by the extensive destruction of parts about the mouth. A complete and permanent cure in most instances follows the entire removal of the mass by the knife, which should be done at an early period; before the absorbent glands are involved, if possible, because they are sure to enlarge and lead to the results just described when they have begun to participate in the disease. Occasionally we find this to be the case after the operation, although there was at the time no evidence of their being in a morbid condition. In three or four cases, after the removal of the mass from the lip, and when the cicatrix remained perfectly sound, I have known the disease spring up in the periosteum, make its way through the jaw, and destroy the patient. Even the complete excision of the portion of the jaw thus involved does not always save the patient.

In the cancer of the penis and of the scrotum the progress of the disease is very much the same as in the lip; the ulcer originating in a pimple, a wart, or a little thickening of the skin, has the same foul or coarsely granulating surface, everted edge, and indurated base, goes on increasing with equal or even greater virulence, involves the inguinal glands, and destroys the patient in a shorter space of time than the corresponding affection of the lip. I have seen the disease at the anus, on the extremities, the trunk, the face, and head, and believe it may attack the integuments at any part of the body. It presents very much the same characters and runs the same course in whatever situation it occurs; exhibiting the qualities of malignancy in a sufficiently marked manner; quite as strongly, indeed, as we could expect, considering that it is very generally the result of some local irritation.

Nevertheless it must be admittted, and this is one of the most interesting features in their pathology, that these cutaneous growths vary a good deal in their malignancy; so much as to constitute, it would seem, a very instructive link between simple hypertrophy and genuine cancer—between an ordinary wart and well-marked scirrhus, proving that these diseases must be studied in their relation to one another no less than in their points of difference, if we would attain a correct idea of their real nature. There is good reason to think that the neglect of this mode of considering the subject, together with the too great stress which is usually laid upon the distinctive features of cancer, has been the source of many narrow views, if not of much misconception, upon this very important class of diseases. Any information upon the subject which the cutaneous growths may afford is peculiarly valuable, because they are directly under our observation; and if there be any relation between simple and malignant disease we may expect to find some evidence of it in them.

Now, there are numerous instances of warts occurring upon the skin in elderly persons, respecting which we have a difficulty in deciding whether they be cancerous or not, and which we are in the habit of extirpating, because we know that if they be allowed to remain they will go on increasing, will in the long run ulcerate, affect the adjacent glands, and terminate fatally. For example, a healthy man, aged 63, was in John's ward a year ago with a broad, flat, warty growth on the right temple; it overhung the surrounding integuments, which were purplish and a little pimply. The surface of the growth was covered by a soft white secretion, and when this was washed away it was seen to be granular and warty, with superficial ulceration at places. There was no induration about its base, and no enlargement of the adjacent absorbent glands. It had commenced a year and a half previously. About the nose were several small pimply or warty elevations of the cutis, which he said had existed for a longer time than that on the temple, though the latter at its commencement resembled one of them. I removed the growth, completely dissecting it away from the temporal fascia, to which it was loosely connected by cellular tissue. After the wound had healed there was a return of the disease at one spot in the edge of the cicatrix, requiring a second operation, which left him quite well. A short time ago the part was sound, and the warts on the nose remained unaltered. A section of the mass showed it to be composed of pale, blunt, thick fibres, parallel to one another, and at right angles to the surface of the body, doubtless enlarged and elongated papillæ, together with epithelial sheaths of papillæ. This appearance is often seen in cases of the like kind, and is probably the result of a change analogous to that which causes the thickened striated condition of the intestinal muscular coat accompanying cancer of the bowel. The association of an actively increasing warty growth with a number of others of similar appearance which remain in a quiescent state is very common. I remember a chimney-sweep, the subject of cancerous ulcer of the scrotum, whose skin was covered in many parts of the body with little warty elevations, attributed by him to the same cause as the more malignant disease

in the scrotum, viz., the irritation of the soot. They were in a quiescent state, and hardly attracted attention.

In the following case a disease precisely similar in appearance to that just described, but more slow in its progress, was neglected, and proceeded to a fatal termination. A healthy-looking man, aged 65, presented himself at the hospital, several years ago, with an extensive warty growth, affecting the whole of the lower lip, the angles of the mouth, and a portion of the upper lip. It extended to the chin, and was adherent to the mental portion of the jaw, the mucous membrane of the gum being involved in it. It had a cauliflower-like appearance, was of considerable thickness, and overhung the surrounding skin, terminating on all sides in a well-defined edge. On one side its level had been reduced a good deal by ulceration, and there was some enlargement and induration of the absorbent glands under the chin. The affection commenced with a small pimple on the margin of the lip ten years previously; this increased slowly at first, but latterly with greater rapidity. He had made up his mind not to submit to any operation, returned home, and died.

A hale man, a shepherd, aged 72, was in the hospital, in November, 1849, with a prominent warty or cauliflower-like growth at the upper and inner part of the left thigh. It was deeply fissured and ulcerated, but quite moveable upon the fascia beneath, and could, therefore, easily have been extirpated; but the femoral and inguinal glands were enlarged and indurated, some of them in close contact with the femoral artery. It was judged useless to remove the growth and leave the diseased glands; and the man not being willing to submit to such an operation, went home. I heard subsequently that the cutaneous growth had been removed, but that the disease was proceeding to a fatal issue in the groin. The patient said that this growth had commenced at least twenty years previously, in the form of a small wart, which had increased gradually; latterly its progress had been more rapid. At the time we saw it there was little doubt of the malignant nature of the disease in the affected glands, as well as in the cutaneous growth, and of its incurability by any proceeding short of complete extirpation. Yet it had existed for many years as an indolent harmless growth, causing no discomfort to the patient, and exciting no apprehension of its ultimate termination. In such a case it would seem most probable, not that, according to common parlance, cancer had been engrafted upon a simple wart, as if they were altogether distinct diseases, but that the tissue of the wart had gradually degenerated in such a manner as, in course of time, to become liable to spontaneous decay and ulceration; and that the degeneration, and the destructive processes connected therewith, had a tendency to spread among the surrounding structures, and was associated with a general increase of activity in the disease, in consequence of which the absorbent glands participating in the morbid process exhibited a similar malignant disposition. If this view of the matter be correct it would follow that in the preceding, and in other cases of the like kind, there was a gradual transition from simple to malignant disease, instead of the sudden accession of a new and different kind of morbid action.

These warty growths, which exhibit the stubbornness and are apt to assume the destructiveness of malignant disease, are almost always met with in elderly persons. It is the best plan to extirpate them at once, where that can be done, and not to waste time in the application of caustic and other remedies, which are more likely to excite than to repress the growth, and which often hasten the enlargement of the absorbent glands. I remember regretting that I had treated with nitrate of silver a warty growth of this kind on the labium, in a woman, aged 60; for though the growth was without induration, presented the appearance of a simple affection, and was diminished in size for a time, yet it subsequently advanced more rapidly, the inguinal glands participated in the disease, ulceration took place, and proceeded as in ordinary cancer, and the patient died.

Perhaps it may be stated, as a general rule in these and in other affections of a similar kind, that the degree in which the natural structure of the part is altered, will be found to be proportionate to the malignancy of the disease. Thus, where the change consists simply in an outgrowth of the papillæ, with a thickening of their epithelial coats, after the manner of a wart, there the mass is slow in its increase, slow to extend to the stratum of tissue under the skin, slow to ulcerate, slow to make any impression upon the absorbent glands, and may be removed with great prospect of a complete cure. Secondly, where the warty disposition is less manifest, the alteration of structure being attended, rather with a destruction of the papillæ than their hypertrophy, and with the substitution of flattened cells, like those of epithelium, for the natural tissue of the cutis; there the malignant qualities are more evidently displayed, the mass increases more quickly, extending beneath the skin, involving the subcutaneous areolar tissue, muscular fibres, and even the bones; it ulcerates at an earlier period, the absorbent glands are more quickly affected, and we are not quite so free from apprehension of a return after removal. Still the disease is generally local, unattended with any constitutional indisposition, and is not likely to appear in distant parts. In the third class of cases, which comprises the scirrhous or encephaloid cancer of the skin, the morbid elements have still less relation to those naturally existing, the tissues are replaced, not by epithelial, but by cancer cells, or nuclei—that is to say, the new products do not exhibit a tendency to liken themselves to any one of the components of the skin, but assume the form, and are endowed with the endogenous productive qualities of cancer-cells; they breed others in their interior, instead of being themselves transformed into any kind of tissue. In these cases the disease commences, not with a wart, but with a tubercle, spreads quickly in all directions, ulcerates, attacks the absorbent glands, and is commonly associated, either as a primary or secondary affection, with cancer of some other organ; its removal, therefore, is attended with comparatively little hope of a permanent cure.

In May, 1846, I saw a cancerous affection of the

skin, of greater malignancy than we commonly witness when the disease originates in that situation. The patient was a light-complexioned, not unhealthy-looking woman, aged 30, suckling twins of two months old. On the right side of the scalp, over the tuber parietale, was a slightly excavated circular ulcer, an inch in diameter, with pale, granular surface, everted edge, and thin discharge. Its base was indurated, and somewhat adherent to the bone. Below the mastoid process was an indurated mass, as large as an orange, fixed to the surrounding parts, with an ulcerated excavation, extending nearly two inches into it. Both places were the seat of much darting pain. She said that the disease of the scalp had commenced three years previously, with a lump in the skin, which increased slowly; its advance, the ulceration, and the growth of the mass behind the ear, having been very rapid since her confinement. In May, 1850, the disease had progressed to a fearful extent; there was one great ulcerated cancerous mass, extending from the scapula to the vertex. The surface, flattended by pressure, for she generally lay with it upon a pillow, was pale red, coarsely granular, with fissures extending deeply into it. The discharge was copious, foul, and thin; the edge raised and everted. Near the vertex were two tubercles in the skin, cone-shaped and smooth, separate from the large ulcer, and from one another. She said that the disease had commenced in this way. I learnt that she died not long after.

The warty growths described by Mr. Cæsar Hawkins and others as cicatrices, more particularly in the cicatrices of burns, partake, I suppose, in a greater or less degree, of the nature of epithelial cancer, being for the most part intractable by ordinary means, and requiring extirpation for their cure. I have not happened to meet with any cases of this kind.*

Epithelial cancer attacks mucous surfaces, no less than the skin; sometimes commencing under the tongue, about the orifices of the salivary ducts, in the form of an indurated elevation of the membrane; it extends upon the jaw, and the under surface of the tongue, as in the case of the woman from whom I lately removed the mental portion of the jaw, the anterior and under surface of the tongue, and the parts intervening between the two. The patient recovered, and has not at present (six months after the operation) suffered any relapse.* In another woman the disease, commencing at the same spot, had involved the submental and submaxillary absorbent glands to too great an extent to admit of extirpation, and proved fatal within two years from its commencement. More commonly it attacks the tongue, beginning on one side, opposite the molar teeth, with a little thickening and induration of the part; the papillæ being sometimes prominent, so as to give it a warty appearance, ulceration soon follows, and extends into the substance of the organ. The pain or inconvenience attendant on the early stage of the disease not being great, we frequently do not see the patient till an excavated ulcer of considerable size has been formed, with a raised indurated base which extends probably to the side of the fauces, and involves the mucous membrane between the tongue and the jaw. The ulcer has a foul, greyish surface; and the induration is caused, as in other cases of the like kind, by the infiltration of a new product in the structure of the organ, and its substitution for the natural tissue. Examined microscopically, this new product is found to consist of epithelial cells, compressed and matted together, perhaps concentrically arranged, or elongated, and showing some tendency to split into fibres. In the further progress of the disease the palate and lower jaw, and submaxillary glands become involved, the movements of the tongue and jaw are impeded, deglutition is difficult, the flow of saliva increased, the breath fœtid, and the patient's condition is altogether very miserable during the short period of life which remains.

On the whole, there can be no doubt that, although it often is excited by a local source of irritation, such as a decayed tooth or stump, the epithelial cancer of the mucous membrane of the tongue and mouth, is far more actively malignant in its progress than when it affects the skin. Indeed, I think it exhibits in this situation as rapid and as determined destructiveness, with, perhaps, as great disposition to return after extirpation, as do the scirrhous and encephaloid cancers in other parts of the body; though it is not so likely to affect distant organs. Our hopes, therefore, of ultimate success from operative interference, are far less than in the treatment of the corresponding affection of the skin. Nevertheless, we may give the patient the benefit of the chance, when there is a fair probability of our being able to remove the entire mass. One woman from whom I excised a cancerous ulcer of the tongue returned to the hospital some months afterwards perfectly well, but I have not since heard of her. In another patient the disease reappeared soon after he left the hospital, and proceeded to a fatal termination. Before commencing the incision in such cases, it is necessary to pass a strong thread through the tip of the tongue, by means of which the organ can be drawn out of the mouth, and its movements controlled; then, if the part to be excised be seized with a vulsellum, the operation is

* I am indebted to my friend Mr. Reid, of Canterbury, for the following notes of a "Case of Warty Condition of the Cicatrix of a Burn," recently under his care:—E. A., aged 33, tall, and of spare habit, was admitted into the Kent and Canterbury Hospital, in August, 1849. During her childhood she had been burnt on the right arm, and side of the face and neck. The angle of the mouth was drawn down by the cicatrix of the neck and face, which was quite free from disease. The fore-arm was fixed at a very acute angle with the upper-arm, and a strong web of cicatrix-tissue extended between them as high as the middle of the arm; the hand was prone and flexed. The whole surface of the fore-arm, from the wrist to the elbow, indeed nearly the entire limit of the cicatrix, was covered with warty growths, closely set together, and having deep fissures and cracks between them, from which issued a very offensive, thin, ichorous discharge. Some of these warts were vascular, and were covered with the secretion, whilst others had a grey colour, and presented a more loosely fibrous texture; some few of these were partly detached. The patient said that occasionally masses of warty growth had loosened and fallen off. She suffered severely, and dreaded to have the arm uncovered. The arm bled at times when disturbed. Ten years before her admission she had noticed a wart on the scar of the fore-arm, which gradually increased and became ulcerated, yielding a thin discharge. The arm was amputated, and the stump healed by first intention, excepting at one point, and that to a doubtful degree: the disease did not extend beyond the integument of the arm.

* I have seen this patient since writing the above, and am fearful that there is some return of disease under the jaw; though the whole of the morbid mass was removed by the operation, and the wound healed kindly.

easily completed with a bistoury passed fairly behind the edge of the mass, and carried forwards through the substance of the tongue. Brisk hæmorrhage ensues from numerous vessels, some of which should be tied with the assistance of Assilini's forceps. The smaller vessels generally cease bleeding after a time if the patient be kept quiet in bed in a cool room, with the head raised and the mouth open. It is a good precaution to leave the thread in the tip of the tongue for two or three days.

Here are two specimens which present the ordinary characters of epithelial cancer of the bladder so closely that we may safely assume them to be of that nature, though they have not been submitted to the test of microscopical examination. In this one a large loose flocculent growth is seen sprouting into the bladder from the mucous membrane about the entrance of the left ureter; and there are several smaller growths of similar character upon the mucous membrane at the fundus. In the other specimen a soft vascular growth, as large as a hen's egg, is connected with the mucous membrane near the entrance of the left ureter. At the base it is associated with, and seems to be in great measure composed of, a prolongation of the membrane. At the free end it branches out into long loose flocculi, of a yellowish-white colour and soft structure, which were, in the recent state, besmeared with a substance like cream or soft cheese. The muscular coat of the bladder is much thickened. Both the muscular and mucous coats are extensively destroyed by ulceration at the fundus; and the peritoneum, and other coverings of the bladder, have yielded in this situation, so as to form a swelling, which was perceptible above the pubes during life. The patient, a gentleman, aged 55, had long suffered from frequent and painful micturition, with bloody urine, and had been sounded by several surgeons, his symptoms resembling those of calculus in many respects. He became pale and emaciated, suffering very greatly, and died exhausted. The most constant and characteristic symptom of this malignant disease of the bladder is the passage of blood by the urethra; the blood being not only intermixed with the urine, but being observed to pass in a small quantity, undiluted, or nearly so, after the urine has been evacuated. The patient will tell you that he has occasion to make water frequently; that the act is attended with pain at the end of the penis, about the perineum, and over the pubes; that the pain is most severe when the bladder is nearly empty; that the urine, generally turbid from admixture of mucus, pus, or blood, is sometimes nearly clear; and that, during the straining efforts which he is compelled to make after the bladder is empty, some pure blood often flows down the urethra, sometimes in very considerable quantities. There is scarcely any other disease in which this symptom occurs in a decided manner for any length of time; and when it is associated with a general cachectic condition the nature of the affection is tolerably certain. In cases of long-continued inflammation of the bladder in women you will now and then meet with soft vascular processes of the lining membrane projecting through the meatus, which bleed easily. These must not be mistaken for the disease in question. They are soft and smooth like common polypi, may be drawn out with a pair of forceps, and removed with safety by scissors or ligature; indeed, much benefit is sometimes experienced from their removal.

I cannot say whether the following case should be regarded as one of epithelial cancer. The growth presented many practical resemblances to that disease, though the subject was young:—A healthy-looking girl, aged 8, was brought to the hospital in August, 1844, with a red vascular excrescence, firm in structure, and granular or finely warty on the surface, projecting between the labia. It measured about an inch in diameter, and was attached by a pedicle as large as a goose-quill to the left side and lower part of the urethra, quite within the meatus. It had been observed for about a year, and had been removed by ligature, but had returned. Having drawn out the growth I passed a ligature round its neck as far back as possible. It sloughed away, and a little red warty growth sprung up at the situation of the ligature. To this I applied nitrate of silver, with some apparent benefit at first; but the growth soon increased in spite of that treatment, and the child ceased to attend at the hospital. I learnt afterwards from the mother that the growth attained a great size, bled frequently, and caused the death of the child about six months after she left the hospital.

This specimen affords an example of what appears to be epithelial cancer of the stomach. It is a large polypous tumour sprouting into the stomach near the cardiac orifice, which was almost blocked up by it. The surface is lobulated and granulated, like a cauliflower, and there is an ulcerated spot on the summit, leading to a cavity in the interior. The central part of the mass is firm, of grey colour, and striated. It is said to have been taken from a woman who had frequent discharges of blood by stool and by vomiting, with difficulty of swallowing.

LECTURE

ON THE

DISEASES OF CHILDREN.

DELIVERED IN THE

Chatham Street School of Medicine, Manchester,

BY DR. MEREI,

Fellow of the Hungarian Academy, late Professor of the History of Medicine at the University of Pesth, Clinical Professor of the Diseases of Children, and Director of the Children's Hospital at Pesth; Fellow of the Imperial Society of Medicine at Vienna, etc.

LECTURE V.

Urine; Spinal Cord; Extremities; Anus; Skin.

URINE.—As it is difficult to collect the urine of little children, this liquid is less attended to in them than in adults. I will direct your attention only to a few of its *physical* qualities which I have observed it to

possess in the earliest infancy. In the first weeks and months after birth we find the urine of a healthy infant nearly colourless, and this quality persists nearly as long as they do not take substantial food. I observed, however, that the derangement of the health of an infant causes its urine to stain the linen in different ways, and after the spot is dry we perceive a colour more or less distinct. A *dirty whitish stain*, and a a little *stiffness* of that part of the linen, denoting the increased density of the urine, is frequently present in gastric disorders. A light *reddish* stain occurs in acute inflammations and inflammatory fevers, including the cruptives. A *reddish-brown* stain I observed sometimes in high degrees of acidity, which can be still better ascertained by litmus paper. A *yellow*, or *yellowish-green* stain is proportionally very rare at this age, as this colouration is proper to bilious derangement, particularly in icterus, *hematury*, and *pyury*, which are very rare in infants.

The urine of infants is in general superabundant of acid, consequently a moderate red colouration of the litmus paper by it is not significant. The lithic acid forms sometimes a *red gravel*, which is in general without bad consequence. The plurality of calculi of children are formed by lithate of ammonia. The evacuation of urine is sometimes impeded by, or accompanied with, *spasm of the neck of the bladder*—dysury. In this case the child cries most violently, the urine commences to flow drop by drop, then it runs freely, and the child ceases to cry. In this case we inquire if the urine stains the linen; as in the case that this liquid is quite colourless, we infer the spasm to be purely nervous. If there is some coloured or dirty stain, the spasm probably depends upon gastric derangement, and a consequent irritative quality of the urine. Dysury from stone does not occur in the earliest period of infancy; and if a child presents its probable symptoms, we ascertain the case by sounding.

The spine.—The osseous canal of the spine is frequently altered by disease in children, but with the exception of spina bifida, the affections of the vertebræ seldom do occur in the first year of life.

Spina bifida is soon detected after birth, by a round, oval, or pyriform tumour, covered with a very thin sheath of skin, which sometimes is even more or less deficient, most commonly on the lower half of the spine. A certain degree of paralysis of the lower extremities, rectum, and bladder, is generally connected with this deficient formation.

Most of these patients die very soon. A boy, 13 years old, was the eldest which I saw with this imperfection of organic development. Mr. Whitehead, of Manchester, had lately a case in a lady above 20 years old, and he succeeded in curing it by the double ligature.

The *adynamic*, the *rachitic*, and the *carious* curvatures of the spine, seldom commence before the fifteenth month. I call the lateral curvature (which by others is termed the sigmoid) adynamic, as there is no affection of the texture of the bones, but simple deviation from the normal line, from disproportional development of the muscles which are acting upon the spine, or by long-continued asymmetric positions, occurring in both instances, as a matter of preference in weak or delicate constitutions. This curvature in general extends over a considerable length of the spine, in a gradual line, laterally. The rachitic is connected with an alteration and swelling of the spongious part of the vertebræ, and forms commonly a curve backwards, sometimes anteriorly, that is, into the chest; this curve is more sudden and salient than the former, but still extends over a good length of the spine, easily recognizable by the general habit of the child. The caries of vertebræ is the most insidious of all, and the most dangerous to life. It develops itself in some cases, internally, to a certain extent, before we are struck by external symptoms. Caries is almost always limited to the spongy part of one or two, seldom of three vertebræ; consequently, if these parts are destroyed, the next vertebræ approach each other, whilst the corresponding spinous processes necessarily protrude in a more or less angular form backwards; consequently the line of this curve is not so gradual as that of both the former, and much more limited to a small extent of the spine. In this case we observe also paralysis, as the consequence of pressure exerted by the altered bones and the purulent liquid upon the cord. This symptom is frequently the first, before even the appearance of an external deviation, and we must be aware of this.

Slight degrees of lateral curvature we detect by close inspection, giving to the child an upright position on the arm of its mother; if then we cause the trunk to be anteriorly bent, this curvature will disappear by the extension which, by this posture, acts upon the spine, and will reappear if again the child sits upright; but if the curvature is more severe, or connected with an organic change of vertebral texture, then it does not disappear by bending the trunk. On the contrary, slight degrees of curvature, caused by caries, will just be the more perceptible if we bend the trunk anteriorly.

Affections of the spinal cord and its envelopes.—Hæmorrhage or inflammation are very rare in little children. There is only one *local* symptom in cases of spinal inflammation, this is the constant straight dorsal position observed by the child, and expressions of pain, if we move it, or bend the spine; fever, vomiting, stiffness of the limbs at first, and paralysis after transudation has taken place; but as these are not local symptoms, but the result of troubled innervation, they do not belong to our present task. I seldom could perceive, or even suspect, spinal meningitis, before the stage of transudation, which, if acute and considerable, almost always, and very soon, causes death to tender children.

The *extremities*, we consider in their proportional development and muscular strength. Thin and flabby limbs, with a large skull and large abdomen, is a scrofulous or rachitic symptom. Habitual strength or weakness of the legs, in proportion to the age of the child, show a good or a weak constitution. Constant disorders in the mobility, without local changes in the joints, refer to affections of the brain or of the spinal cord.

But these affections may possibly be only functionally nervous; they are not always connected with organic changes in the nervous centres. *Contracture* is sometimes congenital, but more commonly consecutive to nervous diseases, either with organic alteration, or purely nervous. This latter kind, which I have ascertained, as well as French physicians, by dissection, is termed by the latter (Rilliet and Barthez,) the *essential contracture,* which I have seen as the consequence of convulsions, purely nervous. Most commonly we see this state of permanent contracture of the flexors, connected with only a degree of paralytic weakness of the affected extremity or extremities. Complete paralysis, on the contrary, of the flexors as well as extensors, is almost always the result of transudation or softening. If this takes place in one hemisphere of the brain, then the paralysis extends over the whole length of the opposite half of the body, from the muscles of the face to those of the foot.

The *anus,* soon after birth, offers an abnormity which we call *atresia ani*, or imperforate anus, sometimes without the least opening, at other times there is a small opening, leading to the rectum. I have seen no more than eight similar cases in the whole extent of my practice. The *prolapsus ani*, a frequent consequence of dysentery in children, shows us a part of the mucous membrane of the rectum. As there is always a degree of strangulation caused by the sphincter, a considerable passive congestion is necessarily present in the prolapsed mucous membrane; but sometimes we perceive a swollen surface, with much granulous appearance, the follicles swollen or ulcerated, which are all symptoms of inflammation. On the contrary, redness at the *orificium ani*, with erosions or ulceration, is most commonly the consequence of the irritating quality of discharge, or of uncleanness, and is seldom dependent on pure intestinal inflammation. I have been satisfied that the latter circumstances gives sometimes rise even to luxuriations like flat tubercles, independent of syphilis; and these luxuriations at the *orificium* are frequently surrounded by eczematous eruptions and ulcerations, extending over the contiguous parts of the thighs; this is in particular the case in scrofulous children abandoned to uncleanness. I have succeeded in curing hundreds of similar cases without antiphlogistic means.

The skin.—You need not to be referred in this place to the various chronic and acute eruptions of the skin; these, and ulcerations, or any other local affections of the derma, are easily recognizable, and have their more or less clear signification, local and constitutional. The *red* fœtal colouration of the skin sometimes persists for some weeks after birth; and I remember a case where a practitioner took it for erysipelas. *Cyanosis*, if the consequence of the abnormal persistence of the fœtal blood-communications, gets its full signification by auscultating, in which case a bellows murmur will never fail. But I have seen cases of cyanosis in children dependent upon gastric disorder, or rather derangement in the portal system. *Yellow* colouration, if primary, denotes bilious derangement, but frequently after erysipelas or erythema follows a degree of icterus during the course of recovery, which yellowness is without signification. *Paleness* of the skin, with proportional want of redness of the mucous membrane of the eyelids, the tongue, and lips, signifies chlorosis, which I met with in some cases even about the second year of age, and ascertained it by auscultation and the presence of the carotid *souffle.*

The *temperature* of the skin, dryness, or perspiring state, heat or coolness of it, are of the same signification as in adults, only that there is more variability of temperature in children. The high degree of dry and burning skin, proper to typhoid or putrid fevers, I never met with in the first years of childhood.

Next we shall speak of the pulse and then of some other symptoms.

CASES IN MIDWIFERY,

WITH REMARKS.*

By THOMAS RADFORD, M.D., F.R.C.P., Edin., &c., &c., &c.

Consulting Physician to the Manchester and Salford Lying-in Hospital.

The following case was most kindly and liberally given to me by James Braid, Esq., M.R.C.S., Edin., C.M.W.S., &c. &c., for the purpose of publication:—

Case VI.

Cæsarean Section.—(*Unsuccessful.*)

"About one o'clock, P.M., on the 15th of June, 1847, I was requested to go to Wilmslow, in Cheshire, to perform the Cæsarean section in the case of a poor woman named Mrs. Toft, who had been in labour since early on the morning of the 12th, that was three days and a half, and for whom the surgeons in attendance considered there was no hope of relief otherwise than by such operation. I consequently started by the first railway train, accompanied by my son, and arrived at the house of the patient about half-past two o'clock. The patient was said to be about 30 years of age, and had been married twenty-one months. She became pregnant shortly after marriage, but aborted at the third month. On the present occasion she had arrived at the full term of utero-gestation *before calling for professional aid*, which indeed she did only *after* labour had commenced, which was early on the morning of the 12th. Mr. Mayson, surgeon, of Wilmslow, had attended her alone from Saturday morning till Monday morning, when he had Mr. Dean, surgeon, of the same place, associated with him, who continued his attendance, along with Mr. Mayson, up to the period when Mr. Dean came to request my aid. The patient had always been of a feeble constitution, with fair complexion, but now she was excessively pale and exhausted, and was much disfigured by a large bronchocele. Her

* Continued from page 428.

pulse was very rapid and feeble. On examination, the first object which attracted attention was the arm of a well-developed child protruding from the vagina, proving it to be a case of shoulder presentation. The bones of the outlet of the pelvis were so crushed together that there was scarcely room for one finger to pass by the side of the protruding arm, so as to make an examination. The arm being pushed up, I ascertained that the rami of the pubes were so closely approximated that a finger placed edgeways could not reach the symphysis pubis; and the tubera ischii were only about an inch apart, for there was no point where two fingers placed side by side could pass when directed transversely. Indeed, owing to the close approximation of the rami pubis, tubera ischii, and os coccygis, there was barely room sufficient to permit two fingers to pass the outlet of the pelvis in the antero-posterior direction. Owing to the shallowness of the pelvis, however, which must have been originally of small dimensions, I was the more readily enabled to reach and determine the dimensions of the brim. I ascertained that there was not as much available space in the antero-posterior direction as to permit the points of two fingers, laid side by side, to pass the brim of the pelvis, excepting about half an inch exactly opposite the symphysis pubis, and there the fingers had barely room to pass. Beyond this, on either side, there appeared to be little more than an inch of available space in the antero-posterior direction. The transverse diameter might exceed three inches, but then it was crescentic in form, which, of course, made it completely unavailable for delivery. My son having also made an examination of the patient, and made a similar estimate of the relative position of the bones of the pelvis at the brim and outlet, which were, moreover, firm and unyielding, we had no difficulty, in consultation with the other two surgeons, Mr. Mayson and Mr. Dean, in arriving at the conclusion that the woman must die, undelivered, if we did not instantly resort to the Cæsarean section. With such deformity as existed here in the pelvic bones it must have been all but impossible to have broken down and extracted a fully-developed child, (which from the protruding arm this evidently was), even in a vigorous patient; but in a feeble woman like the one in question, exhausted to the last degree by the length of time she had been in labour, and the violence and acute suffering which she experienced from the pains, even up to the period when we were with her, it would have been perfectly futile and absurd to have made any attempt of the sort. The extreme violence and excruciating agony which the patient was suffering from the pains rendered it the more desirable that the operation should not be unnecessarily delayed; and we, therefore, stated our views of the whole bearings of the case fully and fairly to the friends, and obtained their consent, and subsequently the patient's also, when I proceeded to perform the operation in the usual manner, at three o'clock. I deem it quite unnecessary to occupy your time by giving any details of the operation, for, although a formidable and a most important one, and one which ought only to be performed from the necessity of the case, still, *quasi* a surgical operation, it involves comparatively little difficulty to those who are well acquainted with the anatomy of the parts, and are in the frequent habit of operating. A very few minutes sufficed to make the necessary incisions and to extract the child, the placenta and the coagula were found in the uterus. All this and the stitching, dressing, and replacing the patient in bed, certainly did not exceed ten minutes; and the whole pain sustained by the patient in consequence of the operation, did not appear much to exceed a single pain, such as she had in our presence, from the throes of nature, before we proposed the operation.

"The infant was large, and well developed, but was dead, obviously from *previous detachment of the placenta*, for it was found quite detached, and surrounded by coagula, which at once accounted for the exsanguine appearance of the mother, as well as for the death of the child. There had been very little coloured discharge *per vaginam*, the egress having been completely closed by the shoulder of the child being impacted into the brim of the pelvis. Very little blood was lost by the incisions made during the operation, and very little passed *per vaginam*, subsequently. After the operation the patient seemed to suffer no more pain, but she passed quietly away, from exhaustion, five hours and a half after the operation.

"On the 17th I went over, accompanied by my son and another medical friend, for the purpose of having a *post-mortem*. Mr. Dean was also with us. We had almost been too late, as the company had assembled before our arrival for the purpose of interring the body; they consented to postpone it a very short time, to allow us to make an inspection, but we were necessarily compelled to be very circumspect, as we were closely watched, and were thus prevented the opportunity of possessing ourselves of the pelvis; however, I had used the precaution of taking some plaster of Paris with us, and thus we were enabled to take an accurate model of the inlet of the pelvis; from this it was satisfactory to find that the estimate made of the brim of the pelvis previous to undertaking the operation had been very correct, as the following measurements of the cast prove:—The diameter of the brim of the pelvis, from the symphysis pubis to the lumbar vertebra, was one inch and three-eighths, and beyond that on the left side it abruptly diminished to nine-eighths of an inch and from that to half an inch, and on the right side from an inch and a quarter to an inch. The transverse diameter from right to left was three inches and a half, but of this there were not more than two inches, which would admit a ball to pass which exceeded an inch in diameter. But, as already stated, the brim had assumed a crescentic form, so that when two straight parallel lines were drawn across the pelvis, they only showed two inches by one inch as the largest available space. Under these circumstances, therefore, it is quite obvious that delivery, by mutilation of the infant, could not have been undertaken with an hope of success, at any stage of the labour, however vigorous the patient might have been; how much less so, then, with such a con-

stitution as we had here to encounter, and with a shoulder presentation, too? The cavity of the pelvis was so small as not to admit a body greater than a lemon. At the left side and anterior part of the fundus uteri the walls of the uterus were fully an inch and a half in thickness, whilst a considerable portion on the posterior and right side was attenuated in an extreme degree, so that from this circumstance, and the violent and cutting character of the pains witnessed by us, had she been left a short time longer untouched, in all probability rupture of the uterus, and death, would have been the result. Very little blood had escaped *per vaginam* subsequently to the operation, and there was only a small clot found within the cavity of the uterus. Here, then, is a case which, I think, fully justifies the Cæsarean section, for no medical man had been consulted until the woman *was in labour at the full term of utero-gestation*, and with physical attributes which rendered it impossible for her to be delivered in any other manner than by the Cæsarean section. The only cause of regret is, that this had not been undertaken immediately after labour commenced, for in that case there is every reason to believe that the life of the infant would have been spared, with a tolerable chance of safety for the mother also. This alternative had been proposed to the patient before I was sent for, but she obstinately held out against submitting to any such operation. I consider it but an act of justice to Mr. Dean and Mr. Mayson to record this fact, and that it took some management on my own part to obtain her consent at last. Although the operation failed to save the life of mother or child, still it relieved her of suffering for the last five hours and a half of her life, and her friends the pain of hearing her piercing screams, and witnessing the agonizing throes which accompanied the unavailing efforts of nature to relieve her from her perilous condition."

Dr. Radford's Remarks.

Malacosteon doubtless was the disease which caused the distortion of the pelvis of this poor creature. There are no data whereby to judge when its ravages on the bones were commenced. Some of the contingent circumstances which happened, clearly prove the truth of those statements I made a short time ago (*vide Provincial Medical and Surgical Journal*, No. 7, April, 1851, page 175. It was her *first labour*; and we have no evidence to show that any symptoms existed either *before or during her pregnancy*, to induce her to place herself under medical treatment. The obstetrician was *completely ignorant of the physical and organic* condition of the *pelvis* until *after labour* had commenced. It is, then, indisputably true, that no other operation but the Cæsarean could possibly or safely be performed for her delivery. The great mischief of procrastinating the operation is emphatically proved by the result. Several serious evils arising from the protracted labour are noticed by Mr. Braid. The death of the infant was undoubtedly produced by it, and most likely that of the mother. The internal flooding, the complete separation of the placenta, and the attenuated state of one portion of the structure of the uterus—which no doubt would have ended in its rupture—are solely to be attributed to delay.

In Cases I. and V. I have mentioned that violent irregular uterine contraction happened during the extraction of the infant, which I stated depended on the partial or complete detachment of the placenta. In the foregoing case, however, nothing of the kind took place, although this organ was lying loose in the uterus. Did the internal bleeding (which was so great as to bleach the general surface) act on the uterine tissue, and so influence its contractility? Was the absence of this spasm (when its supposed cause was present) owing to the extreme degree of attenuation of the uterine tissue ?

CASES IN MIDWIFERY.

By J. KENWORTHY, M.R.C.S., Manchester.

Read at the Nineteenth Anniversary Meeting, held at Brighton, August 13, 1851.

The following extracts from my midwifery notes being cases of uterine hæmorrhage, in connection with placenta prævia, may possibly be interesting to some of the members of the Association; some of them occurred many years since, and the *minutiæ* are not all recorded, for eighteen years of the time in which the earliest cases happened I was a good deal occupied in the hospital wards of the workhouse, but did not meet with any case of importance of this description in that class of practice.

Case 1.—March 7th, 1819.—Mrs. B. One edge of the placenta presented. Pressure of the fœtal head lessened the hæmorrhage, and the labour terminated in the natural way. She was faint after it was over, and seventy drops of laudanum, with a little brandy, were administered, in tea. The mother and child both did well.

Case 2.—January 30th, 1821.—Mrs. W. Was seven months advanced; there was hæmorrhage a week previously, which subsided under the use of acids; quiet, horizontal position, and cold externally applied. At ten P.M. on the 29th hæmorrhage returned. I found the placenta presenting, but the cervix uteri would not admit my finger through it, being thick and unyielding. The same means as before, with the addition of ten drops of tincture of opium every hour There was no uterine action. I enjoined perfect quiet, a free admission of air, and to drink cold lemonade. At five o'clock on the morning of the 30th no natural change; the hæmorrhage was less. At 10 A.M. the bleeding was much increased, and she was faint. The cervix was more yielding, and partly dilated. I thought it wrong to delay, and introduced my hand very quietly round the placenta, broke the membranes, and delivered by the feet. There was very little uterine action throughout. She was much

overjoyed, and the hæmorrhage ceased. An hour after delivery faintness came on, and gradually increased, and in a quarter of an hour more she died. On inspection all was found natural. No accident had happened to the cervix. The child was living.

Case 3.—October 26th, 1823.—Mrs. L. Seven months advanced. Hæmorrhage large. I introduced my hand round the placenta, when the cervix was dilated the size of half a crown. The child was dead. The mother safe.

Case 4.—June 27th, 1826.—Mrs. B. I found her swimming in blood and water, without uterine action. It was evidently wrong to delay. I passed my hand quietly round the placenta, and found the child lying across the pelvis, with the left arm presenting. I delivered it, and the flooding ceased. The placenta was expelled by the succeeding pain. The mother and child have both done well.

Case 5.—July 23rd, 1834.—Mrs. S. One half the placenta presented towards the right ilium. She had hæmorrhage two months before, which subsided under the use of ergot. She was nearly eight months advanced; hæmorrhage in gushes, very rapid; uterus lax, and its action feeble; the cervix nearly obliterated. I gave the ergot, and immediately delivered the child (the eighth); repeated the ergot every fifteen minutes after delivering the fœtus, and the hæmorrhage abated. There was a fold of the funis before the child's head; the circulation through it was interrupted perhaps a quarter of an hour, and life appeared extinct; the warm bath, inflation of the chest, friction, &c., were used, and the vital spark was roused in about half an hour. The mother remained faint several hours, and required powerful stimulants to rouse her. Both have since done well.

Case 6.—April 11th, 1841.—Mrs. W. This case was four months advanced. The placenta presented wholely, and the hæmorrhage was rapid; the cervix dilated, so that I could pass my hand, and I delivered the fœtus without delay; separated the placenta, and left it. Gave Tinct. Opii., m. lxxx., and the next pain it came away. She was a little faintish. Tinct. Opii., m. xl., were again administered, and in an hour or a little more all was well.

Case 7.—September 3rd, 1842.—Mrs. T. This case was nearly matured, and the placenta was completely over the cervix. The hæmorrhage was very rapid; dilatation the size of half a crown. I passed my hand slowly round the placenta, brought down the feet, and waited an hour or more. She was faint and debilitated by repeated floodings during the pregnancy. My arm was a plug. Gave her brandy in tea, and immediately before taking away the fœtus, half a drachm of ergot was given in substance. The child possessed but little vitality, and I did not divide the funis for more than an hour, during which time the circulation was maternal. The ergot was repeated after the birth of the child, and I left them both pretty well in two hours and a half.

Case 8.—December 11th, 1850.—Mrs. O. Was 36 years old; her fifth child. One half the placenta presented towards the left ilium; saw her first at 11 A.M.; hæmorrhage rapid, without pain; no dilatation of the cervix. She was seven months advanced. I gave her Opium and Tinct. Ferri Sesquichloridi once an hour, and applied cold wet cloths to the vulva and pubes. At three P.M. I was summoned in haste. Hæmorrhage had been less, but had returned rapidly; fainting; incoherent in her expressions; hardly conscious; moaning; pulse fluttering, and almost imperceptible; scarcely any uterine action; dilatation of the cervix now the size of a penny, perhaps the effect of excessive hæmorrhage. I thought it unsafe to delay, and introduced my hand very slowly round the placenta, grasped the child's feet, and after waiting an hour, got some brandy and opium into her stomach in tea. She took four drachms of laudanum during the first twenty minutes. A feeble rallying of the pulse was now apparent, and I drew away the child very quietly a little after five P.M. I separated the placenta immediately, and left it. Friction was used to the extremities; and by grasping and irritating the external parietes of the abdomen in half an hour or more there was a slight uterine effort manifested, during which I took away the placenta. She had tea, with brandy and opium, given to her repeatedly; and I left her in a promising way a little after six o'clock. The hæmorrhage ceased immediately after the separation of the placenta; but whether from the effect of separation, or from its acting as a plug, is to me a question; I am inclined to think the latter. The child had been dead a week, and there was scarcely any uterine action throughout the case. She took five drachms of tincture of opium during two hours. I saw her in the evening; she was sensible, and somewhat rallied, and eventually recovered, but remained long debilitated.

Case 9.—February 18th, 1851.—Mrs. B. Was 38 years old, and her sixth child. One edge of the placenta presented towards the left ilium. There had been occasional hæmorrhage during two months or more; the last ten or twelve days there were several gushes. I advised the recumbent posture, gave her digitalis and sulphuric acid in infusion of roses, applying cold cloths occasionally. No uterine action until the 18th. At three A.M. the cervix was dilated to the size of a crown; coagula passing, and some evidence of alarm in her countenance. The liquor amnii was discharged, and the child's head presented, squeezing the placenta to the left ilium, and moderating the bleeding. The uterine effort was feeble. I turned the child, and delivered it slowly a little before five A.M., immediately before which she took Tinct. Opii, m. xl. The pressure now being taken off the placenta there was a rapid hæmorrhage. I separated it from its attachment, left it as a plug, and the hæmorrhage ceased. All has since proceeded favourably.

This case was six months and a half advanced. The child was living, and died in 28 hours.

We have means now within our power, with which in former years we were unacquainted,—the ergot for instance; but perhaps there may have been unfortunate results from incautious use of it; and very satisfactory effects in many cases may, I think, be obtained more safely from opium. Mrs. O., in December last, is an example.

June 25, 1851.

A CASE OF

NON-UNION OF FRACTURE OF BOTH BONES OF THE LEG, OF EIGHTEEN WEEKS' STANDING, SUCCESSFULLY TREATED BY MERCURY.

By R. THURSFIELD, Esq., M.R.C.S., Broseley.
SENIOR-SURGEON TO IRONBRIDGE DISPENSARY.

In the month of August, 1847, I was asked to see an old patient of mine, aged 42, who had twice suffered severely from acute rheumatism. I learnt from her that about eighteen weeks before, she had, on returning from an evening visit to her sister, slipped in crossing a rough road, and fractured both bones of the leg just above the ankle. She was not far from her sister's house, and a surgeon was soon in attendance. Her leg was placed on a pillow and the usual means employed; but in about six weeks after the accident it was ascertained that no bony union had taken place. Upon further advice starch bandages were applied; but no benefit resulted. On examining the leg I found it greatly swollen, shorter by an inch at least than the other, with a good deal of deformity, greatly increased by any attempt at standing upon it, and the least motion at the point of fracture. She had greatly increased in bulk during the confinement she had undergone, but considered herself in good health.

I was a good deal puzzled what plan to pursue with the best chance of successfully relieving her, for I had never had to treat such a case before, and the uncertain results in the experience of others were anything but encouraging. In thinking over the case I remembered that the late Mr. Tyrrell had said mercury in his hands had proved at least as efficacious as any other plan he had tried; and I made up my mind to use it, because the peculiarly irritable state of the patient put sawing off the ends of the bone, seton, or any other surgical means quite out of the question, and most others seemed to have been fairly tried. I therefore procured two very strong gutta percha splints, which reached from rather above the knee to the bottom of the foot, and having, on the 18th, soaked them in boiling water, I made a complete cast of the leg by passing a tight roller over them and allowing them to cool. Having brought the ends of the bones as nearly into apposition as I could, and covered the parts with mercurial ointment, &c., after the plan recommended by Mr. John Scott, I applied the splint, and bound all together with a long elastic bandage. I confined her to bed, and tied the leg on a pillow, giving her five grains of blue pill night and morning. No perceptible effect from the mercury took place until she had taken sixteen pills, when suddenly violent ptyalism set in, which lasted a fortnight. On the 7th of October the bandages, &c., were removed, as they had become loose from the reduced size of the leg, and a great improvement was found to have taken place The leg was longer, the deformity less, and the motion at the fracture scarcely perceptible. Greatly encouraged by such a state of things, I renewed the applications exactly as at first, and allowed her to use a sofa during the day. In about three weeks I again tightened the roller, and in another month removed everything from the leg, and found the fracture perfectly united and firm. For a month after this time she had the leg well rubbed night and morning with camphorated oil, to get rid of the remaining œdema, wearing a roller and one splint during the day, to protect the leg if she should chance to slip in walking. In six months she could walk well two or three miles, and is now as active as most women of her age, the broken leg being as useful as the other.

CASES IN PRIVATE PRACTICE.

By JAMES KITSELL, Esq., Droitwich.

Read at the Nineteenth Anniversary Meeting, held at Brighton, August, 1851.

Case I.—Case of Retention of Urine, with False Passage, and Paralysis of Bladder.

In March, 1850, I was requested to attend J. P., a farmer of independent means, who had laboured under retention of urine at intervals for nearly a week. On my arrival, the medical man in attendance, "although not qualified," had made numerous attempts, unsuccessfully, to introduce the catheter; a medical gentleman from Birmingham having also visited the case twice, and succeeded in introducing the catheter, though not without great loss of blood, owing in some measure to the unskilful use of the instrument, before his arrival, and the formation of a false passage, which, considering the age of the patient, (69,) who was of impaired constitution, rendered the case very serious. On my arrival I learnt from the patient that he had long been subject to dribbling of urine, frequent inclination to void it, and other symptoms indicative, at his period of life, of prostatic enlargement, of which I satisfied myself on examination *per rectum*. On introducing the catheter it readily entered the false passages, and no little manœuvring was required to conduct it into the bladder. The instrument being of No. 5 size, passed with difficulty through the constricted prostatic portion of the urethra, when about two pints of urine were

drawn off, the size of the catheter being gradually increased until No. 12 could be passed with little difficulty. Owing to the over-distended state of the bladder at the onset of the case, when more than three pints of urine were removed, this viscus became so paralyzed, that nearly seven weeks elapsed before it evinced any symptoms of resuming its tone, during which time the patient felt not the slightest inclination to void his urine, although a pint or more would occasionally be collected, owing to the patient's residence being a distance of nearly five miles, and my having to visit him twice daily. The treatment consisted in the internal and external use of strychnia, iodide of potassium, with Plummer's pill and conium at bed-time, and keeping the catheter occasionally in the bladder through the night.

Suffice it to state that the patient recovered, and voided his urine better than he had done for some years, until he experienced a slight return about fifteen months after, owing, as I suspect, to some excitement of the genital organs, from causes which I need not here attempt to explain, which was easily relieved by timely aid.

I have merely reported this case to show how much relief can be afforded in a case which appeared for some time nearly hopeless, since there was great reason to fear that the tone of the bladder should be irrecoverably lost.

Case II.—Extensive Fracture of the Ribs, with Emphysema.

A porter, employed at the Droitwich station of the railway, was proceeding to fasten the connecting chain of a luggage train, which contained thirty-six tons behind and sixteen in front of him, when, on the train being suddenly moved, in his endeavour to escape, he became pinned between the beam ends, (if I may so term them,) there being no spring buffers as in passenger trains. Being frightfully crushed, he was brought to Droitwich, (a distance of a mile and a half,) in the omnibus, in a state of collapse, which lasted for some time, and from which it was not expected that he would rally; however, under the cautious use of diffusible stimuli, he slowly rallied, a quantity of blood and frothy saliva issuing from his mouth. As reaction proceeded, acute inflammation of the lung succeeded, the 2nd, 3rd, 4th, 5th, and 6th ribs on the left side being sadly fractured in their sternal and dorsal aspects. As the power of respiration increased, a tumour, larger than a distended sheep's bladder, occupied the seat of injury over the lung, the laceration in which must have been considerable, since this tumour appeared to become directly inflated at each respiration, alternately rising and falling with remarkable impulse, until more than one-half the body was inflated; several punctures having been made into the over-distended cellular membrane, and a bandage applied as soon as practicable, with copious depletion, the patient being of stout robust constitution, considerable difficulty was experienced with the rising end of the 2nd rib, which from its position could not be readily compressed with a bandage, to obviate which difficulty I employed a spring truss, on Salmon and Ody's principle, which, passing over the shoulder, the requisite compression was effected by the anterior pad, and the fractured ends thus kept in apposition. Considerable quantities of pus streaked with blood were expectorated from this extensive wound in the lung, but fortunately the patient recovered, and at the end of six weeks resumed his employment, which he has continued for very many months, apparently as well as before the accident. The crepitus during the act of respiration was audible at a considerable distance from the patient.

Case III.—Instantaneous Relief in a Case of Croup from Fright.

M. D., aged 9 years, was suddenly attacked with symptoms of acute croup, the peculiar cough, difficult respiration, with the head thrown back, and threatening symptoms of suffocation being apparent, it was deemed advisable to abstract blood as usual, when the child's great objection to the application of leeches threw her into a regular paroxysm of rage and fright, which, producing a regular and copious perspiration, all the symptoms immediately vanished, no return being experienced. An equal objection or dread of the lancet was evinced on an attempt being made to open the jugular vein. This case merely shows what good can be effected through the medium of the skin under peculiar circumstances; the shock given to the system, in addition to the copious perspiration, must have had its share in reducing the vascular and nervous influence, and thus removing a complaint which, under ordinary treatment, might have proved dangerous or fatal.

Case IV.—Diabetes in an Infant.

It will appear strange that after the case of hydrocephalus in one of my own children another still more peculiar and interesting—nay unparalleled, should occur in my own domestic circle, viz., diabetes; the subject being a male child now nearly eight months old, who, although born plump and apparently healthy, began to manifest, "a few days after birth," symptoms of diabetes, the quantity of urine voided being enormous, and truly characterized as *diabetes mellitus*, the *smell and colour of honey* being so strong as first of all to attract the attention of the mother and nurse, who, without any idea of the complaint, observed to me that the napkins smelt fragrant like honey, which remark, in fact, led me to the case, the nature of which was now (about a fortnight after birth) too evident to be mistaken; the usual concomitant symptoms being strongly developed, viz.,—a hot dry skin, voracious appetite, constipation of the bowels, extreme emaciation; in fact, the little patient may be termed a living skeleton. It is really wonderful that he should have survived so long in this state, having been almost in *statu quo* for nearly six months; the cranial bones being nearly as moveable as when first born. Although troubled with cough, apparently the result of repeated catarrhal attacks, there is no decided pulmonic disease,

as he cries remarkably strong, nor is there any hectic tendency apparent in the countenance by night or day, the catarrhal attacks being induced, most probably, by the change of temperature to which the body is exposed, consequent on the frequent change of napkins by night and day, (which average about one per hour,) completely soaked. It is remarkable that not the slightest acidity has been traceable in this case, as connected with the stomach.

The food consists partly of the breast-milk and partly of panada, or bread boiled in water to the consistence of thick custard, sucked from the glass feeding-bottle with India-rubber teat, which food the child unfortunately refuses unless sweetened. As regards the treatment in so young a subject, great disadvantage prevails, inasmuch as anything in the form of medicine is speedily rejected, and occasionally the food, apparently from over-distension, the result of that insatiable desire on the part of the stomach to become over-loaded; and when not satisfied in this way his cries are distressing. Milk food, beef-tea, and such like, are also rejected, no attempt having at present been made to convey it by means of enemata. The preparations of iron, the Ferri Sesquicarb, and Tinct. Ferri Sesquichloridi, could only be administered at intervals, when diarrhœa occasionally, although rarely, occurred, which medicines in cases of a cachectic tendency, and with an impoverished state of the blood, deprived of its carbonate of iron, I have found from experience most beneficial; an occasional dose of Hydrarg. cum Cretâ, or calomel, being sometimes required, owing to the deficiency of bile in the alvine excretions; opiates being sometimes needed to procure rest. Dover's powders, with diaphoretic doses of Antim. Tartarizatum, appeared most suitable; but the stupefaction consequent on any medicine of this kind, in careful doses, soon prohibited their administration. Cod-liver oil was tried, with a view to its nutrient property, but was soon rejected. As this disease has been considered by authors to depend on a shattered state of the constitution, and peculiar to spirit drinkers, or to an excess of vegetable diet, and in the decline of life, this case becomes at once instructive and interesting, inasmuch as no such cause could have influenced the subject of this report. In conclusion, I may observe that the urine, although not diminished in quantity, has lost, in a great measure, its melliferous property, being now of a more cadaverous or putrescent smell, a similar odour being observable in the alvine excretions. I have not tested the urine with reference to any albuminous property which it may possess, nor have I yet tried the phosphoric acid.

Remarks on the Present Poor-Law.

Mr. Kitsell then called the attention of the meeting to the present inadequate remuneration of the Poor-Law medical staff, who are still not half paid in their annual salary, besides having much to contend with in reference to any claim they may have for extras, which are but partially provided for in the Poor-Law [illegible] for instance, in the scale of allowances for fractures, dislocations, and midwifery, no allowance is made by the guardians for fractures of the clavicle, jaw, ossa nasi, &c. The guardians will not allow for fractures of the clavicle, although strictly a portion of the upper extremity, because the term arm is used in the printed form of allowances. And in fractured ribs, even with emphysema, the fee has been refused, because they are not specified. And in cases of bad wounds, scalds, burns, &c., which must of necessity accasionally fall into the hands of the union surgeon, no provision is made. In cases of midwifery, when the maximum fee of £2 is demanded for the operation of turning in placenta, arm, or other preternatural presentations, as also in forceps and other instrumental cases, the medical officer has, (after inquiries made by the relieving officer of the nurse and patient, anything but pleasant or delicate,) to explain the particulars of his operation and proceeding to the Board, who ultimately decide (for want of knowing better) that such a case is not entitled to the maximum fee, and reduce it to 10s., the medical officer being lucky if he gets occasionally £1 for an operation which rescues his patient from the jaws of death, independently of riding some forty or fifty miles in after-attendance on some of those cases. No allowance at all being made in cases of abortion or premature labour, unless the pregnancy be sufficiently advanced to admit of the child's being born alive. Surely there needs reform in this as in other departments of Poor-Law medical remuneration. In cases of abortion much more trouble, anxiety, and attendance are required than in ordinary cases at the full period, especially when these cases happen in the country. It is much to be regretted that members of an honourable and enlightened profession should be subject to the caprice and decision of Boards of Guardians, who are composed of good, bad, and indifferent, quite incompent to judge of medical matters, or the remuneration connected therewith.

Result of the Case of Hydrocephalus.

Mr. Kitsell also stated that his child, on whom he operated for hydrocephalus, in April, 1849, reported at the Seventeenth Anniversary Meeting, (*Provincial Journal*, August 8th, 1846, page 431) continues to enjoy uninterrupted good health.

DR. THOMSON'S INVALID LIFTER.

Exhibited at the Anniversary Meeting, held at Brighton.

This apparatus, of which the following wood-cut gives an excellent representation, has been constructed for the purpose of raising and removing from bed, and into an adjoining room if required, heavy and unwieldy patients, reduced to a state of helplessness by disease or accident

It is made of wrought iron, and the lifting power is obtained by means of a crane, which is raised or depressed by a screw. The crane is attached to a frame or carriage upon four castors, between two of which it is erected, and projects permanently over the carriage. From the end of the crane is suspended a cradle, by means of a swivel hook, which admits both of rotary motion and of being detached from the crane. The apparatus is moved or drawn by a handle attached to one of the front castors, and these being connected by a rod, attached to a small lever projecting behind each castor, they are brought into parallel action when moved, and the facility of turning greatly increased.

A narrow strong sheet with a broad hem along each side being slipped under the patient, and his pillows adjusted within the upper end of the sheet, a strong wooden rod is passed through each hem, and a leather strap being passed through a hem at the head of the sheet, is buttoned to the ends of the rods. Thus arranged and with such bed-clothes over the patient as may be required, the carriage is run under the bed, with the point of the crane brought over the patient in a line nearly corresponding with the umbilicus. The cradle is then attached to the crane and lowered so as to admit of the rods and sheet being hooked to each side of the cradle.

The patient is then raised from bed by turning the handle of the screw, and when sufficiently elevated may be drawn from it, either in the position in which he is raised, at right angles with the crane, or turned round into any other, more suited to the capacity of the apartment, or to his removal through doors and passages into an adjoining room. The length of the carriage is thirty-nine inches, and the width between the castors twenty-seven inches. It turns in a space seven feet square, is applicable to any size or shape of bed, and one person with a little practice is quite capable of working it,—of raising a patient of any dimensions from bed, and of moving him into an adjoining apartment.

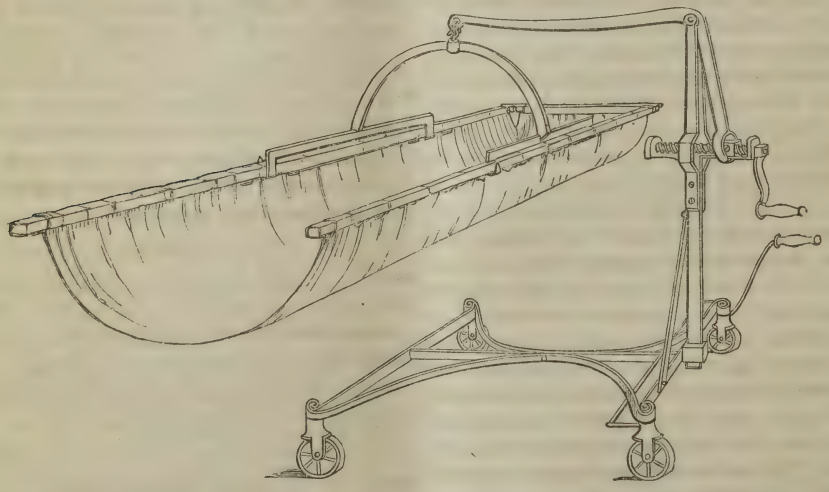
By means of a slit in the sheet, the patient can be readily placed upon a bed pan, and by joints in the wooden rods the legs are let down and he can be placed upon a night chair.

It also may be made available, occasionally, for the relief of patients disabled and confined to bed, but who retain the use of their hands and arms, viz., by attaching a stirrup-shaped handle to the crane instead of the cradle, and adjusting it over the patient in the position most favourable for him to lay hold of it, and thus enable him from time to time to alter and ease his position in bed.

The motion in raising a patient is so smooth and equal, that he can hardly perceive the precise moment at which he his elevated from his bed, and the efficiency of the apparatus altogether for the purposes intended has been satisfactorily tested by the result of several years' experience of its use. The price of each invalid lifter, with one pair of sheets, is £5. 10s.

This admits of a certain amount of profit which is to be devoted to the funds of the Stratford-upon-Avon Infirmary, and, as no personal pecuniary advantage is aimed at, from the sale of the apparatus, and as, in order to keep down the price, it has neither been registered nor patented, it is hoped that the medical profession and the public generally will protect the proposed benefit to the charity by ordering the apparatus through Dr. Thomson, or from Mr. James Ward, Wood Street, Stratford-upon-Avon, whose valuable assistance in the construction of it is here acknowledged, and who is the only person at present authorised to make and sell it.

Stratford-upon-Avon, August, 1851.



Hospital Reports.

BIRMINGHAM GENERAL HOSPITAL.

CASE ADMITTED UNDER THE CARE OF J. HODGSON, ESQ.,

(Reported by ALEX. H. PATERSON, Esq., Altringham)

Arsenical Poisoning.

Lucy H., married, aged 30. A fine healthy woman. Admitted at one o'clock, P.M., on May 26th, 1845. Her husband stated that nearly an hour before she had swallowed nearly a pennyworth of arsenic. She was in a profuse perspiration, her extremities cold, and her pulse small and quick. The stomach pump was at once used, and a quantity of clear fluid and white curdy matter removed. This, on being tested, was not found to contain arsenic. The stomach was well washed out with warm water, and a quantity of hydrated peroxyde of iron administered. She walked up stairs to bed. During the evening she vomited several times, and was thirsty. Her pulse rose, but did not increase in quickness.

10 P.M.—Pulse full. No pain in abdomen or at the pit of the stomach, except under severe pressure.

May 27th.—Has vomited and been purged several times during the night, and suffered from great thirst.

9 A.M.—Looked pale and exhausted; complained of slight pain in the lower part of the abdomen, but she had no pain in any other part of the abdomen or stomach, even when very firmly compressed. At half-past nine she left the hospital, at the desire of her friends. The pain in the bowels rapidly increased, was accompanied with vomiting and purging, and continued till her death, at half-past one, P.M.

Post-mortem examination, twenty hours after death.—The body looked pallid; the features were composed; the heart large, and both ventricles filled with black half-coagulated blood. On washing it the carneæ columnæ of both ventricles presented an ecchymosed appearance. Lungs healthy, much gorged with black blood. The stomach, on its lower external and anterior surface, presented a few thin ecchymosed spots, about the size of a split pea each. The great omentum and peritoneal surface of the intestines were of a light pink colour. On opening the stomach it looked dark, and its mucous lining was softened and thickened; on two places, about the size of a sixpence, near the greater curvature, it was abraded. The head of the duodenum was very dark, and its mucous folds extensively ecchymosed. It and the stomach were distended with a fluid of a light brown colour. The rest of the intestinal canal was normal in appearance, except a patch of redness and ecchymosis near the head of the cœcum, and a number of white spots, each the size of a pin's head, in the folds of the mucous membrane of the ilium, the surrounding intestine being very vascular. The uterus and brain were much congested, but otherwise healthy. The white specks in the ilium proved to be arsenic.

Remarks.—Professor Taylor, in his work on "Medical Jurisprudence," mentions that the action of arsenic is uncertain, and sometimes long delayed. In the case I have given I afterwards ascertained that probably half an ounce of white arsenic had been mixed in a cup of tea, and swallowed. She had doubtless been sick before she reached the hospital, some druggist having, I believe, given her an emetic, and no poison was left floating in the stomach, or removed from it by the pump. The *post-mortem* appearances, however, show how much reached the intestines. Still, from noon on May 26th to half-past nine on the morning of the 27th the symptoms were not more serious than might be easily accounted for by the use of the stomach pump and the antidotes administered. Acute inflammation of the contents of the abdomen must at the same time have been going on; yet severe pressure failed to cause pain or detect tenderness, except in a slight degree in one of the iliac regions. I regret that the imperfection of my notes does not allow me to give the exact state of her pulse; but I know that shortly before she left the hospital it was not *very* feeble, that she was perfectly sensible, and that she asked for and partook of some gruel with apparent relish. Her relations took her home contrary to the wishes of the house-surgeon, refusing to believe that she had really taken poison. I need not dilate on the importance of such cases, as from not being aware of their occurrence a surgeon may throw away the patient's chance of life, and injure his own reputation, by giving an opinion that no poison has been taken.

Altringham, July 14, 1851.

Provincial Medical & Surgical Journal.

WEDNESDAY, SEPTEMBER 3, 1851.

It is highly gratifying to those who take an interest in the progress of our Association, to find that the recent demonstration against quackery at the Anniversary Meeting has been so generally approved of; it shows that the profession itself is sound to the core, for though there may be, and evidently are, some rotten and defective portions, still the body has vitality enough to lop off the infected members, and we hope and trust to heal the wound necessarily caused by the act of severance. In the present crowded state of the profession there is, no doubt, great temptation held out to leave the beaten path, when the pursuing it in a straightforward and honourable manner has not produced the pecuniary results which every man has a right to expect. But while we pity we must still condemn, and fortunately for society at large, the profession themselves, who are best qualified to form an opinion on the subject, are also entirely unprejudiced, and have no personal interests to serve, for homœopathy is at least as easily practised, and is, most probably, more lucrative, than the prosecution of the doctrines of Hippocrates and his successors. If, therefore, it can be shown, as it easily can, that the profession, as a body, have no reason to oppose homœopathy, except from the knowledge of its utter inutility, there is a strong argument with the public against the delusion which is practised upon them; and this appears to be the only argument they are capable of appreciating. It is quite clear that the possession of the highest intellect does not guard a man against the belief in many impositions, unless the mind of the individual has been educated so as to take in and understand all the bearings of the subject. Thus the possession of the highest university honour does

not guard a senior wrangler against the arts of a nefarious horse-dealer, who may, perhaps, take him in with perfect ease, though unable to pass a "*screw*" off upon an illiterate country bumpkin.

There is no doubt that "a little learning is a dangerous thing," and in nothing is this truth more strongly shown than in the belief which has grown with the present generation, that all have some little knowledge of medicine. We fear this has been fostered by the popular lectures on subjects connected with medicine, which have been so generally delivered, and which have frequently been made so pleasant, and apparently so plain and simple, that ignorant people have gone away with the impression that they have acquired, in a few hours, more than is really obtained by the study of a life. And this, again, has led to apparent differences between medical practitioners, for two opinions may, and to our own knowledge have, often been given on a patient's case, perfectly similar in reality, but in the mind of an incompetent auditor, leading to entirely opposite conclusions, by which the credit of the whole profession has been materially affected. In arguing, therefore, with an unprofessional person, it is useless to combat homœopathy, mesmerism, or any other popular delusion, with the same arguments which we should use if engaged with one of our own body, who had lapsed, or was about to lapse, from the truth. We may often think that we have used unanswerable arguments with such a person, whilst all the while our seed has fallen upon barren ground, and has produced nothing but perhaps the obstinacy of ignorance. We think, therefore, that it will conduce to the interest, as it will certainly comport with the dignity, of the profession, to take our stand as we have done, by purging our own body, but carefully avoiding all discussion with such men as the Rector of Wickwar, alluded to by Dr. Cormack in his eloquent address at Brighton.

Let us only make it clear to the public that *we* have no interest in the matter, except, as we all have, to arrive at the truth, and to do this we have only to show the following propositions:— 1st, that the homœopathists themselves maintain, that when the disease is ascertained the treatment is easy enough; 2nd, that all parties, whether homœopathists or allopathists, can only use the same means to arrive at the knowledge of disease; and, 3rd, that the well-educated medical practitioner can, therefore, have no *difficulty* in practising homœopathy, his only objection to it being its utter want of truth, and by consequence its deficiency of power to combat disease.

We are well aware that fashion is all-powerful with some, and we do not expect to overcome it speedily, though we are confident in the final power of the truth. We think, therefore, that little good will be attained by any efforts, however praiseworthy the intention may be, to coerce public opinion, but that the course which the profession have to take is simply, as we have before stated, to maintain their own purity and dignity, and await with patience the time when the public mind shall be awakened to a sense of the folly and presumption of which so many otherwise clever and well-educated men have been guilty.

It must be evident to the profession that our Association has taken high ground. The President of the Royal College of Physicians attended the recent meeting of the Association, at Brighton, for the purpose of expressing, in the name of his College, the satisfaction felt by that body at the assembling together of so much talent as is united in this Association. "It is for you," said Dr. Paris, "and for you only, to determine what shall be the future state of the medical profession."

The importance of the Provincial Association consists of several elements capable of indefinite expansion. Apart from the high professional attainments which distinguish many of its members, and the combined zeal with which it has conducted its medical inquiries and researches, the Association, partaking of the spirit of its noble-minded founder, possesses a moral dignity which (without disparagement) may be said to grace no other purely medical body. It is pre-eminent in its *honesty* and its *charity*.

Its *honesty* was triumphant at Brighton. The most subtle forms of quackery may not be allowed to pollute any of its members. The resolution which will prove the death blow of homœopathy was passed *unanimously*. Every medical body must assume this tone, or it must perish; no half-measures will suffice. The enemy already quails before our united advance; but, in the prospect of an easy victory, we have not forgotten the sick and wounded in our ranks.

The *charity* of our Association is her glory. The Medical Benevolent Fund was the child of

her youth, it is now the cherished one of her maturer years, and it will be her solace when the wrinkles of age shall have settled on her brow. But other Institutions of a similar character are already growing up around her. The benevolent scheme of Mr. PROPERT, to which we are now anxious to call special attention, will probably find its best supporters among those whom the "fund" has taught the luxury of giving.

The Medical Benevolent College, though projected in London, is intended for the benefit of the provinces as well as of the metropolis, and, therefore, seeks the support of the Provincial Association as a necessary element of success. At the recent meeting, at Brighton, its honoured founder appeared for the purpose of pleading its cause; but he being unfortunately called back to London before an opportunity was offered for him to address the meeting, we were deprived of the privilege of hearing, from his own lips, the claims of the Institution on our attention. And it is to be feared that the eloquent harangue of Mr. LORD, at the close of the meeting, fell but too feebly on the wearied ear of the few members who remained at that advanced hour. But these circumstances do not at all affect our responsibility.

Our charity has begun at home; it is now invited to take a wider range. For many years the Medical Benevolent Fund held its Committee meetings in the country; it now holds them in London. The claims upon it are multiplied and increasing, and it must not be impoverished. But the College is equally necessary, and its claims are equally imperative. Both Institutions are intended for the benefit of the needy members of the profession in all parts of the world. Every branch of the Association should, at its annual meetings, follow the example of the Shropshire Branch at its recent annual meeting. The Medical Benevolent Fund should give rise to many "a long and animated debate." To that fund the members of the Association will probably subscribe before they contribute to Mr. PROPERT'S important scheme. And we would have them to do so, for this, among other reasons, that they will then become awake to the claims of both Institutions. He who has a real sympathy for the *actual* distresses of his brethren will not willingly miss the opportunity of *preventing* that distress. The *school*, by affording cheap and liberal education to our sons, will help us when we most need help. The *asylum* offers a home to those who might otherwise become a burden on the Benevolent Fund. The objects of both Institutions are, therefore, so similar, that we may live to see the day when the sister Societies shall be united in one common fund. But, at present, we are anxious that the claims of both should be clearly understood.

The sum required for the completion of the Medical Benevolent College, in addition to what is already subscribed, is no less than £18,000. It has been suggested that this sum might be raised by each member of the profession in England subscribing the sum of one guinea. But this may be doubted. And it is morally certain that many of our brethren cannot, and that others will not, afford a guinea for such a purpose. Still the sum must be raised: and it may easily be raised by the Association. Let each member, in the first place, subscribe his guinea, or five guineas to the Benevolent Fund; then let each determine that he will, during the month of September, collect from benevolent persons in his neighbourhood a sum not less than five or ten pounds. Let this be forwarded to Mr. PROPERT, or the Bankers to the College, Messrs. GOSLINGS and Co., 19, Fleet Street, before the first of January next; and by the end of that month we shall have to announce that the first stone is laid of one of the noblest Institutions ever founded by the medical profession. Let it be considered that the expense of collecting £18,000 in the usual mode would be great, and the time consumed very considerable. Mr. PROPERT has already collected, single-handed, upwards of £2,000. Mr. PROPERT is engaged very extensively as a general practitioner. He is one of those men whose time and strength are taxed to the utmost. Yet, see what he has done! Is there a member of the Association who will say that he *cannot* collect £10 for such a purpose? In fact there is no doubt that by proper exertion the sum may be easily raised.

We have met with two or three objections to these charities. Some men do not like the word "charity." Some fear that the scheme will encourage idleness or improvidence; others object to the school because a chapel is to be attached; others approve of the school, but dislike the idea of alms-houses, as degrading to the profession.

There is but one reply to these and similar objections. Charity, and alms-giving, and public worship, are all of divine appointment, and have been practised at all times, by all good men, in all nations.

It would be well for the profession if there were fewer of its members in distress. But which is the most degrading of the two positions,—distress alleviated by charity, or distress unalleviated? Is it less disgraceful to see a member of the College of Surgeons begging in the streets than to see him comfortably lodged in an alms-house? Is it more creditable to the profession to see a physician pauperized—actually habited in the "union" costume, than to see him attired as becomes a gentleman, and partaking of his frugal yet sufficient meal in a convenient cottage, surrounded by the society of his equals? The distress and penury of very many respectable members of the profession—nay, of some who, by their discoveries, and researches have been the benefactors of mankind, is a *fact;* an unseemly degrading fact, if you will, but a *fact.* And none of us can tell how soon it may be our lot to suffer under the miseries of disease and want. A graduate in medicine, who once possessed a fortune of thirty thousand pounds and a practice of three thousand a year—a man of excellent character and gentlemanly habits—is now, from the combined influence of disease, misfortune, and advanced age, reduced to absolute want, having been rescued from starvation by a medical charity. And to such sufferers, who, in the days of their prosperity, may possibly have seen in the proposed College, but an undignified confession of professional poverty, Mr. Propert's asylum will offer a welcome refuge, even though they have written volumes against the *principle* of the Institution.

It will be in the recollection of our readers that a review of Dr. Tunstall's book "On the Bath Waters," which appeared in this journal some months ago, gave offence to some members of the Association; this we much regretted at the time, although we did not very clearly see the occasion of it. We received the manuscript of that review from Bath, accompanied by a private note, to the best of our memory, signed, "W. Davies." We entertained no doubt of the article having been written by Dr. Davies, of that city, and as we thought him a competent authority on the subject, we were very glad to insert the review. Subsequent inquiries were made of us as to the name of the author, and as we were not aware of any reason for secrecy, we stated, according to our own belief, that it was written by Dr. Davies. It appears, however, that it was not written by that gentleman, and that he had no knowledge of the article, nor by whom it was written. It is obvious, therefore, either that the signature attached to the note in question was a forgery, or that there is some other person of the same name in Bath by whom it was written. If the former supposition be the true one, it is a disgraceful affair, and one against which no amount of Editorial caution can avail.

We have given the above explanation in justice to Dr. Davies, and not from any desire to shift the responsibility from ourselves, as, of course, we are responsible for whatever reviews are published in this journal.

Proceedings of Societies.

MEDICAL BENEVOLENT FUND.

SIXTEENTH ANNUAL REPORT OF THE MEDICAL BENEVOLENT FUND FOR THE YEAR 1850-51.

Read at the Nineteenth Anniversary Meeting, held at Brighton August 13, 1851.

Another year has passed away; and in again addressing their subscribers, your Committee have cause to congratulate you upon your progress towards maturity, and upon the development of your resources.

Notwithstanding the many unfavourable circumstances which have operated against your enlarged efforts, your Committee have to notice as chief causes of thankfulness, first, the success of their plan in altering their place of meeting to London; next, the harmony and efficiency with which their deliberations have been conducted; thirdly, the amount of misery they have been enabled to relieve; and, fourthly, the enlargement of their income.

Notwithstanding the severe pressure upon professional resources, arising from agricultural distress, and the loss of many of their subscribers from death, or changed private circumstances, your Committee rejoice to announce that their income for the year ending June 30, has been £540. 1s. 4d., exceeding that of last year by nearly £50.

The amount of donations has been lessened; this however was to be expected, as the preceding year had been one of special appeal; yet £188. 15s. 6d. have been received, and the amount invested in bank stock

has been £214. 14s. 6d., thus making your permanent fund £1,200 in bank stock, which at the present price of that stock only produce £2,568.

Your Committee would further congratulate you on the commencement of their annuity scheme. Four annuities have been granted during the last year, and two half-years have been paid, amounting to £75. The extension of this part of their plan must depend upon the zeal with which they are supported; but they hope to be enabled, by your liberality, to enlarge this mode of relief from your fixed or permanent income.

One of the circumstances which has operated against the prosperity of your Institution, has been the activity and zeal with which the British Medical Fund has been advocated, and pressed upon professional attention by the exertions of its valuable Secretary.

Yet your Committee, so far from undervaluing the British Medical Fund, do consider it as an instrument of great usefulness. When it is recollected, that medical men are generally poor, that they marry early upon insufficient incomes, and that the value of their lives is very much below the average value of life in the other professions, *cæteris paribus*, it will follow as a matter of duty, that each individual should lay by him in store, for the event of sickness,—for the contingencies of after life, and for the certainty of death,—that upon the occurrence of this last event, his family may not be dependent upon charitable relief. To such thoughtful individuals, the British Medical Fund offers greater advantages than can be afforded by any ordinary insurance society, and it is restricted to members of the medical profession.

Facts, however, have shown, and have especially shown in the last year, that no providence in the earlier part of life—no primary success—no splendid standing in the profession—no large income—can secure either themselves, or their decendants from the reverses of calamity or from the dire approach of want. Facts have proved, as will be shown by a reference to the list of cases relieved, that no early prosperity can exempt a man or his family from the probability of future distress, and while these facts should warn us of the importance of making provision for the future, and should inculcate upon every one a lesson of humanity and prudence, they should still more deeply awaken the noble and christian sentiment of sympathy and active benevolence towards our brethren in their hour of need; "Let those who have much, give of their abundance; let those who have little, give gladly of that little, and assuredly they shall not lose their reward."

If there be one circumstance more conclusive than another, during the history of the last year, it is this, that the existence of a purely charitable fund is indispensable for the relief of a great mass of professional misery, which is *unrelieved*, and *unrelievable* by all the provident institutions combined; and, therefore, the necessity for the existence of the "Medical Benevolent Fund" becomes every day more and more apparent.

While, then, your Committee would earnestly entreat practitioners everywhere to insure their own lives, as a duty which they owe to their families, to the profession, and to society at large; they would also point out the advantages of your own fund, as offering a measure of relief to those who have been unable to effect or to continue this provision, and they invite your especial attention to the *simplicity of its object* and the *efficiency of its working*.

Its object is simple—the immediate offspring of that christian charity which forms the chief ornament of the character; it originates in the heart, and it seeks its way to the heart of the distressed. A reference to the cases appended to this report will show that it requires not any special qualification, but extends its immediate aid to distress, provided that such has not been the consequence of immoral habits.

But it is also efficient in its working; relief has been afforded during the last year to forty-six applicants, at a cost of £464. 2s. 6d., besides the sum of £75 paid to annuitants, making a total of benevolent aid during the year of £539. 2s. 6d. The relief thus given has not only been efficient, but it has also been discriminating; the cases have been minutely investigated, and those only have been relieved which could bear this minute investigation, and could be proof against this searching ordeal.

But your Committee acknowledge that their relief has been inadequate; they have been obliged to vote £5 or £10, where their judgment and conscience have told them a much larger sum was required: and they have done violence to their own feelings because they had no more *in* their hands, and this brings them to the humiliating acknowledgment that your fund has not been supported by the profession according to its merits; those who are above the risk of needing benevolent aid, have probably thought that others were like themselves, or have been contented with *private charity*, forgetting that a society like yours was the very one to *investigate* cases, and to prevent that imposition to which each one in his private capacity must be subjected. While the coldness of the prosperous is probably thus to be accounted for, the apathy of the great mass of the profession is only to be explained on the plea of wilful self-deception, believing that misery does not exist, because they do not see it.

Your Committee, therefore, entreat all to look to the list of cases relieved; and they appeal to you in favour of the Benevolent Fund by the simplicity of its object, —by the efficiency and discrimination of its working,— and by its high principles and motives, and claims to universal support; or they earnestly entreat each one of their subscribers to obtain *several other contributors* from the immediate circle of their personal friends, and so to present a phalanx of adherents, which shall prove itself invincible in action, as well as unequalled in value.

During the past year, a benevolent lady has had your report reprinted at her own cost, for distribution among her friends. This example of generous devotion to your cause is deserving of imitation, and is only equalled by that undying attachment to your fund which has also been evinced by others of your kind lady friends; to them, individually, and to all others similarly engaged, your Committee beg to offer their especial thanks.

Your Committee have to regret that the working of your Society has been rendered difficult by the want of the early payment of subscriptions, and must have been several times suspended but for the good-humoured advances of their Treasurer; they, therefore, entreat attention to this want "*bis dat qui cito dat.*"

Your Committee beg to express their sympathy to their President, Dr. Baron, whose continued ill-health has prevented his presiding at their meetings, and whilst they have had repeated testimonies of his care for your Society, they request his constant remembrance, and beg to offer their best wishes for his restoration.

To their non-professional donors and subscribers, and particularly to their valued friend and banker, Sir Walter Farquhar, Bart., they beg to tender their best thanks.

To the medical press generally the Committee offer their acknowledgments, and especially to the *Medical Gazette*, for whose *amende honorable*, and ample notice of their proceedings, they are especially obliged.

Your Committee having arrived at the conviction that they required some other means of making their proceedings more widely known, and of exciting a greater interest on their behalf, after much deliberation have resolved in holding a public dinner on your behalf during the next spring; and they beg the kind considerations of their friends to this notice.

In conclusion, your Committee would review the history of the past, and their present position; and to each one of their subscribers, as well as to each member of the profession, they would say,—be just to thyself, and insure against all the emergencies of life; but be charitable to thy brother—"be merciful after thy power," and contribute through the *one only channel* of pure charity—the Benevolent Fund—to the relief of distress, which they pray God *you* may never feel; but should such be your lot in this day of trial, and in this changing world, they equally pray God you may never want the aid of the Benevolent Fund without obtaining it,—a result which can only be insured by its being adequately supported.

Signed on behalf of the Committee,

WILLIAM NEWNHAM,
Chairman.

EPIDEMIOLOGICAL SOCIETY.

The last meeting of the first session of this Society, was held at the house of the Royal Medical and Chirurgical Society, 53, Berners Street, on Monday the 4th of August.

DR. BABINGTON IN THE CHAIR.

After the usual routine of business, the President announced that the Report of the Common Lodging Houses' Committee had been presented to the Council, and received by them, to be made such use of as shall seem best to the President and members of that Committee. During the meeting the President stated, that although there would be no more ordinary meetings held till November, yet the various Committees would remain in active operation, and invited communications from members and others on the subject of epidemics in general, especially that of small-pox and vaccination, to be forwarded to the Honorary Secretaries, 38, Berners Street, Oxford Street.

The paper announced to be read at the first meeting of the Society in November, is "On Epidemic Diseases in Ireland," by Dr. Robert Gordan Latham.

At the usual period of the meeting, Dr. Mc William, one of the Honorary Secretaries of the Society, was called upon by the President to read Mr. Grove's paper "On the Nature of Epidemics."

Mr. Grove commenced his paper by quoting a saying of the Rev. Sidney Smith, that "words are an amazing barrier to the reception of truth;" which he applied to miasmata, mephitic vapours, morbid poisons and their synonyms, remarking that they were words in common use, but that they conveyed no definite meaning to the mind. He then said that the object of his communication was to elucidate that view which held that the poisons inducing epidemic, endemic, and infectious diseases must be ranked among the things endowed with life. He argued that the faculty of reproduction was a distinctive mark between animation and mechanism, or between living and inanimate matter. That it was during the reproductive period of existence that the most energetic operations of the vital force were manifested, and that it was during the reproduction of the poison germs within the body, that the force of diseased action called for our special attention. He called attention to the fact that, whether we examine an epidemic or infectious disease of plants, animals, or of man, we find that the essence of the affection is a something which has the power of reproducing its species. Taking, then, this faculty of reproduction as indicative of the existence of a germ, the author classed the agents of disease among living things, and regarded reproduction as the primary law. He then argued, that if this were a correct interpretation of nature, the germs of disease ought to acknowledge obedience to the same subsidiary laws which regulate or influence animate existences. He divided these laws into the objective and subjective; the former referring to faculties or properties inherent in the germ; the latter referring to the action of external agents and influences upon them. The laws named, ten in number, are not intended as absolutely definite expressions of a comprehensive idea, but merely as the readiest approximations.

Objective Laws.	*Subjective Laws.*
1. The diffusion or dispersion of germs.	1. Seasons of activity.
2. Their static existence.	2. Climatic influence.
3. Duration of active existence.	3. Relation to latitude.
4. Period of development.	4. Subjection to physical forces.
5. Intermittent reproduction.	5. Influence of locality.

The application of these laws to the agents of disease, was demonstrated, and their analogies traced in the vegetable and animal kingdom. He further showed that upon this mode of explaining the phenomena of infectious diseases, little else was required to solve some of the most difficult problems connected with them. Having shown the impossibility of accounting for epidemics and infection upon the chemical basis, seeing that in no purely chemical process was there any multiplication of the agents, and that as far as the physical

forces were concerned, one always increased at the expense of the other, as heat increases by the chemical change taking place in combustible bodies; the author concluded by drawing attention to the Registrar General's Return of Deaths for the year 1847, by which it might be seen that, as 97,924 deaths were due to epidemic, endemic, and infectious diseases, nearly one-fourth of the total mortality was attributable to causes especially demanding the attention of this Society; and if we were allowed to include consumption, considerably more than one-third; the numbers being of the diseases mentioned 151,241, and the total mortality for the year, 453,723.

An animated discussion followed the reading of Mr. Grove's paper, in which Dr. Babington, Dr. Silvester, Dr. Snow, Mr. Charles Cochrane, and Dr. Mc William, took part.

A vote of thanks was awarded to Mr. Grove, in his absence from the meeting, for his interesting paper.

Foreign Department.

PROCEEDINGS OF THE FRENCH ACADEMIES.

ACADEMIE DE MEDECINE.

THE debates at this Academy during the past month have been comparatively uninteresting, the following communications only being worthy of record:—

M. ROBERT reported on a case of enormous *hypertrophy of the mammæ*, in which extirpation of both breasts was performed. The enlargement commenced at the age of 18, as a consequence of suppression of the menses. The shape was pyriform; the colour a deep purplish red, interspersed with numerous blue lines, indicating the course of enlarged veins. They were soft externally, but deep pressure discovered a number of hard nodules, the size of filberts. In 1842 one was punctured, but a little blood only escaped. In 1844, three years after the commencement of the affection, both breasts had acquired such enormous dimensions as to reach the knees while the patient stood upright. The weight was so great as to cause her to keep the recumbent posture. The operation was performed without danger; the breast being strongly compressed at its base between two strong pieces of whalebone, for the purpose of preventing excessive hæmorrhage. As soon as one wound had healed the other breast was excised. On examination, the tumours were found to be composed of fatty tissue, containing indurated nodules. One weighed thirty pounds, the other twenty. After their removal the patient greatly improved in health, and recovered her enbonpoint.

M. DEVILLIERS, jun., read a memoir "On the *Normal Dimensions of the Female Pelvis*." The chief conclusions to which he has arrived are stated to be as follows:—1. The sacro-pubic diameter may be as low as three inches and a half, without the least appearance of malformation or disease of the bones. 2. The coccygo-pubic diameter in three-fourths of the cases examined by him has been less than four inches. 3. The bisiliac diameter of the upper outlet is subject to little variety, the mean being five inches. 4. The bisischiadic diameter, on the contrary, is frequently under the average. 5. In nearly half the cases examined the left oblique diameter of the brim is greater than the same diameter of the opposite side. 6. It is rare to find an instance of a pelvis offering all its diameters of the mean lengths. 7. The diameters of the fœtal cranium, as they are presented in the different stages of labour, are less than the corresponding diameters of the pelvis. 8. The principal diameters of the pelvis may be considerably below the average without offering serious impediments to parturition.

ACADEMIE DES SCIENCES.

M. JOBERT (de Lamballe) read "An Essay on *Foreign Bodies in the Air Passages*." He does not, however, in any degree extend our knowledge on the subject. The same may be said of a communication by M. DUHAMEL "On *Compression of the Aorta in Uterine Hæmorrhages*."

SURGICAL SOCIETY OF PARIS.

THE *Treatment of Erectile Tumours by Vaccination* has been successfully carried out by M. Marjolin, in an instance recently related to this Society. The diseased congeries of vessels occupied the temple, both eyelids, the cheek, and the lips, as well as the mucous membrane of the lips and palate. It was decided, on consultation, that nothing could be devised to remedy so extensive a disease; but as the patient, a little girl, had not been vaccinated, M. Marjolin made fifteen or sixteen punctures around the morbid tissue, and inserted vaccine matter. Great inflammation ensued and spread over the whole tumour. At the end of three years it was found that a most unhoped for amelioration had taken place. The characters of erectile tissue had almost entirely disappeared, and in its place a firm whitish integument was seen, which was more deficient in vascularity than natural skin. Several members offered remarks on this fortunate case. In the opinion of the majority vaccination generally fails, even in tumours of small size.

The *Treatment of Abscesses by Injection* was brought before the Society by MM. CHAISSAIGNAC and BONNET. The former mentioned his proceeding, which consists of first evacuating the matter, and then repeatedly injecting the abscess with cold water until it comes out untinged. The sac is then brought into apposition by bandages.

M. Bonnet confirms the advantages of injecting strumous abscesses with tincture of iodine, either pure or diluted; at the same time he gives iron and cod-liver oil internally, and allows a liberal diet.

Nux Vomica in Asthenic Dropsies.

M. Tessier (*Revue Medico-Chirurgicale*, June, 1851) states that the preparations of nux vomica may be

advantageously used in asthenic dropsies complicated with generally debilitated health, as after chronic diseases, or in consequence of insufficient food. He explains the action of this drug on the supposition that by favouring an active state of digestion and defecation, it prevents abdominal plethora, and encourages rapid venous absorption.

On the Pathology and Treatment of Varicocele.

In a thesis with this title, M. Prunaire (*Gazette Medical de Strasbourg*) speaks of a new mode of treating varicocele by caustic. He also enters minutely into certain anatomical considerations calculated to throw light on the pathology of the disease. In the first place he has taken the measurements of the right and left spermatic veins in fourteen cases, together with the comparative weight of the testicles on either side. In classing the subjects according to their ages, he finds that between the ages of 3 months and 2 years, there was a difference of from one to two centimetres in favour of the left spermatic vein; between the ages of 30 and 35 years the difference was from two to three centimetres. As regards the size of the testicles, the author has constantly found the left larger and heavier than the right.

A recent writer has given the absence of valves in the spermatic veins as the cause of varicocele, but this the author refuses to admit, as he concludes from the observations of St. Helaire, as well as from his own researches, that valves are present in these veins in the majority of instances; this of course suffices to vitiate the theory arising out of their presumed absence.

The treatment adopted by M. Prunaire is thus described:—The pubes being denuded of hair, the patient is requested to walk for an hour or two; he is then chloroformed. An incision is next made over the cord, the sheath is opened with the utmost caution, and the veins scrupulously isolated from the other structures; this being done, some lint is passed underneath them to prevent the contact of the caustic with the subsequent tissues, and the veins are daubed with Vienna paste. After a few minutes the caustic is sedulously removed by washing the part in a dilute acid solution, and the wound is dressed. The veins which have been touched shrivel up, and when the eschar falls, are found to be completely obstructed.

Death of Dr. Baudelocque.

This distinguished physician has lately sunk under a chronic malady, aged 55. He is well known to English readers as a writer on obstetrical subjects, and on scrofula. He was physician to the Hospital for Sick Children, and had one of the largest midwifery practices in Paris

The *sweating sickness* has broken out in several localities in the department of Herault.

General Retrospect.

ANATOMY AND PHYSIOLOGY.

On the Pathology of some Affections of the Ear which induce Cerebral Disease.—By Mr. Toynbee.

Mr. Toynbee has presented a memoir to the Royal Medico-Chirurgical Society, in which he has endeavoured to specify the diseases of the ear which are liable to extend to the brain, as well as to shew that each division of the internal aural apparatus has its particular division of the encephalon to which it communicates disease. He states, for instance, that—1. Affections of the external meatus and mastoid cells produce disease in the lateral sinus and cerebellum. 2. Affections of the tympanic cavity produce disease in the cerebrum. 3. Affections of the vestibule and cochlea produce disease in the medulla oblongata. In speaking of the external meatus, its intimate relations with the lateral sinus and cerebellum are pointed out; the affection most frequently producing disease in these parts is shown to be catarrhal inflammation of its dermoid layer, one of the numerous diseases which have hitherto been classed together under the term otorrhœa. This affection of the external meatus is fully described; and it is shown that it is found to endure during many years, without the presence of pain, or any other symptom calculated to apprise the surgeon of the presence of a formidable disease, while the bone may be becoming slowly carious, and portions of the dura mater and cerebellum disorganized. In the second division of the paper, the tympanic cavity is described to be the part of the ear from which disease is most frequently propagated to the brain. This circumstance is accounted for, firstly, by the great liability of the mucous membrane of the tympanum to undergo pathological changes; and, secondly, by the existence of very intimate relations between this membrane and the dura mater. The affection of the tympanum which most frequently produces disease in the cerebrum is chronic catarrhal inflammation of the mucous membrane, an affection thus far only known as an otorrhœa. The four changes in the dura mater and cerebrum produced by the affections of the tympanum are—

1. Inflammation of the dura mater, and its separation from the surface of the petrous bone by serum.

2. Ulceration of the dura mater, and its complete detachment from the petrous bone.

3. An abscess in the substance of the cerebrum.

4. Undefined suppuration of the substance of the cerebrum.

From a careful examination of cases, it appears that chronic catarrhal inflammation of the mucous membrane of the tympanum may exist as many as twenty or more years, without the production of any disease beyond it, or at least, without the existence of symptoms by means of which the presence of such disease can be diagnosed; nevertheless, in the great majority of cases vital structures become sensibly affected in a

much shorter period. In a third section of the paper the author devotes some space to the consideration of the labyrinth, and it is shown that purulent matter in the vestibule or cochlea sometimes causes disease of the auditory nerve, which is transmitted to the medulla oblongata, producing suppurative inflammation of the meninges, and death, without the presence of any caries of the bone. In the course of this paper the author shows the necessity of abolishing the use of the term otorrhœa, and of using in its place the names of the several diseases, eight in number, of which a discharge from the ear is one of the symptoms. In conclusion, the facts which he is desirous of impressing upon the minds of medical men are, that the bone, dura mater, and substance of the brain may be slowly undergoing disorganization, without the presence of any other symptoms calculated to reveal to the medical man the existence of formidable disease than the presence of a discharge from the external auditory meatus; and that, consequently, no person suffering from catarrhal inflammation of the dermoid layer of the meatus, the membrana tympani, or of the mucous membrane of the tympanum, can be assured that disease is not being prolonged to the temporal bone, the brain, and its membranes; and that any ordinary exciting cause, as an attack of fever or influenza, a blow on the head, &c., may not induce the appearance of acute symptoms, which, as a general rule, are speedily fatal.—*Medical Times.*

PRACTICAL MEDICINE AND PATHOLOGY

On Cod-liver Oil in Phthisis.—By Dr. Walshe.

The following conclusions as to the value of the cod-liver oil are taken from the author's recent work on "Diseases of the Lungs." He states:—

1. That it more rapidly and effectually induces improvement in the general and local symptoms than any other known agent.

2. That its power of *curing* the disease is undetermined. I mean here by curing the disease, its power of causing, along with suspension of progress, such change in the organism generally as shall render the lungs less prone to subsequent outbreak of tubercles, than after suspension occuring under other agencies.

3. That the mean amount of permanency of the good effects of the oil is undetermined.

4. That it relatively produces more marked effects in the third than in the previous stages.

5. That it increases weight in favourable cases with singular speed, and out of all proportion with the actual quantity taken; that hence it must, in some unknown way, save waste, and render food more readily assimilable.

6. That it sometimes fails to increase weight.

7. That in the great majority of cases where it fails to increase weight, it does little good in other ways.

8. That it does not relieve dyspnœa out of proportion with other symptoms.

9. That the effects traceable to the oil in the most favourable cases are:—increase of weight, suspension of colliquative sweats, improved appetite, diminished cough and expectoration, cessation of sickness, with cough, and gradual disappearance of active physical signs.

10. That in some cases it cannot be taken, either because it disagrees with the stomach, impairing the appetite, (without itself obviously nourishing), and causing nausea, or because it produces diarrhœa.

11. That in the former cases it may be made palatable by association with mineral acid, and in the latter prevented from affecting the bowels by combination with astringents.

12. That intra-thoracic inflammations and hæmoptysis are contra-indications to its use, but only temporarily so. I have repeatedly given the oil within a day or two after cessation of hæmoptysis, without any return taking place.

13. Diarrhœa, if depending on chronic peritonitis, or secretive change, or small ulcerations in the ilium, is no contra-indication to the use of the oil; even the profuse diarrhœa caused by extensive ulceration of the large bowel is not made worse by it.

14. That the good effects of the oil are, *cæteris paribus*, directly as the youth of those using it—a singular fact, which probably may one day (when the textural peculiarities of youth and age are better understood,) aid in giving a clue to its mode of action.

SURGERY.

New Mode of Treating Epiphora.—By Mr. Bowman.

This plan consists in slitting up the canal from the punctum on the conjunctival aspect, so as to carry backwards the orifice at which the tears are received on to the mucous membrane near the caruncle; and Mr. Bowman finds that the tears are in fact taken up by the remaining portion of the canal, while the end towards the punctum is converted into a groove. For the cases of obstruction from injury or other cause he suggests a modification of this operation, by which the canal between the obstruction and the sac may be slit up for some way, so as to receive the tears at a new opening. The cases to which these new operations are applicable have been for the most part abandoned by surgeons as incurable.—*Medical Times.*

Dislocation of the Femur on the Pubes Reduced after eight weeks.

The patient, a powerful man, fell down epileptic, at the same time giving his leg a twist. When he recovered his senses he found swelling and pain of the left thigh. He was admitted into the Dorset County Hospital, when the following particulars were ascertained:—The leg was found to be two inches shorter than the other, and everted, the heel of the left foot being on a line, and at a right angle with the malleolus of the right; the head of the bone was distinctly felt resting on the pubes; the limb is free from pain when at rest; pain is however produced on attempting to invert the foot or flex the thigh on the pelvis. He could only progress

with the aid of crutches. A consultation was held, and it was agreed that an attempt should be made to reduce the limb. The patient (having previously been bled, and chloroform administered) was laid on the sound side, and the pulleys applied, extension being made in a direction backwards and downwards; this was kept up for more than an hour, frequent attempts being made in the meantime to lift the bone over the pubes and edge of the acetabulum by means of a towel placed round the upper part of the thigh, but without success. Paletta's plan of abducting the thigh, and then suddenly violently bending it towards the belly, was tried; also, that of bringing the patient to the edge of the table, and pushing the knee suddenly and forcibly backwards, at the same time adducting the limb as strongly as possible, but without apparent effect. The surgeon then requested an assistant to endeavour to lift the head of the bone with a towel placed round the upper part of the thigh, whilst he grasped the heel of the affected limb firmly with his left hand, and with the right hand placed on the outside of the knee, endeavoured to rotate the limb inwards. Under each attempt to rotate the leg some of the adhesions were heard to give way. In a short time the limb rotated inwards more freely; the pulleys were then slackened, and the thighs approximated when it was found that the limb lay nearly straight, the foot could be inverted, and the leg more easily moved in any direction; it appeared about an inch and a half shorter than the other. He was then put to bed, the legs being fastened together with a bandage, and fomentations applied to the hip.—*Lancet*, August 2.

MIDWIFERY AND DISEASES OF CHILDREN.

Treatment of Ophthalmia Neonatorum in the London Ophthalmic Hospital.

The treatment which is pursued at the Royal London Ophthalmic Hospital, in these cases, is simple and effectual; it consists, in general, of nothing more than the frequent injection over the front of the eyes and between the lids, of a solution of alum, (alum, gr. iv., water, oz. j.,) and then anointing the lids with lard, to prevent adhesion. If the inflammation is very severe and recent, the first syringing is with a solution of nitrate of silver, (gr. iv. to oz. j., never stronger,) and afterwards with the alum, the latter being thrown over the conjunctiva so as thoroughly to cleanse it, every half hour, every hour, or every two hours, according to the intensity of the inflammation, and the rapidity with which the purulent secretion is renewed. After each syringing, the lard is applied, so that the lids may not agglutinate in sleep. No leeches, blisters, or other auxiliary means are used; nor are the solid nitrate of silver, or strong ointments of it, ever employed. Leeches, though sanctioned by even so judicious an authority as Dr. Mackenzie, are deemed unnecessary; and they are certainly hazardous at this tender age, and in this situation, especially among the poor, treated as out-patients. And the astringent solution, of moderate strength, is considered at least equally efficacious with the solid caustic, while it gains more uniform access to all parts of the inflamed membrane, and it is a safer and less painful remedy.

The effect of this treatment is soon apparent, in a decided diminution in the discharge, and its more gleety nature, in lessened vascularity and intolerance in spasm, as well as in the altered temper of the infant. A few days are generally sufficient to produce these results, and the subsequent progress is steadily onwards to recovery. And the advantage of it is, that it is equally applicable in all periods of the inflammation characterised by purulent discharge. If used early it saves the eye, if delayed till the cornea has suppurated or ulcerated, or the iris or lens protruded, it has the salutary effect of arresting the disorder, and preventing further destruction; and a very great advantage indeed is this, one perhaps hardly predicable of any other remedy in any other disease, at least to the same extent. The simplicity of the treatment, and its general appropriateness to all forms and stages of the disease, should serve to give it currency among those little conversant with eye diseases, and may even sanction its use by the parish midwives as a nurse's remedy, of course only where the aid of a regularly educated medical man cannot well be had.—*London Journal of Medicine*, May, 1851.

On the Induction of Premature Labour.

At a late meeting of the Edinburgh Obstetrical Society, Dr. Moir made a statement of the mode of inducing premature labour, which was introduced by the late Dr. Hamilton. The plan consisted in gently dilating the os uteri with the finger or a catheter, and separating the membranes from the cervix without rupturing them. When labour came on it proceeded as in the natural way, and the probability of the life of the child being saved was much increased by avoiding a premature rupture of the membranes. When this proceeding failed to induce labour, Dr. Moir was in the habit of passing a catheter along the posterior surface of the uterus, between it and the membranes, and, by means of the stilet, puncturing the latter high up. By these means he had succeeded in every case but one.

Dr. Simpson is in the habit of inducing premature labour by dilating the os with sponge tents; and he considers this a more certain as well as a more safe mode than any other. Like Dr. Hamilton's plan, it had the advantage of not rupturing the membranes. It had also, in Dr. Simpson's opinion, other advantages. He has tried Dr. Kiwisch's plan of injecting a continuous stream of tepid water against the os uteri in one case with success.—*Edinburgh Monthly Journal*, July.

Rupture of the Uterus under peculiar circumstances.—By T. Berncastle, Esq.

The author was called to a woman in labour, who had engaged a midwife; this person had been sent for in the night, and after staying an hour or two went away. Between this time and eight in the morning, when the author saw her, labour had come on with

vigour, and a dead child was born in a few minutes; the placenta came away steadily. There was no hæmorrhage, and the uterus contracted well. Under these conditions he left her quiet, but cheerful. Two hours after he was summoned in great haste, as the woman was dying. He found her, to his surprise, speechless, cold, without pulse, in fact in *articulo mortis*. No hæmorrhage had occurred. She died in an hour.

Post-mortem examination.—Body that of a well-formed, stout woman. *Chest:* Heart and lungs perfectly healthy. *Abdomen:* Liver, kidneys, and other abdominal viscera, all healthy, but pale. The uterus was large, uncontracted, and rose above the umbilicus. On examining the appearances presented about the lower part of the uterus, a dark, extravasated appearance was observed on the right side, at the situation of the right lateral ligament. On removing the uterus, which was done by cutting through its neck, a great quantity of blood escaped, and a number of clots, amounting to about two pounds, were discovered. The internal surface of the uterus was now exposed, but excepting that it was not contracted in the usual manner after parturition, it did not present any abnormal appearance. There was no effusion of blood in the cavity of the uterus itself. The neck of the uterus was now particularly examined, and it was found to present a ragged and ulcerated appearance, and was covered with blood, partly coagulated and partly fluid. A great quantity of this blood lay immediately beneath the reflexion of the peritoneum, passing from the uterus to the bladder.

It appeared that there was an ulcerated condition of the uterus, which had probably existed for several years, and after the labour it is probable that the wall of the neck of the uterus gave way, causing an effusion of blood, not only into the neck of the uterus, but also into the cavity of the abdomen, *beneath the peritoneum;* and that this sudden effusion of blood was the cause of the woman's death.—*Lancet*, July 26.

Correspondence.

MR. BOTTOMLEY ON MEDICAL REFORM.

To the Editors of the Provincial Medical and Surgical Journal.

Gentlemen,—Will you have the kindness to give insertion, in an early number of the *Journal*, to the following remarks in reference to what took place at the meeting of the Association at Brighton.

Dr. Cormack moved the adoption of the Report of the Council, seconded by Dr. F. Winslow, to which Dr. Crisp moved an amendment; in so doing he styled himself an old Medical Reformer, and a one-faculty man; he disapproved of the conjoint examining board of the College of Physicians and Surgeons, and ended by moving an amendment.

I felt desirous of replying to Dr. Crisp, but feared it might occupy much valuable time, and perhaps bring about a lengthened discussion, and prevent the reading of papers, &c., on subjects of greater importance; I therefore judged it more prudent not to interrupt the proceedings of the meeting, but to adopt the present plan.

That Dr. Crisp is an "old Medical Reformer," I am fully aware; he was one of the Council of the British Medical Reform Association, which was a very powerful and influential body, and one that was productive of much good; there were some of the leading professional gentlemen on the Council with Dr. Crisp, and I also had the honour to act with him. Our object then, was to form a faculty of medicine and surgery in this country, and I cannot give up the idea that such is the only means of placing the medical and surgical profession in its proper position.

Dr. Crisp is of the same opinion as myself, but we differ as to the method of bringing about so desirable an object. I feel quite sure that Dr. C.'s plan, viz., that of establishing another college, called a General Practitioner's College, with such very limited power as the National Institute appear to be satisfied with, will not in any way lead to such a result. If such a college be obtained, the profession would stand thus,—a College of Physicians, a College of Surgeons, and a College of General Practitioners, making the *three* grades, or classes, viz., Physicians, Surgeons, and General Practitioners. Once procure a bill for those *three* Institutions, and the *three* grades are perpetuated, and we shall be placed in a worse position than at present.

One of the suggestions, (viz., 13th), which I, (being one of a reform deputation), had the honour to submit to the College of Surgeons, December 19th, 1849, was—"That the examinations on the admission of fellows and members should be extended to the principles and practice of medicine, midwifery, and pharmacy. This would be a step towards the *one-faculty* system, *i.e.*, that of forming an examining board from the present Institutions. Such a principle, once admitted, and acted upon, the accomplishment of the *one*-faculty, in my opinion, would be easy. After having submitted to the Council of the College my suggestions, (which had been approved by the Council of the Institute), I stated to the former, that in case they should decline to act justly towards the members of the college, those members would feel themselves called upon to make a powerful effort to obtain *another* college; *(not,* however, a College of *General Practitioners,)* which is an absurd title, and one which would meet with every opposition from country surgeons), but "a Royal College of Medicine and Surgery, an Institution which should possess full power to confer on its members the right to practise medicine and surgery, in all their departments throughout the kingdom."

At that time, the Council of the College of Surgeons did not deem it advisable to listen to the proffered suggestions, nor would they, until some time after Sir George Grey had received a deputation from the Provincial Medical and Surgical Association. At last, the Council of the College have assented to such alterations in the College Charter as will go far to conciliate the wishes and desires of the provincial surgeons.

The following summary of the votes returned to the scrutators from the legally qualified members, will clearly show the wants of the profession:—For an amended

charter, 3915; for a new incorporation, 891. In Dr. Crisp's amendment it is set forth, in the first place, that the intention of this Association is for one faculty, upon the representative principle, which cannot be carried out by the proposed Charter of the Colleges. Now, in my opinion, the suggested alteration of the Council of the College of Surgeons, is a convincing proof that it may be accomplished. The statement above is an ample proof that the majority of the medical profession are opposed to a new incorporation. The recent suggested alterations in the charter will tend towards doing away with grades or classes.

I trust I may be permitted to make a few observations about the Benevolent Fund. No one can appreciate more than I do the engergy and benevolent feeling exhibited by its Treasurer; but I would wish to see the medical practitioners generally, connecting themselves with *County Benevolent Societies*, of which, I believe, there are many; and even where they do not exist, they are very easy of accomplishment. If medical practitioners have not the forethought and prudence to subscribe a small sum per annum to such societies, I am sorry to be compelled to say, they do not deserve the commiseration bestowed upon them; and it would not be our painful duty to listen to the many distressing cases which we hear annually reported, most of which have arisen from causes that might have been averted. I have solicited many to belong to the Surrey Benevolent Society, who have declined. Now, I maintain that all who have possessed the means, and would not subscribe, are not deserving of our sympathy.

If the medical profession generally would adopt the plan above suggested, there would be but little need of a Benevolent Fund attached to our Association. If each member of our Association were to make a small annual payment—say 5s.—it would answer all cases of emergency.

There is one other subject upon which I wish to make a few remarks, and that is, the Benevolent College. I have the honour and pleasure of knowing the projector, Mr. Propert; he deserves our warmest and best thanks for the most splendid and benevolent feeling he has displayed. There are very few like Mr. Propert who have the means and the opportunity, and capability of bringing such a project to maturity; after saying so much on my part, it will naturally be said, "it is all very fine talking, but I do not see your name, with the amount of your donation or subscription?" I am sorry to say that, *at present*, I (with many others) refrain from attaching my name to the list. I have expressed myself very strongly upon the subject of irregular practice, and I feel so warmly upon that subject that I have given up several valuable patients, rather than meet in consultation practitioners who practise in a manner not perfectly orthodox. I cannot consistently, or conscientiously, subscribe, until I see the committee a little more scrupulous about admitting medical subscribers who practise irregularly.

I must apologize for saying so much upon this subject, but I do so in justice to my own feelings.

I have the honour to be, Gentleman,

Your obedient servant,

GEORGE BOTTOMLEY.

Croydon, August 26, 1851.

ERRATA IN THE REPORT OF THE LATE MEETING AT BRIGHTON.

To the Editor of the Provincial Medical and Surgical Journal.

Sir,—In your report of my remarks on the Income-Tax I notice the following inaccuracy, which you will oblige me by correcting. Instead of "They put his name down at £20 instead of about £7 a year, and he allowed it to remain," it should have been "*Surcharged £20, which, at 7d. in the pound, would make nearly 12s. a year more; but he allowed it to remain.*"

Allow me here to state that I named the subject of the surcharge to the district surveyor or assessor. His reply was characteristic:—"They always did make a a trifling addition to the amount returned, as many little things might unintentionally be omitted." My remedy was to appeal. As this would probably have been inconvenient, or occasioned me to lose two or three hours in the best part of the day, during attendance on the Commissioners, I thought it better to submit to the injustice rather than purchase it at the sacrifice of time. Trifling as the individual exaction may appear, the sum annually collected from the professional and mercantile community by this mode of surcharge must, in the aggregate, amount to a pretty considerable sum over and above that sent in as the real returns of the parties.

I remain, yours obediently,

THOMAS SMITH.

Portland House, Cheltenham,
August 20, 1851.

To the Editor of the Provincial Medical and Surgical Journal.

Sir,—In my speech on quackery at the late Brighton meeting, I am reported to have said, "That we have a President of the College of Surgeons, a professed mesmerist, selected to deliver the Hunterian Address, and to examine quack medicines." As this is an error, and an unjust accusation, I trust you will do me the justice to state what I did say:—"The President of the London College of Physicians had appointed a professed mesmerist to deliver the *Harveian* Oration, and had in his pharmacologia analyzed quack medicines, and he says one of them (Dalby's carminative) is constructed upon philosophic principles."

I am, Sir, your obedient servant,

EDWARDS CRISP, M.D.

Parliament Street, August 23, 1851.

Medical Intelligence.

TESTIMONIAL TO S. A. PHILBRICK, ESQ.

On the 12th of August the members of the Colchester Medical Society assembled at the Cups Hotel, in celebration of their quarterly anniversary. This Society was established in 1774, for the purpose of forming a medical library and book-club, and the discussion of medical subjects. For the last nine years, Mr. Philbrick

has filled the honourable office of Secretary to the Society, since the resignation of Mr. Tomkin, of Witham, and in commemoration of his excellent services during that time, his colleagues determined on presenting him with a testimonial.

On the occasion in question, the members sat down to an excellent dinner, which elicited from the assembled guests the highest encomiums on the skill of the worthy host, Mr. George Chaplin. W. Waylen, Esq., presided, and S. A. Philbrick, Esq., by virtue of his office, filled the vice-chair; Dr. Duncan, Clark, Morris, Josh. Partridge, L. Brock, Taylor, Colchester; Manthorpe, Thorpe; Daniel and Fenn, Nayland; Grouse, Hadleigh; Peete, Manningtree; Gurdon, Boxford; Taylor, Colne; Symmonds, Bures; Meadowcroft, Bentley; Rodick and Sinclair, Halstead, forming the guests assembled. Numerous other gentlemen, members of the Society, in Colchester and neighbourhood, would have been amongst the party, had they not been mingling in festivities at the residence of W. W. Hawkins, Esq., Alresford Hall, and R. Turner's, Esq., Oliver's, near Colchester. After the usual loyal toasts had been duly honoured, and "Success to the Colchester Medical Society" drunk, the President, in the name of the Society, presented an elegant silver salver to Mr. Philbrick, as a memento of the value at which they had estimated his services as Secretary to their Society during the space of nine years.

This testimonial is exceedingly massive, weighing forty-eight ounces, and measuring fifteen inches and a half in diameter. It was manufactured by Messrs. Smyth, Nicholson, and Co., Duke Street, Lincoln's-Inn-fields, is in the Elizabethan pattern, handsomely engraved, and bears the following inscription :—

Presented to
Samuel Adolphus Philbrick, Esq., M.R.C.S.,
By the Members of the Colchester Medical Society,
As a testimonial of their thanks
For the zeal and courtesy with which he has performed the duties
of Honorary Secretary for a period of nine years,
August 12, A.D. 1851.

Mr. Philbrick very suitably acknowledged the receipt of the handsome testimonial presented to him by his medical colleagues. He felt a pride, he said, in being associated with those whom he had the pleasure of meeting on that festive occasion, and trusted that he should continue to perform his official duties, as far as his humble ability would allow, with credit to himself and honour to their Society.

After spending an exceedingly harmonious evening, the meeting broke up about ten o'clock.

COLLEGIAL PRIZES.

The Council of the Royal College of Surgeons have just announced the following to be the subject of the Jacksonian Prize for the year 1852, viz. :—"The Pathology and Treatment of Stricture of the Urethra." The prize is twenty guineas. The collegial triennial prize of fifty guineas, to be awarded at the commencement of the ensuing year, is, "On the Functions of the Several Parts of the Large Intestines in Animals of the Class Mammalia."

UNIVERSITY OF LONDON.

1851.—First Examination for the Degree of Bachelor of Medicine.

First Division.—Henry Briggs, University College; Alfred Carpenter, St. Thomas's Hospital; Henry V. Carter, St. George's Hospital; James Ekin, University College; Evan Evans, University College; William Henry Flower, University College; John Henry Gould, University College; Thos. Hillier, University College; Frederick John Money, St. Thomas's Hospital; Wm. Boyd Mushet, University College; Alfred Playne, King's College; Josiah Ramskill, Guy's Hospital; William Edward Robbs, King's College; William Roberts, University College; James Martin Roche, University College; J. W. de Tunzelmann, University College; John Newnham Winter, Guy's Hospital.

Second Division.—Walter Goodyer Barker, London Hospital; Erlin Clarke, King's College; James Doubleday, Guy's Hospital; Charles Reeves Evans, University College and Paris; Henry James Franks, Queen's College, Birmingham; Robt. Grundy, University College; Henry Staveley Thadeus King, King's College; William Langford, King's College; Elias Jones Roberts, Richmond Hospital, Dublin; Richard Wilkinson, King's College.

Examination for Honours.

Anatomy and Physiology.—Thomas Hillier (Exhibition and Gold Medal), University College; J. W. de Tunzelmann (Gold Medal), University College; William Roberts, University College; James Ekin, University College; William Edward Robbs, King's College; Josiah Ramskill, Guy's Hospital; Henry Vandyke Carter, St. George's Hospital; John Newnham Winter, Guy's Hospital.

Chemistry.—William Roberts (Exhibition and Gold Medal), University College; Josiah Ramskill (Gold Medal), Guy's Hospital; Thomas Hillier, University College; J. Woldemar de Tunzelmann, University College; Henry V. Carter, St. George's Hospital.

Materia Medica and Pharmaceutical Chemistry.—Josiah Ramskill (Exhibition and Gold Medal), Guy's Hospital; J. W. de Tunzelmann (Gold Medal), University College; Thomas Hillier, University College; William Boyd Mushet, University College; John Newnham Winter, Guy's Hospital; James Ekin, University College; Henry Briggs, University College; William Roberts, University College.

Structural and Physiological Botany.—J. W. de Tunzelmann (Gold Medal), University College; Thos. Hillier, University College; Josiah Ramskill, Guy's Hospital; Henry Briggs, University College; John Newnham Witner, Guy's Hospital.

ROYAL COLLEGE OF SURGEONS.

The Hunterian Museum will not be closed during the present month of September, in consequence of the number of foreign members of the profession now in London. The Library, however, is closed for one month, for the usual dusting and arrangement of the books, and will be reopened on the 1st of October.

THE FELLOWSHIP OF THE COLLEGE OF SURGEONS.

The following members of the college having undergone the necessary examinations for the Fellowship on the 4th and 6th inst., were admitted by the council on the 7th inst., Fellows of the Institution:—Messrs. Peter Redfern, M.D., Aberdeen, diploma dated August 18, 1843; and Edward Smith, M.D., St. John's Wood, (formerly of Birmingham), May 10, 1841.

SOCIETY OF APOTHECARIES.

Gentlemen admitted on Thursday, August 21st:—Thomas Cossar, Dorlington; Joseph Wm. Eastwood, Chesterfield, Derbyshire; John Langdon, Bampton, Devon; David Mickle, Leeds; John Oliver Rouse, Great Torrington, Devon.

OBITUARY.

August 19th, at his residence, 38, Burton Crescent, Dr. Pacifico, in his 85th year.

August 21st, at his residence in the East India Road, Francis Henry Beall, Esq., surgeon, R.N., in his 77th year.

PROVINCIAL MEDICAL AND SURGICAL ASSOCIATION.

The great length of the report of the Meeting at Brighton prevented our inserting the annexed statement in its proper place in the business part of the Anniversary, and we now place it before our readers with other matters connected with the late meeting.

An Abstract Statement of the Income and Expenditure of the Provincial Medical and Surgical Association, from August 1st, 1849, to July 31st, 1850.

RECEIPTS.

	£	s	d
Balance from last year's account	16	2	6
Deighton & Co., for Advertizing & *Journal*	24	11	1
Churchill ditto and "Transactions" ...	88	12	8
Subscriptions	1503	0	5
	£1632	6	8
Balance	£109	18	6

DISBURSEMENTS.

Executrix of the late Dr. Streeten	15	15	0
Churchill, commission and engraving ...	48	18	3
Errors in receipts and benevolent, carried to proper accounts	4	13	0
Collectors and commissions at several towns, as Branch expenses	17	1	10
Dr. Ranking	112	10	0
Mr. Walsh	125	0	0
Mr. Sheppard	72	10	0
Anniversary expenses	29	9	0
Deighton & Co., for *Journal* arrears 239 0 0	931	11	3
Ditto current year's expenses 692 11 3			
Ditto for printing and "Transactions" ...	131	17	1
Dr. Copeman, Norwich	10	0	0
Envelopes, paper, wax, pens, advertising, and miscellaneous expenses	23	2	9
Balance carried down	109	18	6
	£1632	6	8

Audited and examined for
D. W. NASH,
August 9, 1851. CHARLES NASH.

An Abstract Statement of the Income and Expenditure of the Provincial Medical and Surgical Association, from August 1st, 1850, to July 31st, 1851.

RECEIPTS.

	£.	s.	d.
Balance	109	18	6
Deighton & Co., for Advertising & *Journal*	44	7	8
Churchill ditto, and "Transactions" ...	81	5	2
Subscriptions	1491	6	9
	£1726	18	1
Balance	£94	3	1½

DISBURSEMENTS.

Secretary's salary (in arrear one quarter)	137	10	0
Dr. Ranking	125	0	0
Mr. Walsh	125	0	0
Branch expenses	58	8	1
Journal 662 6 1	843	4	4
Arrears for 1850 ... ... 180 18 3			
Balance of advertising account	22	12	1
Churchill, for commission, &c.	18	1	6
Plates for "Transactions"	28	4	8
Stamps, for publishing ditto	70	19	4
Tainton, for binding ditto	12	10	0
Deighton and Co., "Transactions" and general account	181	8	9
Miscellaneous expenses...	9	16	2½
Balance	94	3	1½
	£1726	18	1

Audited and examined for
D. W. NASH,
August 9, 1851. CHARLES NASH.

ERRATA.

The following errata occurred in the report of the late Anniversary Meeting, owing to the reporter employed being unacquainted with the names of the several speakers, and also in consequence of one of his parcels, containing the greater portion of the manuscript, having been delayed in coming to us (by rail) until the day before publication, and of course preventing that careful revision it necessarily required on such an occasion:—

In the list of gentlemen who recorded their names in the book kept for that purpose, the name of "William Rose, Esq., High Wycombe, Bucks," was omitted to be copied into the *Journal*.

At page 458, col. 1, line 19, for "Mons. Phalari," *read* "Dr. Fabret, Physician to the Salpêtrière, Paris.

Page 461, in the discussion on the Income-tax, the name of "Mr. Lowe" is mentioned; in each instance *read* "Mr. Lord."

Page 472, col. 2, line 7, in place of "Mr. Domville read a paper on the causes of deafness," it should have been, "Mr. Toynbee read a paper entitled 'On the Nature and Treatment of those Diseases of the Ear which have hitherto been designated Otitis and Otorrhœa.'" (This paper will be published at length in the "Transactions.")

Page 475, for "Mons. Batelle," *read* "Mons. Battel, Administrateur des Hospices Civiles de Paris."

TO CORRESPONDENTS.

Communications have been received from Mr. Green, Dr. J. Conolly, Dr. Wardell, Dr. Lloyd Williams, Mr. Harrison, Dr. W. Davies, and Dr. Kirkman.

We are requested to announce that ten shillings have been forwarded by Mrs. Major Whitcomb, through Mr. Kelson, of Sevenoaks, in aid of the subscription to the relief of Mr. D. B., of Bedford.

CLINICAL LECTURES

ON THE

PRACTICE OF PHYSIC,

DELIVERED IN THE

THEATRE OF QUEEN'S COLLEGE, BIRMINGHAM.

By DAVID NELSON, M.D.,

Physician to the Queen's Hospital, and Professor of Clinical Medicine, &c.

[Reported by MR. HENRY GREEN, Student.]

LECTURE VIII.

On the Morbid Conditions of the Heart.—(*Continued.*)

Gentlemen,—There are certain degenerations to which the heart is liable, in common with other structures. I shall only allude to them here in a very general manner, as they always arise from certain morbid conditions of the blood, and will be treated of at large under the section of diseases of the blood and capillary circulation. Meanwhile, as we are considering the various disorders to which the central organ is liable, it is not right that we should leave the subject without some reference to those localized, and yet constitutional affections. Rheumatism, as one of these, I have already dwelt upon at some length; but under the same category we may arrange mollification, with the fatty, the calcareous, and the cancerous degenerations.

Simple mollification, apart from any previous inflammatory action, is always due to an attenuated condition of the blood. In this state the walls of the heart, after death, are observed to be shrunken, wrinkled, and flaccid; easily torn by the nail, and rapidly running into putrefaction. It frequently exists under mere weakness and a lax habit of body, but is almost the invariable attendant upon diseases that break down the integrity of the blood, and render that fluid extraordinarily thin and uncoagulable; hence it is a symptom attendant upon typhus fever, scurvy, and delirium tremens. The motions and sounds of the heart, will, under these circumstances, become fainter than usual, and a small, rapid, fluttering pulse is likely to supervene, which will be much modified according to the different positions of the body. Where it is the result of these latter temporary causes, we must be content to wait till their departure. As the fever, or delirium tremens, or scurvy, pass off, the heart becomes restored to its natural state, and resumes its normal vigour. We have, therefore, only to treat the specific disease, according to the usual rules, and leave the heart to itself. Under a condition, however, of habitual or congenital debility, our efforts must be more persevering, and more direct. The object being the general solidification of the body, and improvement of the blood, our treatment must be partly medicinal, and partly dietetic. With this view, the powers of innervation must be roused, if necessary, by gentle and unexciting stimuli and tonics,—such as good old wine, and the various invigorating stomachic bitters; acid or alkaline reactions are to be neutralized as they arise; no exertions are to be undertaken to the extent of inducing fatigue; yet exercise must be regularly practised, and as much in the pure open air as possible. Quinine and iron will be indispensable from time to time, and sea-bathing at the proper season will also be advisable. The food must be strong and nutritious, and as dry as is consistent with comfort. Under-done beef and mutton, with bread and porter, will most likely be efficacious, when the stomach is once brought into a healthy state; although, previous to that, lighter food may be required, in which case a fair admixture of eggs, animal jellies, and milk, along with bread, will afford the greatest likelihood of supplying all the necessary elements. By a course of this kind, carried on through a long period, or even to the end of life, many a constitution may be rendered tolerably vigorous, and capable of entering into the usual business and enjoyments of society, which otherwise might have pined in misery, and sunk prematurely.

The fatty degeneration of the heart is to be accepted as one of the forms of scrofula, wherein the muscular fibres of the organ shrink and waste, as in a true atrophy, while their places are occupied by a deposition of sebaceous cells, incapable of carrying on the proper functions of muscular tissue. This condition is altogether similar to what occurs in the kidney or liver; but, instead of being attended with a general leanness, as these latter affections usually are, it is very often accompanied with full deposits of subcutaneous fat, especially when the muscular tissue of the heart is encroached upon from the surface inwards. One of the most apparent features in the disease, in such a case, is the slowness and faintness of the heart's action, as compared with the seeming robustness of the patient. He may be large and stout, and yet he will complain of a sense of feebleness, while the pulsations are felt as above described, as in the cases of Flewitt and Bull.

John Flewitt was a broad corpulent man, of about 45, and a brewer. He had been accustomed to work hard, and was allowed any amount of beer which he pleased to take. He had felt very short of breath for a considerable time; but what made him seek the hospital, was the supervention of asthmatic bronchitis. His countenance was dusky; the sonorous and sibilant wheezings were very loud; there was a distinct bulging with much dulness over the cardiac region, and the pulse was 82 and full; but both the impulse and sounds were very feeble; respiration, 36. The diagnosis was, from the fulness of the pulse, and the bulging, that there had been hypertrophy with dilatation; but that fatty degeneration had subsequently occurred, as indicated by the feebleness of the impulse and sounds. He had ipecacuanha and lobelia for his asthmatic bronchitis, and the heart was treated by occasional cuppings, and the administration of iodide of potassium, with bicarbonate of potassa. His diet was also so regulated as to check the formation of fat. Within one month, by these means, his pulmonary symptoms had quite disappeared, except some shortness of breath under exertion, and the respirations had descended to 26; the pulse also fell to the regular standard of 64, and became much more

forcible, both in its impulse and sounds. This patient was twice under us, and on both occasions had similar symptoms, followed by similar relief.

George Bull's case was, in its main feature, similar to this last; but the secondary results had assumed a different form. There were the same broad and corpulent figure, the same extensive dulness, and the same faintness of sounds and motions, but, instead of any pulmonary attack, he had chiefly been the victim of rheumatism, apparently from the general feebleness and stagnation of the circulation, which thereby offered facilities for the erroneous deposit of urinary salts. Besides the ordinary remedies for his rheumatism, which, of course, under the circumstances, proved very obstinate and recurrent, the treatment adopted for the state of the heart, consisted in a series of cuppings, and a course of Fowler's solution, with bicarbonate of potassa. He was two months in the hospital, and the last note entered in the ward journal concerning him was, that "the circulation had become considerably more forcible, and that he was free of pain, and altogether stronger in his general constitution."

In the case of Arnold, we had a similar faint action of the heart, with intermittent pulse; not, however, attended with any stoutness or rheumatism, but with asthmatic œdema of the lungs, ascites, and general anasarca. He was treated by occasional slight cuppings, and with muriate of iron, in combination with diuretics, leaving the hospital after one month without any dropsy or any intermission of the pulse; and altogether as vigorous as such a subject could be made, for he appeared also to have hob-nailed liver as the result of free potations of spirts, &c.

The general circulation, then, will be languid; and this will render the sufferer liable to secondary depositions, either solid or fluid, in the form of rheumatism or dropsy, or visceral congestions; while the stagnation at the lungs may bring on dyspnœa and cough. These latter symptoms were the chief sources of uneasiness to Flewitt, while Bull suffered from congestive rheumatism, and Arnold from dropsy, &c. The treatment will obviously consist in a cautious avoidance of the use of oil and fats, as well as a limited allowance of those farinaceous foods which contain its elementary principles. Lean meat, with ascescent vegetables, should form the staple of the diet; solvents of the fatty matter, and absorbents will be beneficially administered, such as the bicarbonate of potassa, in conjunction with the iodide; while, at the same time, stomachic bitters, and such tonics as iron or quinine, which improve the blood and give tone to the muscular fibre, should be employed with the further view of rebuilding the injured tissue. The drink had better consist of thin, yet alkaline, wines, such as hock or claret; or, in poorer persons, a saccharated solution of cream of tartar. If malt or spirituous liquors must be indulged in from a regard to long standing habits, these should either be weak spirits and water, or thin bitter ale. Very commonly indeed, the subjects of this complaint, as above illustrated, have been persons who have long indulged in draughts of ale, or dram-drinking, and the management of their dietary becomes, on that account, the more difficult. The patient, Flewitt, more especially, being a brewer, was exposed, of course, to all the habits of his occupation. He recovered, as you learn, from his most troublesome symptoms while under the discipline and treatment of the hospital; yet, most probably, he will be reverting to his former habits, and so re-inducing his ailments time after time. Indeed, he has already been twice in the hospital, and twice relieved as I have said, the interval having been about eight months.

The PHOSPHO-CALCAREOUS DEGENERATIONS, or DEPOSITS, are a still more formidable class of disease. What constitutes the habit of body which induces such an action is not known; but it has generally been found to be promoted in its development by scantiness of nutrition; though this scantiness of nutrition may often proceed as much from gluttony, coupled with indigestion, as from positive want of food. Hence those ossifications, as they have been called, are as common among the over-luxurious rich, as among the under-fed poor. An exception has been sometimes taken against the use of the word *ossification*, and proposals made to substitute the expression *calcification* instead. This, in many instances, appears to be highly desirable, for the proper osseous structure is never exhibited, except when there has been a previous development of cartilage which has gradually assumed the appearance of a bony net-work, intermixed with the ordinary cement of gelatine: whereas the amorphous depositions of the bony elements of the blood, as simple phosphate of lime, &c., in the fibrous and other tissues, afford no instance whatever of bone formation, but only of calcification. These deposits may occur as separate masses in the body of the heart, and they will then produce occasional manifestations of spasmodic action, accompanied with agonizing pain, such as arises in angina pectoris; or they may occur in the coronory arteries, leading secondarily to thinning and ulceration of some part of the parietes, with ultimate effusion of blood into the pericardium. This I witnessed in the body of Captain Haviside, at Bath, who died suddenly while sitting at table. The portion of the wall where the calcified artery was found had become thinner than the other parts, in consequence, most probably, of the locally-diminished and enfeebled circulation. After a time, the irritation of the foreign substance, acting on fibres constantly in motion, seemed to have brought on positive ulceration, and ultimately this had given way, and permitted the pericardium to become filled with blood. But the most common manifestations of this disease are to be found on the valves and at the roots of the chordæ tendineæ, giving rise to those obstructions and regurgitations of which I have already treated. Unless existing to a very serious extent, life may be protracted to an indefinite period; though with some degree of uneasiness, and a constant probability of death in the event of the invasion of any acute disease, especially of the lungs. Thus, in the old woman Twells, as well as in Sarah Billings and several others, where the calcareous attachments might be about the size of small teeth, and where the rough sounds were very distinct, there was no immediate

danger to life from that cause of itself. The accessions of pain, of inflammatory action, or of pulmonic engorgement, which might and did occasionally occur, were readily enough subdued by slight abstractions of blood and other temporary measures; and so, by due care, and freedom from heavy exertion, these patients were kept in tolerable comfort, so far as the circulation was concerned; for the ultimate agonies and death of Twells were due to cancer of the pylorus, and not to her valvular disease. Indeed, there are many persons to be found with very marked rough sounds, both single and double, who, while they must suffer certain constitutional derangements, are yet almost unconscious of them, and feel surprised if they learn that they have got cardiac disease. But this cannot be when the obstruction, waxing greater and greater, finally induces hypertrophy, with dilatation. Even though no dropsy, nor pulmonic congestion occur for a considerable time, as we have witnessed in sundry cases of this kind, still the local and general uneasiness becomes too oppressive to be concealed from the patient himself, and he feels his languor, debility, and entire faintness to be, in remarkable contrast to that heavy hammer-like stroke of the central organ as it beats against his ribs in the silence of night, shaking his whole frame and ringing in his ears, and perhaps, also, making him conscious of that harsh, croaking, or grating sound, which seems to afford physical proof of an attrition that is wasting his body, as it were, at the centre. This state of things was well illustrated in the cases of Shaw and Anderson, already related. In such plight the patient places himself under the advice of some eminent physician, and, not knowing the real nature of the disorganization that has taken place, feels surprised that so little success attends the medical treatment. The same feature sometimes attends other mortal diseases, even in the last stage, such as pulmonary consumption, when the sufferer happens to be of a sanguine temperament. After their cough may be subdued, and some other of the more troublesome symptoms, they will frequently observe that if you could *only* relieve the breathing a little and give them some strength, they would be quite well. This was the constant observation of John Cox, and you will hear it from many others—nay, they will sometimes leave the hospital, insisting that they are quite well, except as to this shortness of breathing and weakness, which they calculate will leave them under good diet and fresh country air. Strange, and unhappy delusion!

The symptoms that characterise these phosphatic valvular obstructions have already been dwelt upon. Where they are of recent occurrence there may only be a single blowing sound heard, or, if double, the sounds may be very gentle. According to the size and roughness of the masses, these sounds will become harsher and harsher; and, when hypertrophy and dilatation have supervened, there will also be a heavy and forcible impulse, with increased dulness under percussion. The particular valves diseased will be ascertained by the situation in which the sounds are loudest; and, if the secondary hypertrophy be very great in the right side of the heart, the stroke will be felt impinging upon a point below and to the right of the sternum. The secondary effects upon the general and pulmonic circulation have already been discussed, and the changes that take place on the arterial and jugular pulses have also been pointed out. All these, indeed, are necessary pathological results, such as might be inferred from the common principles of physiology, and which must be viewed in that light and bearing, and not as detached or empirical signs. Thus the obstruction to the passage of blood from the left side of the heart, while it makes the general circulation languid, keeps up a constant engorgement of the lungs. The engorgement at the lungs prevents the flow of blood from the right side. The engorgement of the right ventricle and auricle maintains a constant stagnation of the venous and absorbent systems, which necessarily leads to the deposit of serum from the capillaries, and the over-abundance of black vitiated blood, in every organ of the body. Hence congested kidneys, livers, bowels, &c.; and hence dropsies of every description throughout the cavities and in the areolar tissue of the whole body;—hence faintness, anæmia, and universal wasting of the natural tissues, except, perhaps, in the walls of the ventricles themselves, which struggle violently to the last.

The treatment for the local affection itself throughout all its stages, but especially when any temporary inflammation seems to arise from the presence of the foreign matter, is chiefly a repeated abstraction of limited quantities of blood by leeches or cupping, or a series of small blisters, while irritability is subdued by a belladonna plaster, and the internal use of conium, digitalis, or hydrocyanic acid. The strength, at the same time, must be sustained by mild nutrient diet; and perfect quietude of body and mind must be enforced. The employment of nitric or muriatic acid might possibly be of some service in counteracting and dissolving the deposits; but on this head I have no facts to offer. The disease, without doubt, partly originates in the blood; but still there are certain coincident conditions in the solid parts which tend to localise it. Thus, it is always found in the current of the arterial circulation; and instead of the deposit being universal throughout the tissues, it is commonly agglomerated into masses, as on the aortic valves of Shaw, where they were as large as half a walnut, and on those of Twells, where they were the size of small human teeth, or else precipitated in the form of patches or scales, with definite borders, as in the case of John Anderson and others. This fact of agglomeration proves that, while the calcareous salt may exist in equal proportion throughout the blood, there are yet certain conditions at certain points which act as centres of attraction to it. What those conditions are is an useful and important subject of investigation, the knowledge of which might greatly improve our modes of treatment. Perhaps, however, it may be too minute to come under the cognizance of our senses; and, unfortunately, if once any salt of this kind becomes deposited, even in the smallest amount, it always forms an active nucleus for the accumulation of such like materials as may exist in the surrounding fluids, as in the case of vesicular and renal calculi, and other earthy

and saline deposits. The abstractions of blood from the cardiac region help to relieve the lungs and whole body, as well as the heart; but they may be required to be practised for congestion in other organs, especially the brain, liver, or kidneys; and it need only be added, that dropsies are to be opposed by purgatives, diuretics, or sudorifics, according as the respective emunctories are in a condition to bear their action. But the grand general rule, under all circumstances, is to make the circulation and respiration as easy as possible, and keep them so. (This has proved successful in the cases of Charlotte Wheeler, now once more in the hospital, and several others.) If not too far gone, such cases, indeed, afford much room for the satisfactory efforts of the physician, not, indeed, as regards a perfect cure, but certainly with respect to a comparatively easy and prolonged life, provided the patient be not compelled by his circumstances to follow a laborious or exciting occupation, or be too stupidly obstinate to discipline himself in any way whatever.

The malignant formations of SCIRRHUS OR CANCER, in their varied forms, are not common in the heart; and, as the general principles that govern such heterologous deposits will be treated of separately under the head of blood diseases, I shall not at present enter into them at all. They are the same whether they occur in the heart or anywhere else, and therefore require no special comment on account of their locality. It is sufficient to say that, from the rareness of the event, I am precluded from making any observations founded on practical experience, and that medical literature does little to fill up the blank. It has been asserted, and, from abstract reasoning, I should think the assertion true, that cancer cordis produces all the range of symptoms generalized under the name of angina pectoris. As to treatment, as there is nothing known with any certainty as to the nature and curation of such an affection in less vital and more visible parts, so we know less than nothing (so to speak) in regard to these attacks on such an organ as the heart. There is required, on this subject of malignant action, a most combined and systematic study amongst physicians and physiologists; and, until ardent and persevering minds are brought into freer and more immediate intercommunication with each other, and with practical men, little progress will be made; because the subjects of study are so few and so isolated that few individuals of themselves can have a sufficient basis of fact for generalization, unless they be helped out by the observation and experience of others. A metropolitan hospital for malignant disease would be one of the greatest means of benefiting mankind. Nay, such a hospital might be open for the reception of all so-called incurable cases, only admissible, however, upon the certificate of a body of hospital physicians and surgeons, or other responsible and official persons; and then the statistics of such an institution would be truly instructive and beneficial, as they might ultimately prove the means of removing a few more formidable and mortal names from our nosological black-list.*

* I am now glad to learn that a "Free Hospital for Cancer" does exist in Cannon Street, London.—D. N.

As to CARDIAC MALFORMATIONS, such as the absence of one ventricle, or of one ventricle and auricle, or the continuance of the fœtal intercommunication of the two sides by means of the foramen ovale, and ductus arteriosus, each of them is not so much a positive disease, as a mere arrest of development, and therefore does not properly come under the practice of physic, but rather under the notabilia of physiology. Such anatomical deficiencies can no more be supplied than we can supply horns to hornless cattle, or beards to hairless men, and therefore they come not under any hospital notice. As to the secondary inconveniences that may arise from the imperfect oxygenation of the blood accompanying these malformations, they must be treated in accordance with the principles laid down for their management in other parts of these lectures, from whatever cause they proceed.

ON THE PROGRESS OF PUBLIC HYGIÈNE AND SANITARY LEGISLATION IN ENGLAND,

AND THE ADVANTAGES TO BE DERIVED FROM THEIR FURTHER EXTENSION.

By J. INGHAM IKIN, Esq.,

Fellow of the Royal College of Surgeons of England, and Lecturer on Anatomy and Physiology in the Leeds School of Medicine, etc.

Read before the Leeds Philosophical Society, March, 1851.

THE importance of my subject must be admitted by all, though some may question its interest and disregard the study of it, considering such topics fit only for the study and attention of the mere official or professional members of society. That such an impression exists so generally is a matter for regret, as it prevents the due appreciation of the labours of many scientific but unobtrusive men, as well as practical statesmen and noble-minded philanthropists.

It is really curious to observe how tardy is the public mind to take up and interest itself about really important social improvements, whilst often some political question of no great practical moment, or one of a complicated theological character possesses an absorbing interest; gradually, however, it is to be hoped, and steadily, will such questions as those involved under the head of public hygiène, steal a march upon mere contoversial topics, and as science, experience, and observation must in the long run supersede ignorance, superstition, and credulity, so will questions like the one we propose to discuss to night, become every year more and more appreciated, from their bearing upon the interest and welfare of all classes of a densely-peopled country like our own.

State medicine, medical police, and hygiène, are terms which have been used synonymously, and defined to express the art or science which has for its object the application of physiological and medical science, to securing the well being and amelioration of society—

that is, of improving the sanitary condition of the people, and promoting the health, ease, and welfare of the human race, especially that portion of it doomed to live in towns. Indeed, as has been well said by a writer in the *Quarterly Review*, in an article "On Water and its Sources," "Physiological and chemical science have now demonstrated beyond all contradiction, that the mortality of towns and the premature degradation of the townsman's body, year by year, is the result of minute and almost, at the time, unappreciable impairment occasioned by a multitude of noxious influences, and sometimes even collectively inadequate to produce violent and definite disease, but not on that account less fatal in their ulterior effects; for, as when litmus paper is dipped in acid it turns red, when a *rosy* child is dipped in town air, and kept in it for some time it turns *white*. The first change it is true is instantaneous, but the second is not less certain, though it may take months or years to accomplish, and is certain in the long run." I need scarcely add that such deleterious influences are often rapidly and wonderfully checked by removal to the sea-side, or by breathing pure bracing country air; the appearance alone soon indicates this in a striking manner. In using the term hygiène, you are not to suppose as many absurdly do, that it has reference to and is merely connected with mere matters of diet, regimen, gymnastics, and the routine regulations for the attention of the valetudinarian. Important as are diet regimen, clothing, variations in climate, exercise, &c., there are branches of hygiène more correctly confined to the division termed private hygiène. "The public are apt to think," says the *British and Foreign Review*,* a journal to which I shall have to refer hereafter in terms of the highest commendation for its services in the cause of the progress of public hygiène, "that medical police, implies nothing more than the seizure of stinking fish, or the detection of unsound meat, the adulteration of beer, &c., or at most a fear-spreading contrivance, termed a Board of Health, brought into action when the cholera rages." But with the definition given above, our subject takes another higher and more comprehensive scope of inquiry, but till the last fifteen or twenty years at most, it has been little cultivated in England, and even now, notwithstanding the numerous detached essays and treatises of the different branches of private hygiène, we do not possess a comprehensive work on State hygiène, although abundance of materials of a most valuable nature exists in the various Parliamentary reports to which I shall have occasion to allude, and which, fortunately, from having access to the Town Clerk's† library, I am able to obtain and peruse at leisure, from which an excellent work might be composed. In France, Germany, and America, State hygiène constitutes a separate chair in the universities and colleges, and numerous essays and treatises on the subject, from our continental neighbours, are constantly brought before our notice in the standard reviews; indeed our neglect and indifference have called forth the censure of foreign authors, and the laborious investigations and efforts of a numerous class amongst ourselves, are now only beginning to be appreciated, and their suggestions and remedies are now only in the course of being partially carried out.

Dr. Kilgour* well puts the importance of this question to all classes of society:—"To the legislator and the political philosopher, as physicians of the State, the knowledge of this science is imperative. In modern times the interference of Government, till within the last few years, has been confined to laying down such regulations as were supposed to be best adapted for preventing the entry of the plague or cholera into the country, or removing, by the indictment of nuisances, those sources of disease which were too apparent and flagrant to be overlooked, though, as we shall have occasion to repeat, the law in this respect, either in the local or general acts, is almost impotent. It is true quarantine may have been enforced, and on extraordinary occasions the sick are separated, compulsorily, from the healthy. Adequate means are not yet applied to improve the strength, and preserve the health of the community, by preventing the naturally strong, as well as the weak, from becoming exposed to those influences which would exercise an injurious effect upon the body. It is the principle of life itself which is the care of the State, and happily for us, and in accordance with Christian precept, life is as valuable, and as deserving of protection, when tenanting a weak and deformed body, as when encased in the most Herculean power, whether clad in rags or clothed in purple and fine linen. The most miserable object of corporeal deformity may do the State as good service as he who can perform the most laborious work of husbandry, or can march, fully accoutred, to repel the nation's foes; and he who is strong and valiant may, nevertheless, owe his subsistence to the crooked and feeble citizen who faints at the sight of a drawn sword; still there is no reason why a weak and sickly race should be allowed to spread, and the old expression that the sound mind is to be found connected with the sound body, is, as a general rule, indisputable. The ancient legislator, we read, laid down the most strict laws for rearing a hardy and vigorous people. They made, however, physical force paramount to everything else, and looked upon the strongest man as the best citizen, and considering the state of society at the time this was necessary. Where nations are small and close to each other, and where mutual jealousies and antipathies are bringing them into constant collision, powerful and expert soldiers were required, and every citizen must be a soldier. The cultivation, therefore, of the physical power was incorporated with the well-being and freedom of the nation, and was carefully provided for by the laws. The deformed and weakly offspring were troublesome in the rearing, and useless when arrived at manhood. The principal care was devoted to the

* In an article on medical police, October, 1842.

† John Arthur Ikin, Esq.

* *Vide* Kilgour's treatise on "Private Hygiene, and Lectures on the Ordinary Agents of Life." A very pleasantly-written, agreeable, and instructive work. It does not, however, profess to treat of public hygiène at any length.

healthy, and the death of the weakly and deformed was received without regret. It is still the same where hostile and savage nations exist. With them, altbough there are no codes of laws, yet the impossibility of procuring food, except by the most laborions bodily exertions, begets an active and powerful race of men, (*e.g.*, the North-American Indians,) and fits them, (as well as training in the gymnasium, or fighting like gladiators,) for opposing their foes. But if policy made the Greeks desirous of a race possessed of great physical power, humanity as well as policy, not to speak of the higher motive which we have the privilege of being influenced by, teaches us to preserve the weakly, cure the sick, and provide for the worst affliction of all—malady of the mind. The best gymnasium of antiquity sinks into insignificance before the pile which individual or public beneficence has raised for receiving the sick, the maimed, and the imbecile, for furnishing to them the means of recovery and alleviation, and for sending them back sound and useful members of society. What are the baths of Caracalla or of Dioclesian, compared to a Guy's Hospital or Bartholomew's, or the Asylum at Hanwell?" What the skill and labours of a Galen and a Celsus to the discoveries of a Jenner, and the labours of a Howard?"

Experience has demonstrated the superior value of modern practice, which, though imperfect and capable of immense extension and improvement, as the public records I shall have to refer to and commend, abundantly testify; for we find that, notwithstanding the greater number of diseases of a contagious nature to which mankind are exposed;—notwithstanding the greater number of diseases to which, from their luxurious habits and artificial manners of life the higher classes are liable;—notwithstanding the close and continuous labour to which so many of the poorer classes are obliged to submit, in order to obtain a livelihood;—notwithstanding the greater size of our cities and towns, and the noxious murky atmosphere breathed by the inhabitants of our manufacturing and populous cities, the average duration of life is much higher than ever it was in Greece or Rome. In England the average of life is about 45 years, whilst in ancient Rome it was only about 30. To what is this owing? It is to our feeding the hungry, clothing the naked, and aiding the sick and broken-hearted;—to our founding useful charities and associations for the aged and infirm, as well as establishing hospitals for the sick, and preventing, to some extent, the intercourse of the contagious with the healthy;—to our obeying to some extent, though I must add only in an imperfect and inefficient manner, the laws of hygiène;—by inculcating and practising cleanliness;—by procuring an adequate supply of water, and being able to furnish the masses with cheap food, clothing, and fuel, adapted to our variable climate;—by attending, in an increased (though as yet very inadequate) degree to ventilation, and improving the construction of mills, work-shops, &c.;—to removing nuisances, and preventing miasmata from decaying vegetable and animal matter; attention to all of which circumstances tends to prolong life, and promote the health, well-being, and comfort of the community. No subject connected with hygiène has been more difficult effectually to carry out in practice than the ventilation of public buildings, churches, chapels, museums, &c., as well as that of dwellings and work-shops, especially amongst the lower orders.

I shall conclude these introductory remarks by appending, in a few lines, a statement which must demonstrate to the satisfaction of every one the necessity that exists of procuring a due supply of fresh air for the requirements of the living economy.

Suppose "we take the ordinary computation of twenty cubic inches of air being drawn into the lungs at each inspiration, and that there are about twenty respirations in a minute, then 333 cubic feet, or thirty-three hogsheads are used by each person per diem. Not less than between ten and twelve cubic feet of carbonic acid are therefore evolved in the course of twenty-four hours, a quantity which will be found to contain at least six ounces of solid carbon! The consideration of this fact alone must suffice to show the extreme importance of there being no impediment to the due exercise of the function of respiration, and prepares us at once for the pernicious results that inevitably attend upon the breathing of an atmosphere which does not enable the system to remove its self-generated poison. The retention or inadequate discharge of the carbonic acid, besides the more direct effects of oppression, ennui, loss of appetite, and greatly-impaired muscular energy, renders the body more prone to the every form of diseased action, (in the same way as extreme fatigue and continued fainting,) and far less capable of resisting the influence of baneful agencies from without."*

The title of my paper implies two divisions of the subject;—the history and progress of public hygiène. and the desirability of its extension in accordance with our present knowledge, and agreeably to the testimony of a numerous class of scientific as well as practical observers. I shall avoid detail as much as possible, and confine myself (in the mere general sketch which I can alone take of such an extensive question in a single paper) to the grand features of the case, hoping in this way the better to keep up your attention, and the more forcibly to impress upon your mind the important bearing of my subject on the general well-being of society. And if I can succeed in furnishing you with some small degree of information, and in pointing out to you the sources from which further knowledge may be gained, and if I can cause the labours of others to be more duly appreciated, and give you some idea of the extent of these labours and of the praiseworthy exertions of the modern promoters of public hygiène, I shall not have cause to regret having selected this subject for our attention and discussion this evening. It is a subject in which I have felt, I may say, a deep interest ever since I entered the medical profession, and the importance of which I have frequently dwelt upon in public lectures and on other occasions; feeling convinced that the

* *Vide* British and Foreign Medico-Chirurgical Review for June, 1851.

principles of hygiènic science were as little understood as appreciated by the public at large; and feeling certain—and as all sincere friends of medical science must feel—that as these principles were more generally known, so would they be acted upon, longevity would be promoted, civilization extended, and happiness diffused. If medical men were influenced merely by narrow-minded, selfish, or pecuniary motives they would not wish to see public hygiène make any progress. But, to the honour of our profession, selfishness is not its leading principle; for, as a body, I may fearlessly state we are always found willing to risk our lives in the prosecution of any path in which duty or the claims of suffering humanity may lead us. We deal more generously to the public than the public are in the habit of dealing with us;—we are ever willing to give information on matters of which the majority must necessarily be ignorant. Unlike the charlatan, the empiric, and the unworthy and degraded members of our body, (for in all professions and classes there are such, alas! to be found,) we deal in no secrets, for we know our science cannot be gainsayed or overturned, though it may be misapplied and brought into disrepute. Knowing that physiology and anatomy, the handiwork of the great author of all things, are the groundwork of our art, and that the rules of the one, and the facts of the other, cannot be controverted, refuted, or explained away like the edicts of the lawyer, or the doctrines of the theologician.

In bringing before you a hasty glance of the progress of hygiène up to the present time, (for it is still in its infancy,) it is a proud and gratifying fact to find that this progress—this development, so to speak, of a new science, has been principally (I do not say altogether) effected by members of the medical profession. We may trace hygiènic institutions strictly speaking, as far back, in this country, as the time of the Crusades, for it is to them we are indebted (according to Kilgour) "for the institutions for the separation of the sick from the healthy, and for the reception and curing of the diseased. The irruption of the barbarians into the Roman territories made an end of those habits and customs which had been considered requisite for preserving the health of an enervated and luxurious people. There was no occasion for a gymnasium to those whose very existence depended on constant labour and exertion. Their whole life was a struggle, and the broad canopy of heaven the covering of their gymnasium. They transmitted their powerful bodies and their warlike dispositions to their sons, and the almost continual wars kept aloof enervating luxury. When the descendants of these same barbarians assumed the titles of Crusaders, and joined the holy army—when they buckled on their armour to fight for the Holy Land, although often beaten back and foiled in their object, yet out of this failure came good; they returned furnished with the laws of the East, and with many of the practices, customs, and institutions of the enemy. The enthusiasts brought with them the leprosy, but they brought with them the antidote as well as the bane. The disease soon disappeared, probably more from the change of climate than from skilful treatment, but the 'maladeries' remained, as the seed from which sprang the lazarettoes, the hospitals, and the infirmaries. In later times, charities and hospitals of every kind have been established along with the extensively useful institutions, the public town hospitals and dispensaries, as well as the monastries and nunneries of old, brought harbour for the sick for a time, and sisters of charity might do much in their way, and what are these compared to the nurseries and noble hospitals of the present day. And where, may I ask, but in old England, can you see members of a learned profession giving their services gratuitously to charities and public institutions of every description for the relief of sickness and disease? The science of medicine according as it has marched forward in its career of improvement, has picked up the invalid and made him sound, when formerly he would have been left by the way side as incurable; (and many good Samaritans now exist in our body, who conceal their charity from the world, and boast not of the cures they have performed.) Thousands are now sent back to society from the hands of the physician and surgeon, and from these noble institutions, who would formerly have been allowed to pass uncared for to the grave. It was from the East—from Constantinople, that Lady Mary Wortly Montague brought the first preventative of the spread of small-pox—the inoculation, to be succeded by that of the illustrious Jenner—vaccination, which has been calculated to have added nearly a *fifth* to the human race. Another child of England, too, spread his love for his fellow-men, over the civilized world. Howard saw in our prisons but dens of misery, disease, and loathsomeness, too frequently a grave for those confined, and a hot-bed of infection for those who visited them." Howard taught that the object of a prison, (the same as Pinel did for Asylums,) formerly so wilfully mismanaged, was not to confirm its inmate in his ways but to send him back an improved member of society; and he showed that cleanliness and mercy were compatible with security and punishment.

Laws relating to the management of drainage, though inadequate, have existed in England from a very early period. The crown was first invested with authority to determine the areas of foundations for drainage, as well as to constitute the authorities which should have power to act for the public protection within them. It is (*vide* second Report of Commissioners of Inquiry into the state of large towns) apparent that serious attention was given to works of drainage from the earliest period of our constitutional history. The earliest fundamental provisions have been laid upon the footing that such works, as well as measures for the maintenance of the free flow of running waters, were of general, public, and national, rather than of exclusively local, consideration. Special commissions on the subject of drainage and sewers were very early in our history. Indeed the 16 c. of Magna Charta is a defence of the public rights against the encroachment of private interests upon the great public water courses. In the reign of Henry III., a special Commission was issued to regulate the laws and customs of Romney Marsh.

These commissions extended to the formation of new roads and maintenance of old ones as well. In the third year of Henry IV., there was a commission for providing the means of carrying pure water to the inhabitants of Kingston-upon-Hull, as well as for draining that town and removing impure sea or marsh water. The Commission recites "that there appears to be need in those days of great charges and expenses for the protection of the same town against the force of the water aforesaid; and so as well as on account of charges and expenses of this kind, there daily arising to be sustained and supported, so that sweet water is not had, coming and flowing to that town except only by boats, and that at sumptuous cost, whereby the poor inhabitants of the town aforesaid, in large numbers every year, during the summer time, of necessity, on account of the scarcity and dearness of water of this kind, depart from the same town, and renounce and avoid it, to the injury of the town aforesaid; and in process of time to the final destruction of the same, unless a suitable and speedy remedy in this matter be speedily applied," &c. Here then we have an early example of legislation for the supply of water to towns.

With regard to the history of water-supply for London, a few remarks will suffice, but such an important matter we cannot pass over. According to a very clever article in the *Quarterly Review*, for September, 1850, (to which I was referred by Mr. West,* an authority in these matters which will amply repay the perusal, and from which, had time allowed, I might have extracted much useful matter in elucidation of this now really fashionable question.) The first or primitive water epoch (for London) includes the whole lapse of centuries preceding 1235. During this long period no artificial arrangements were employed in the metropolis for the collection or distribution of water, which the Londoners fetched, like simple villagers, with pitcher and pail from the neighbouring streams, in the same way as their perished progenitors had done, or "stooped with hollowed hand to drink." During the second period, which we may date from the completion of the Tyburn conduit in 1235, art was first employed to utilise the gifts or to correct the local deficiencies of the supply by storing in tanks the water of adjacent springs, or bringing through conduits ampler currents from afar.† During the third period, commencing from the plan of Peter Mons, in 1580, these conduits were extended to the very houses of the citizens, by branching ducts, through which the downward flowing river water was made to force itself up by tidal wheels and pumps, so as to sketch out for the first time a true circulating water system, with its central heart, arteries, and capillary ramifications. During the fourth period, dating from 1782, the water service of London extended concurrently with all the main branches of industrial art, was gradually transformed by the invention of the steam engine, which impelled the circulating fluid so powerfully through its channels, that the wood of which these were made were inadequate to sustain the increased hydraulic pressure, and was superseded by the introduction of cast iron. During the fifth period, which dates from the establishment of the first London filter, in 1829, and which seems still to be in its infancy, (as an epoch), the attention of engineers and chemists has been more and more strongly directed to the artificial purification of the water, previously supplied either in a strongly impregnated state or from an impure source. With the last three periods of this gradual evolution the history of the London Water Companies is naturally interwoven, and the monopolies of which will now be no longer allowed to exist, and London, which should be our model in industrial improvement and Sanitary Reform, must not submit to suffer from the inadequate quantity, quality, and cost of its water.

This subject, from the time of the publication of the reports and evidence of water-supply in 1821, 1828, 1834, and 1840, up to the present year, has repeatedly occupied the attention of Parliament, and the inhabitants of large towns have oft, like London, had to seek its aid, and incur much expense and opposition in order to procure that necessary of life—that boon of heaven—a cup of pure cold water, which even in these luxurious and flourishing times has oft to be sought for in vain, and may now even fairly be estimated as a pearl of great price. Filtering, boiling, chemical reagents, and all other artificial means that the ingenuity and skill of man and science can invent, cannot render any supply of water equal to that of a pure unadulterated spring. The water-drinking part of the community would, doubtless, find their opinions and habits more extensively adopted, could they even supply a genuine article. The products of the vine, and that of the barleycorn, would then become less generally patronised; but unfortunately for the public genuine articles in the form of food and drinks are rather the exception than the rule, as we shall have occasion to prove before concluding this paper. Adulterated tea and coffee are often quite as injurious to the health as any spirituous beverage. But to proceed with the immediate subject before us. With regard to drainage and sewerage previously to the statute of Henry VIII., (a law still in force,) the commissioners of sewers were named directly by the Crown. By this statute it was provided that they should be named by the Lord Chancellor, the two Chief Justices, and the Lord Treasurer. This act governed the metropolis and about eighty rural districts. It also enacts that commissioners of sewers should be appointed for other parts in this section," for making laws, decrees, and ordinances. It gave also powers to execute works, and levy rates, &c. In modern times, however, the working and government of these commissioners is not in force.

As medical science became more cultivated, hygienic knowledge was more diffused; and we find an infinity of local acts and municipal bye-laws providing for the supply of water and the sewerage of towns, the cleansing

* Mr. West, our eminent chemist, I much regret to say, has just died, whilst this paper is printing.

† Considering our early connection with the Roman Empire, famed for its gigantic aquaducts and sewers, it is curious more adequate means, with regard to a supply of water, were not undertaken.—I.

of streets, the discovery and destruction of unwholesome food and drink, &c. "Boards of health were established in Ireland, but failed in achieving any permanent good. The most important authorities for removing nuisances were vested in court's leet. Juries were empannelled at these courts, and authorised to perambulate districts, and judge of nuisances upon the view. These 'annoyance juries' as they were named, have been discontinued in many parts of the country since the Poor-law came into operation; and they were not found effective, from the incompetent class of persons selected to serve upon them, and the Boards of Health which were instituted to replace them were little better."*

The inadequacy of these acts, and their inapplicability to the present condition of our country, have led to the necessity of amending the laws, and passing more efficient ones, such as the numerous local improvement acts, as the one in Leeds, for example—an act much in advance of those for most other towns, though very inadequately carried out as yet; bills for the sewerage of large towns, powers to appoint local surveyors, inspectors of nuisances, and, lastly, to the passing of the Health of Towns' Bill, and the establishment of a Central Board of Health. The benefits to be obtained from these measures are still partial, but undoubtedly they are extending, and will extend in a few years still more rapidly, and thus tend in a remarkable degree to improve the sanitary condition of the people.

It is unnecessary, and it would be tedious, to trace the early laws relating to quarantine, carried out for the supposed prevention of the plague and Asiatic cholera, if the present theory were generally, though not universally adopted, that such laws are totally inefficacious, and founded on mistaken data, it testifies on what mistaken views our Legislature has acted with regard to them. We must not, however, speak too confidently about the propriety of the total abolition of quarantine laws and other sanitary precautions of this kind.

It is only then by degrees, and in course of time, and as circumstances rendered interference more necessary, that we find State hygiène carried into practice, and that the principles of medical police have been acted upon, and spread, and progressed in England. The earliest hygiènic measures being the establishment of hospitals (certainly 600 years ago) not only for the wounded, but for the sick and weakly; early laws regulating and providing for the supply of water; laws for the regulation of water-courses, drainage, and sewerage; quarantine laws against supposed contagious disorders; the establishment of fever-hospitals, and those for cases of small-pox; the introduction of the practice of innoculation; the discovery, by Jenner, of that grand and incalculable boon to mankind—vaccination. To these we must in justice add Sir Humphrey Davey's beautiful life-preserving invention, the "Safety Lamp;" also our improved method of treating the insane, and managing asylums, for abolishing restraint and coercive measures are quite of recent date, indeed we arrive now at a new stage in the progress of hygiène, and come to that period from whence we may fairly date its general culture as an important branch of study, and as being important both in a political as well as medical point of view. We arrive at our own day, and have to speak of the labours of the living, or of those who are either living, or have only lately quitted their sphere of usefulness. Amongst the latter we must enumerate the late Sir John Sinclair, who devoted his life to carrying out useful practical improvements, and always had in view the grand question of the best means of preserving health, and of procuring longevity. In tracing the progress of public hygiène, also, I must not omit the name of Captain Cook, who paid such attention to the health of his crew, that in his three years' voyage round the world he only lost one man. To this great navigator we are indebted for teaching us that human life is as safe from disease on board of ship as on shore. The improvement of naval hygiène, and the introduction of more wholesome diet, and use of lemon juice to prevent scurvy, are due to him; and more recently, to the able and zealous naval medical officer, Sir William Burnet, Director-General of the Medical Department of the Navy, who has rendered important services to his country for his management and improvement of the health of the navy, by attention to food, clothing, bedding, cleanliness, ventilation, climate, intemperance malaria, &c. His valuable discovery, also, of the properties of chloride of zinc in destroying the odour of bilge-water, killing vermin, and preserving timber, canvass, cordage, and ships' stores, deserves mention here. It does not emit the disagreeable effluvia which are to many so strong an objection to the use of chloride of zinc, (a French discovery of vast practical utility,) nitrous gas, &c.

Sir William Burnet, early in his career, according to a recent account of his life and labours in the *Lancet*, was forcibly struck with the insufficiency of the returns then in use to show the nature and extent of sickness and disease existing in the naval medical establishments on shore, as well as in the service afloat, he therefore first required from the medical officers periodical returns to show the extent of the particular class of diseases in each hospital or ships in every station, and also the number of deaths from each disease separately. These regulations have been of great advantage in the preparation of statistics, to show the effect of remedial systems pursued, both past and present, and from this source under the Director-General's superintendence, most elaborate and interesting statistical reports have been published and still continue in progress. He succeeded in establishing a large naval hospital at Chatham, instead of employing hospital ships at that port. He confirmed the management of the Asylum for naval lunatics at Haslar. The codes of instructions relating to naval medical service he revived and constructed afresh. Libraries and museums have been formed on an inexpensive plan at his suggestion. He established a very important alteration—a sick mess in Her Majesty's ships. The effect of all these improvements—of these labours of Sir William Burnet, are satisfactorily shown in the decrease of those frightful outbreaks of sickness

* *Vide* British and Foreign Medical Review.

with which the crews of Her Majesty's ships were formerly so often visited.

Many other names in connection with the health of the navy, particularly the valuable statistical reports of the health of the navy by Drs. Wilson and Bryson, might be enumerated, but I must forbear; the present condition of the navy—the almost entire absence of scurvy—the improvement on the health and habits of the sailor abundantly testify with what success the rules of hygiène have been here carried out.

[To be continued.]

ON UTERINE HÆMORRHAGE.

By W. NEWNHAM, Esq., Farnham.

It is admitted on all hands that uterine hæmorrhage is accompanied by the most trying circumstances which are incident to professional life, and as these are often requiring the most prompt and determined assistance, as well as the nicest discrimination in the appropriation of remedies, it cannot be out of place frequently to review any of the great principles involved. I shall avail myself of the narration of two recent cases, in order to append some remarks upon these principles.

I was consulted on the 12th of April last by a lady in the sixth month of pregnancy, for an attack of uterine hæmorrhage. She had been much alarmed the previous day in consequence of the pony she was driving running away, and kicking; and an appearance of discharge, which she had previously noticed in a slight degree, became aggravated, and continued. At my visit the hæmorrhage was not great; there were no urgent symptoms, and I trusted that the *effect* of alarm might pass away with the cause which had occasioned it, with rest of body and quietness of mind. The principles to be acted upon here were to soothe and quiet the nervous system, to keep the patient in a recumbent position on a horse-hair mattrass, to supply light and unstimulating nourishment, to preserve the several functions in their normal condition, and to afford such an amount of fresh air as should give the lungs an abundance of oxygen; and should avoid, on the one hand, the stimulation of accumulated caloric, and on the other, the depressing influence of a too rapid abstraction of temperature.

Finding, however, that hæmorrhage did not entirely subside, in a day or two I made a digital examination in order to satisfy myself that the case was not one of placenta prævia, and also to determine upon the probabilities of abortion, or the resumption of gestation. I found the os uteri patulous, its lips swollen and flaccid, but no part of the ovum was engaged within it, and the placenta was not attached over it. Believing that, under such circumstances, abortion was inevitable, I exhibited the secale cornutum, with the view of obtaining its sedative influence generally, and of provoking the uterine fibres to contraction, in order to effect the expulsion of the ovum. Finding, however, no result from this treatment, in a few days I again examined, but the parts remained in *statu quo*.

My patient was a young lady of highly nervous temperament, and under this constant drain the action of the heart had become exceedingly irritable. During this time cold milk was one of the great means of her support, and her appetite remained unimpaired, so that she took as much as was wished; the symptoms gradually moderated, and the bowels were kept regular, still hæmorrhage was never long absent, and the case became embarrassing, from its protraction, and from the impossibility of adopting any decisive measures for terminating utero-gestation. Next there came the appearance of a blighted ovum, or as nurses call it, a false conception—membranes containing fluid—but no fœtus. Pain attended the expulsion of this body, and ceased directly afterwards, but there was no diminution, or gradual cessation of hæmorrhagic action, and no sensible change of the intra-uterine relations. In this way my patient went on, with a certain degree of improvement, and occasional attacks of uterine spasm, until the 4th of May, when I was summoned at four A.M with an urgent message that I would go over and see her directly, as she was "so very ill." On my arrival at her house, five miles from Farnham, I found that the account had not been exaggerated. The bleeding during the night had been terrific, and now her pulse was not to be counted. She complained of inextinguishable thirst, yet everything she swallowed was instantly rejected by vomiting; she was restless in the extreme, tossing about the bed, and retching continually. Hæmorrhage still continued, notwithstanding her *faintness*. Her countenance was white as the sheet, and her delicate hands were shrunk, and bloodless. The only encouraging circumstance she had about her was pain, but this only added to *her* sense of despondency, and to her conviction that she was dying—a conviction almost participated by myself; nevertheless hope—inextinguishable hope, clung to the manifest pain as to a sheet-anchor, I gave her at once sixty drops of Battley's sedative, with the immediate effect of quieting the sickness, allaying the jactitation, and enabling me to get nourishment and stimuli into the stomach. The actual loss, too, moderated from this time, pain went on, the os uteri became dilated, the membranes gave way, and in a couple of hours a six months' fœtus was expelled—still-born, but not having been long dead—the placenta followed shortly. From this time my patient rallied, and in three more hours I was able to leave her, with the comfortable hope that she was safely landed from the present emergency, and that she would recover: in fact her restoration was more rapid than could well have been expected; and although at first she could scarcely raise her head without fainting, and the action of the heart continued feeble, and excessively irritable, yet by great attention and good nursing she was able in a few weeks to leave her home for Ramsgate.

Now, it will be remarked, that in the conduct of this case, no mention is made of plugging the vagina, or of the application of cold vinegar and water; the former was not employed, because there was yet a lingering

hope, that utero gestation might be continued, if that organ were not provoked into uterine contraction—a hope which in all probability, plugging the vagina would have destroyed; and the latter was equally eschewed, because I more than doubt the efficacy of the continual application of cold. I have before me the memorandum of a case of uterine hæmorrhage, which occurred recently in London, in which the patient was subjected during a whole day, to the almost continuous application of a stream of cold water falling upon the pubes, *and she died*. Now, I am not at all suggesting, that she died *because* of the treatment; but submit that the depressing influence of cold and wet continuously, has a tendency to augment the exhaustion already occasioned by the hæmorrhage, and so to extinguish the last remnants of vitality. So in the case above narrated, my conviction is, that if the influence of this cold vinegar and water had been added to the already disastrous effects of hæmorrhage, the power of rallying would have been lost, and the patient would have sunk irretrievably. As it was, the case was with difficulty snatched from the jaws of death; her exhaustion was awful, and it was a fearful question, whether she could live another half hour; and if the powerfully sedative influence of cold, had been added to the other exhausting causes, my firm belief is that the scale, thus trembling in its balance, would have turned against the patient. The stimulating influence of heat is to be avoided unquestionably, so long as hæmorrhagic action with abundant power is going on; but my experience has repeatedly shown, that *this stage passed*, and the depressing influence of the loss of blood having been established, the hæmorrhage is much more readily controlled by the stimulus of *hot napkins*, and of a mustard poultice applied to the hypogastric region, or the scrobiculis cordis, than it is by the *continued agency of cold*. Above all, it is under these circumstances, that opium is the great sheet-anchor of hope,—*the remedy*, which, by soothing the nervous system, and congesting the cerebral vessels, enables the constitution to continue the struggle, supports the *vis vitæ*, and finally lands the patient in safety.

Let it be recollected, that the effects of the *long continued* application of cold and wet, are—first, to deprive the capillary vessels of their blood, to diminish their power of generating caloric, to make the patient wretched and miserable by lying in a pool of cold and wet, to exhaust her nervous sensibility, to depress greatly the powers of life and the consequent efforts of the *vis conservatrix*, and to lead the attendant practitioner astray, as to the amount of hæmorrhage, as well as to the quantity of red particles remaining in the circulating system.

If the blood be driven from the skin, where is it so driven, but to the large uterine veins? If shivering, goose skin, and a feeling of indescribable wretchedness from cold be produced, what compensating agency is set up for all this diminution of vital power? If coldness of the extremities be substituted for a genial warmth, and the blood and nervous excitability be both accumulated about the disturbed organ, what good is the result? If, as is the fact, sickness and jactitation, and consequently more rapid exhaustion take place, what good is gained—or rather, what rallying points are not voluntarily given up to the destroying agent? It is not a question whether the sudden and temporary application may not be useful, but whether its long-continued agency be desirable. If cold be applied, it is more useful in the earlier stages of uterine hæmorrhage, then to be employed in the shape of a piece of ice introduced into the vagina, or failing ice, a cold lavement at a very low temperature, to be injected into the rectum, may be had recourse to with advantage. If ice be employed, it should not be allowed to remain long in the vagina, or the life of the surrounding tissues may be destroyed. In either case there is a good principle before us, viz., to produce a coagulum, upon the mouths of the bleeding vessels, and so at the least, to gain time for ourselves and our patient.

It is obvious that in these cases of threatened abortion the bleeding proceeds from a partial separation of the placental vessels, and our object should be, not to drive as much blood as we can, through them, but to favour the formation of a clot upon their bleeding mouths, and thus to husband the strength and the resources of the patient.

The question will perhaps be asked,—Why, in the above described case, transfusion was not employed, as the most obvious and direct means of restoring the loss sustained by the patient. The most obvious reply in the instance just recorded, is, that one does not find oneself provided all at once, five miles from home, with the means of effecting transfusion. But on the general principle, *as applicable to all such cases*, I do not recommend transfusion, because we have not a sufficient number of cases of success on record;—because there is no proof that these cases as recorded, would not have done well without transfusion, if judiciously treated;—because there are dangers consequent upon transfusion, such as inflammation of the vein, the entrance of air into the veins, the uncertainty as to the quantity required;—and because, in the course of forty years practice, I have never known but one case of uterine hæmorrhage, which did not do well, without transfusion;—and that one was a case of placenta prævia, in which the loss sustained in a most attenuated form, was so great before I saw the patient, that she died almost before the birth of the fœtus.

In the course of my life I have witnessed a great number of cases of uterine hæmorrhage; some which have been treated with the application of vinegar and water, or napkins soaked in that fluid, and others without the application of cold at all, beyond what is necessary to keep the patient from being over-heated; and the result is undeniably in favour of the latter plan of treatment. The cold lavement, if exhibited in the shape of a quarter of a pint of ice-cold water, with from forty to sixty minims of tincture of opium, will be found to produce a very beneficial effect in allaying the morbid action, and especially in diminishing uterine spasm. Be it always remembered that peace of mind and the influence of peacefulness and hope should ever be borne upon the *patient's morale*; and such is the reciprocal

influence of body and mind, that this object will be more readily gained when the brain is supported by opium. Independently of medicinal agency, whatever may be the practitioner's own apprehensions—however exhausting to his own powers, when he finds the patient's life trembling in his hands, as a gossamer web, which the next moment may destroy, he is on no account to exhibit his fears, but to remain calm and unmoved, and so to inspire the patient with a confidence to which he is himself a stranger, but which in her own case may prove the very straw which will sustain life's ebbing powers, and save it from extinction. And thus will he obtain the inappreciable reward of being told by his patient—perhaps a young and interesting mother of a family—"Nothing saved my life but my reliance on your cheerful countenance." And is not the practitioner amply repaid for hours of agony by such a reward? To have saved a life by controlling his own feelings! He that conquereth himself obtains a greater victory than he that taketh a city.

Much has lately been written about the advantage of a small hand to an obstetrician, and I relate the following case to exemplify what has oftentimes occurred in my own practice. Many—many times have I been called in *to turn*, because the attendant parties had failed, and they had determined to avail themselves of the advantage of "Newnham's small hand."

On the 8th instant I was called upon by a very intelligent and valuable neighbour, to ask my advice on a case in which the placenta was retained in utero, but he could not tell whether it was adherent or not, because there was such an amount of spasmodic contraction of the os uteri, that after many efforts he could not succeed in introducing his hand. The fœtus had been born at six A.M., and it was now two P.M. I suggested giving the patient a full dose of opium, and when she had decidedly become under its influence, to try again the required manipulation. I then promised to call at five in the afternoon, which I did, and found him still in the same difficulty, with the impossibility of getting his hand into the uterus. Happily the hæmorrhage had not been great. At his request to try, if I could succeed better, I introduced my hand, without much difficulty, and found the placenta almost universally, and very intimately adherent. The very reason why there had not been more hæmorrhage, was because the placental vessels had not been partially detached. I could not, with any reasonable effort, succeed in detaching the placenta entire from the uterine parietes, and I was compelled to be contented with successively removing by far the larger portion, (though piecemeal,) in proportion as I could separate its adhesions, the remaining portion was then left to the care of nature, and up to this time (June 25th) she has not had a bad symptom, and is down stairs and attending to her household matters. The case needs no comment; one such fact is sufficient to show, that there is a great and decided advantage in the gift of a small hand.*

June 27, 1851.

* This patient's recovery has been *perfect*.—Sept. 12th, 1851.

Provincial Medical & Surgical Journal.

WEDNESDAY, SEPTEMBER 17, 1851.

THERE can be no hesitation now, on the part of the profession, as to what its conduct should be towards those recreant members who have deserted the paths of scientific medicine for the crooked bye-ways of fashionable quackery. Henceforth, our watchword must be—"Those who are not for us are against us;" and they must with one consent be treated with the ignominy which is the just due of traitors. Some time may elapse before the effects of the late grand demonstration, which has made our nineteenth Anniversary memorable beyond all precedent, shall be fully developed, but we feel as confident as we can do of anything yet in the womb of time, that those who come after us, will have reason to point to the Provincial Medical and Surgical Association as the engine which will have mainly contributed to disperse the Stygian emanations which now cloud the medical horizon. Quackery must from this time stand alone revealed in all its native deformity; its defects can no longer be hidden under the garb of legitimate practice.

We can well conceive that the proceedings at Brighton have created no slight sensation, not only in the hostile camp itself, but also amid those double-dealing individuals, who are playing the difficult game of keeping in with honest practitioners, while they are at the same time secretly abetting the homœopathic impostures. For the consternation of such we have no pity; whether they be found in the precincts of Royalty or in the humbler sphere of union practice, we would urge their expulsion from our ranks, as a foul blot on the honour of the Association.

It would be premature to discuss the probable decision of the Committee appointed to consider the conduct of the Association in reference to any of its members, who may directly or indirectly countenance irregular practice, but the names of the gentlemen so appointed may be taken as a guarantee that a measure of so much importance to the honour of the profession will be carried out with judgment, but at the same time with unflinching integrity. Membership of this great Association will be made a warrant for professional probity. We most earnestly

hope that the Colleges of Physicians and Surgeons will not think it derogatory to follow where they might—had they so willed—have led; and that the public may not much longer be misled by finding the names of the infinitesimal and other impostors upon the printed lists of those influential corporations.

We had on a former occasion to complain that the good intentions of the Admiralty Board, were often defeated through the insolent vulgarity of the Captains of our ships of war; we see, however, that this is not very likely to occur in future, as the Lords have taken the matter into their own hands, and have personally superintended the disposal of suitable accommodation to the medical officer. We read in the *United Service Journal* the following announcement:—

"We have the pleasure of recording the fact that during the visit of the Board of Admiralty to Devonport, their Lordships went on board the *Virago* sloop of war, and themselves selected a cabin for the Assistant-Surgeon. The Captain has given up his steward's berth, which is turned into an office, and the office and dispensary have been given to the Assistant-Surgeon, so that he has now one of the best cabins in the ship. This is proper feeling on all sides, and we trust the good example set by their lordships will be sufficiently indicative to all "Pig-whiffins" of what is expected of them, by those they are bound "to obey."

Our contemporary deserves the thanks of the Naval Assistant-Surgeons, for the zeal he has displayed in their cause.

We have received the following letter from Dr. Dillon, of Bath, by which it appears that we were wrong in supposing that Dr. Davies' signature was attached to the review of Dr. Tunstall, to which we alluded in our last number. There was an interval of several months between the receipt of the MS. and its publication, which will easily account for the mistake. This, however, is now happily rectified, and we trust that all unpleasant feeling on the matter will be committed to oblivion.

To the Editors of the Provincial Medical and Surgical Journal.

Gentlemen,—Your article of the 3rd instant, referring to the review of Dr. Tunstall's book upon the Bath waters, which appeared in your journal last year, has just attracted my notice, and I hasten to set you right on the subject of authorship, respecting which I perceive that you have accidentally fallen into error.

I wrote that review, stating therein, impartially, what I thought of the book, without intending any favour whatever to the author; and I am glad to find that the estimate I formed of its merits has been justified by the favourable notices of other and more competent reviewers.

It was far from my intention to say on that occasion anything to offend the medical practitioners of Bath, amongst whom I believe there are as disinterested and as honourable men as any in the profession; and I was really astonished when I heard that some of them made an outcry at a simple statement of facts, about which no one who knows Bath as it is, and recollects what it was, entertains any doubt.

I am responsible for that review: no one else knew anything about it; and although I have never, willingly, obtruded my name on the profession, you are at liberty to use it, on the present occasion, for the satisfaction of the members of the Association.

The private letter, which I addressed to you with the review, bore my own name and address, in my own handwriting, *and no other name or address.*

I have the honour to be, Gentlemen,
Your very obedient Servant,
GARRETT DILLON, M.D.

Bath, September 5, 1851.

Reviews.

On Gout; its History, its Causes, and its Cure. By Wm. Gairdner, M.D. Second Edition. London: John Churchill.

Among the works put forth by the medical press with a view to represent the sciences we cultivate and profess in the language of progress, not least conspicuous is the new edition of Dr. Gairdner's book on "Gout;" indeed, if we are not greatly mistaken, the eighth Chapter of this fresh issue would do credit to names as conspicuous and trustworthy in chemical, as that of the author is in medical, science. The experienced, nay, almost the young practitioner, grows weary of those mere portraitures of disease which he can sketch for his own use with much greater profit than he can read off from authors' pen; so weary, indeed, as time advances, we find, in spite of the pretensions of our would-be instructors, that there is less and less that we can force ourselves to read. It is not the thirst for knowledge that declines, but a scarcity of aliment that prevails; and inductive minds thus prefer their own observations and thoughts to the empty pretensions and stale rehearsals of self-eulogising writers.

Talent enjoys perpetual youth, and, whatever may be the standing of its owner, shows the

same freshness as at first in its undertakings. Dr. Gairdner, with an energy which would have done him credit in earlier years, has entered on the great field of modern research, and the only one which for some time to come can yield a physiological harvest—the respiratory process. In treating of gout, of its dyspepsiæ on the one part, its newly compounded secretions on the other, he sees clearly that the point at which to observe is in the lungs; that the object of research is to determine the healthy processes effected in the blood during its circulation in an atmosphere of oxygen and nitrogen—processes on which our knowledge is in its infancy, yet which, little as it is, already throws light upon the nature of secretion in health and disease also.

The author has plainly and effectually opposed Liebig's artificial theory of respiration. He shows on what slight foundation the opinion is based which invests the iron of the blood with the mere office of carrying oxygen, and clearly points out the true mode of its absorption and distribution. The function of respiration, according to Dr. Gairdner's view, which is made to rest on the most admirable experiments, instead of being one of defecation only, is one of production—of blood-growth—embracing a combination of uses of great interest to physiology, no less than the building up of organic principles, fibrin, gelatin, and others, while heat is generated by its decarbonising processes.

In our notice of the first edition of this book, we drew attention to the author's experiments and pathological views, (which have since met with a satisfactory confirmation by Lehman,) showing *the vicarious nature of urea and uric acid in the renal secretion.* In elucidation of this subject, so intimately associated with pathology, we can do no better in a second notice than advert to the new physiological researches put forward in this edition.

"Deeply interesting in the history of gout," says Dr. Gairdner, "is a study of the physical and chemical constitution of the blood. From all that has been written in preceding chapters, it must be apparent that the influence exercised by the oxygenation of the blood over the stable and well-balanced phenomena of health, is hardly more striking than the same process in the fluctuating symptoms of disease. It becomes, then, of vast importance to the pathologist, as well as to the physiologist, to determine, with clearness and accuracy, in what this process consist."

Regretting that practising physicians, whom he justly considers the best qualified for the investigation, have avoided the difficulties of the subject, the author proposes to confine himself to that portion of it which has an immediate bearing on practice.

"The experiments of Magnus have satisfactorily established the facts, that oxygen, carbonic acid, and nitrogen, do all exist in both arterial and venous blood; that oxygen is found in much larger proportion in arterial than in venous blood; and that a great increase of carbonic acid takes place in venous blood. It is certain, therefore, that the oxygen must, in the capillaries, deprive either the tissues themselves, or the mass of circulating blood, of a portion of their carbon, to form the new compound. *But this is not enough to account for the oxygen, which disappears in the process of respiration.* The concurring testimony of nearly all chemists prove that a larger amount of oxygen is absorbed by, than what again issues from, the lungs in respiration in the form of carbonic acid gas."

Passing over a disquisition on Liebig's opinion respecting the destiny of this superabundant oxygen, and other matters of opinion relating to it, we will proceed at once to the practical business of the composition of albumen and fibrin, in quoting the author's own words:—

"Remembering the advice given by Mulder, it appeared to me far more hopeful to make a study of the process which nature herself employs in accomplishing her own ends. I looked, as I have said, to the circulation as the field in which to expect results. I remembered that both the great ingredients of the atmosphere disappeared during respiration in a manner yet unaccounted for. I remembered, also, the experiment of Mylne Edwards, on the disappearance of nitrogen, now strangely neglected. I felt assured that here I should find a solution of all my difficulties.

"It was natural to expect, that if the albumen of the blood did, during respiration, pass into fibrin, a difference in the amount of fibrin in arterial and venous blood would be found. This had already been satisfactorily proved by Berthold Mayer, Denis, and Müller, but none of them seem to have arrived at the right conclusion. They attributed, as was very natural, the greater amount of fibrin in arterial blood to the fact that it had received the contents of the thoracic duct from the food, while the venous blood had already parted with its fibrin in the course of the systemic circulation. The multiplied testimony, however, of all these authors, as to the different condition of the fibrin in arterial and venous blood, convinced me that there was another explanation to be given than this."

"The fibrin of arterial blood is described by all observers as constituting thick, solid, shining bundles, while that of venous blood is soft and dilute. *This difference is ascribed by them to the fibrin in venous blood being in a state of greater division, and not to that of arterial blood having been more highly elaborated in respiration.*"

"The buffy coat of inflammatory blood is universally allowed to be fibrinous, and it is certain that it always indicates a considerable increase of fibrin in the blood. Though both respiration and circulation are hurried in inflammatory fevers, yet it is quite conceivable that the phenomenon we are considering, as well as the firm coriaceous coagulum always met with in such cases, might not be owing to increased generation, but to arrested deposit of fibrin, caused by great disturbance of the system. The explanation, however, must necessarily be abandoned, since the discovery by Andral and Gavarret, that in adynamic and putrid fevers the very opposite state of things takes place. The soft, pultaceous, extended coagulum presented in these cases, is indeed familiar to all physicians."

Mulder conjectured that fibrin had its origin in respiration. He says the bioxide and trioxide of protein are produced during respiration, and are found in the blood as healthy constituents, being generated by the oxydation of the substance which, during the coagulation of the blood, is changed into fibrin. Simon also expresses very clearly the opinion that fibrin takes its origin during respiration; but neither of these authors have pursued this important subject, and removed it from the field of conjecture. Dr. Gairdner has the merit of having settled this important point by experiment. He says:—

"It became, therefore, a matter of much interest and considerable thought, to contrive an experiment which should make evident the truth I desired to elicit. At first it appeared to me probable if albumen passed into fibrin by the aid of, and during the process of, respiration, that blood abstracted before and after sharp exercise would give traces of the fact. This experiment proved to be a total failure of the proposed object, yet was not unproductive of interesting results. At first it seemed that the desired truth was disclosed, *for the bulk of the fibrin was very remarkably increased after exercise.* The blood was drawn from the jugular vein of a horse, which was afterwards smartly galloped for an hour, and again bled from the same incision while still reeking with exercise, but the fibrin, which, during the agitation of the animal, had undergone a remarkable increase of bulk, proved on drying not to have acquired any addition of weight. It had not suffered any change."

The author, on reflection, said that if the increase of fibrin taking place on the arterial side did not return to its ordinary standard in the veins, fever must be engendered; and moreover, that any such fibrin created must be instantly wanted to replace that which was lost to the substance of the muscles. He was satisfied that oxygen was, if not the sole, the principal, agent in the production of fibrin. Blood was then taken from two rabbits, one of which had been made to breathe an atmosphere highly oxygenated, with the following result:—

"The blood of the rabbit in the natural state contained 1.55 of fibrin, while that which had breathed the oxygen for half an hour contained 2.9 of fibrin in 1000 parts."

To obviate the fallacy which various constitutions and varying health imposed, experiments were multiplied, the blood being taken immediately from the aorta of the rabbit.

"My first care was to establish a standard of health in the animal selected. None was so convenient as the rabbit; six males, in apparent perfect health, were selected, and the blood taken as above stated, examined with a view to establish the quantitative proportion of the different organized principles, with the following result:—

"The following analyses were made to determine the relative proportion of the organic constituents in 1000 parts of the blood in the rabbit:—

	Fibrin.	Globules.	Albumen.
1	1.8	88.	40.6
2	1.45	77.14	37.2
3	1.45	95.5	40.
4	1.5	70.	52.
5	2.	92.	50.
6	1.73	71.5	58.
Average	1.65	82.35	46.3

"I next sought to determine the changes which oxygenation of the same quantity of blood would induce, with the following result:—

	Albumen.	Globules.	Fibrin.
1	40.	75.	2.5
2	45.7	73.2	2.4
3	35.	60.5	2.3
Average	40.23	69.56	2.4

"An inspection of these tables," continues Dr. Gairdner, "is sufficient, I think, to establish, as a principle, that oxygenation and fibrination are identical."

The pages devoted to gelatine, from which we have not room to quote, are among the most able and suggestive in the volume; and we feel assured that no chemical observer can peruse

them without acknowledging their singular importance.

We have preferred the consideration of these scientific results, forming the first portion of the eighth Chapter, to quoting the valuable materials contained in other portions of the work, as discoveries of this class, the fruit of long-continued labour and thought, demand to be brought prominently before the profession. The application of these and other striking chemical researches, having reference to the urine in gout, find their due application in the body of this truly philosophical volume; and while on this subject we may call attention to a note on the theme of Cattle-feeding, which brings before the reader with great effect the absurd methods which our agriculturalists adopt in stall-feeding, and the folly of associations in offering prizes for faults not excellencies, disease not health.

The practical parts of the work are throughout developed and enriched, but our object being rather to put the practitioner in possession of the fact that a work, so able and novel, on the subject of gout, in its second edition, has reached us, than to give an analysis of its multifarious contents, we draw our notice to a close by remarking that Dr. Gairdner's work is one which few readers would be willing to find absent from their shelves.

Proceedings of Societies.

BIRMINGHAM PATHOLOGICAL SOCIETY.

MAY 1st, 1851.

DR. FLETCHER IN THE CHAIR.

Scirrhous Mamma.—By DR. RUSSELL.

The specimen was given Dr. Russell by Dr. Mackay, who removed it by operation.

The tumour occupied the mammary gland; it was of considerable size, of pearly aspect, and firm consistence. The fibrous bands very distinct; in one part they formed strong laminæ, penetrating side by side to some depth into the tumour; they enclosed a softer matter, quite distinct, which projected from the surface in the manner of lobules of fat. An opaque fluid was expressed from the tumour; this fluid contained a large abundance of cells, delicate, irregularly rounded, with distinct double outline, and bright nucleus, in diameter from 1-1667th of an inch downwards; they manifested great disposition to cohere, scarcely a single one floated loose. There were, besides, large cells loaded with fat globules. The fibrous lamina was composed of strong fibrous tissue, imperfectly fibrillated, becoming transparent by acetic acid; the firm adhesion of the cells to the fibrous stroma and to one another, increased the proportion of the solid frame work of the tumour; in parts the cells had a kind of imbricated arrangement, so as to form kinds of bands or ridges. Dr. Mackay gave the following history of the case:—Mrs. S., aged 45, thin, not healthy looking, the mother of several children; she always menstruated naturally. She perceived a small lump in the left mamma eight months ago; it increased steadily and latterly, was the seat of lancinating or darting pains; it was moveable immediately under the nipple, which was unaffected and seated over the centre. I removed the tumour by excision.

Ulceration of the Cartilages of the Ankle; Caries of the Tibia.—By W. C. FREER.

THE subject was a boy, aged 16; he had been suffering from caries of the tibia for ten months, but under rest and care, he was slowly recovering; his parents, however, being impatient of the tardy progress effected, placed him under the care of a quack, who immediately ordered away the crutches, and desired the patient to use the limb; inflammation of the ankle set in, but the treatment was nevertheless continued; irritative fever arose, and in a fortnight, Mr. Freer removed the limb.

The shaft of the tibia was in progress of recovery from the carious state by the formation of new bone; the ankle cartilages were ulcerated, and tawny gelatinous lymph was deposited within the joint.

JUNE 5TH, 1851.

W. PARTRIDGE, ESQ., IN THE CHAIR.

Retained Menstrual Fluid.—By Drs. ELKINGTON and RUSSELL.

The fluid was retained in consequence of an imperforate state of the hymen; and the remarkable part of the case is, that the patient was a married woman, and had had connexion repeatedly. The obstructing membrane was perforated by Dr. Elkington, with complete relief.

The fluid was of a chocolate colour, of the consistence of treacle; it required some shaking to mix it with water. Under the microscope it consisted of cells, of various sizes; by far the largest proportion bore considerable affinity to blood discs; they were of average diameter 1-2500th of an inch, more or less directly circular, some containing a bright nucleus, others a large granular nucleus, and some even a nucleolus; their outline sharp and defined; double outline distinct in very many. Many were of smaller size than those described, and of more irregular figure. There were, besides, a considerable number of cells much larger, the largest 1-1000 of an inch diameter, but few attained that size; these were more opaque, finely granular, deeper coloured than the small ones. Some of them seemed splitting up towards the centres. They contained a considerable nucleus, some two or three. The cells were of a bloody tinge, the larger ones very decidedly so; the small ones less deep in colour, though more deeply tinged than blood-globules generally are. Around the cells was a quantity of transparent matter, apparently debris, scattered over the field. There were, besides, several nucleated epithe-

lial cells, doubtless from the passages, some of them exactly like those common in urine. The cells were not influenced by water. On adding acetic acid to the fluid, either pure, or mixed in water, the cells all collected themselves into dense groups, and became more transparent, and their structure less distinct. When the fluid was mixed with water, no coagulum was produced, either by heat nor by nitric acid.

The general microscopic characters of the fluid indicated great affinity to those of blood-globules, but the large and deeply-coloured cells described were quite distinct from any appearance ever presented in blood. It cannot, however, be asserted that these cells would exist in the healthy fluid, as the microscopic character of the fluid might have been affected by its long confinement in the passages. The chemical test established the absence of albumen.

Foreign Department.

On Tracheotomy in Œdema Glottidis.

M. Séstier (*Archives Générales*) has contributed a paper urging the earlier and more frequent resort to this operation in suitable cases. He gives an analysis of 138 cases of œdema glottidis, in thirty-six of which the operation was performed, with the result of preserving life in thirteen, and materially prolonging it in eight. He has also ascertained that the success of the operation very much depends upon the previous healthy state of the larynx, and recommends it chiefly in such cases, but does not consider it contra-indicated where prior disease has been known to exist, unless it be of an advanced stage and incurable character.

As regards the time of performing the operation, M. Sestier would not be precipitate, as in several apparently very severe cases the disease has been got under by vigorous treatment. But, on the other hand, he counsels against waiting until no other chance is evident. He is guided by the amount of suffocative dyspnœa, together with feebleness of respiratory murmur.

With reference to the operation itself, the author gives the preference to crico-trachetomy. It is easier than tracheotomy, and less likely to be followed by the entrance of air into the veins, or of blood into the trachea.

Retention of the Menses; Rupture of the Fallopian Tube; Death.

A case of this nature is reported by Dr. Marchand (*Archives Générales*, Juillet). The subject was a young woman, aged 22, who had retention of the menses from imperforate hymen. This impediment being discovered a crucial incision was made, and several pints of a dark inodorous fluid escaped. She was making a good recovery when she was suddenly seized with peritonitis, from which she died.

On inspection after death the uterus was observed to be larger than natural, and the os uteri widely dilated. The peritoneum was universally inflamed, and in the left iliac region it was found that menstrual fluid had escaped from a largely-distended and convoluted fallopian tube. This, in the author's opinion, was the exciting cause of the fatal symptoms.

It may be stated that this is mentioned by M. Bernutz as one of the accidents attendant upon retention of the menstrual secretion.

Two Cases of Supposed Internal Strangulation; Recovery after the exhibition of Olive Oil.

M. Delotz (*Revue Medico-Chirurgicale*, Juillet) communicates two cases of intestinal obstruction, in both of which stercoraceous vomiting had ensued. In the first case the patient appeared in an absolutely hopeless condition, when the author induced him to swallow two pints of olive oil in two successive draughts. To his great surprise the bowels acted a few hours after, and the man recovered.

The second case was apparently one of simple constipation, not depending on mechanical obstruction.

Results of Various Modes of Treatment in Pneumonia.

Dr. Dietl, an Austrian physician, who appears to have been very undecided in his therapeutical principles, has recorded the results of his practice in pneumonia. At one time he was a great advocate for bleeding and the antiphlogistic system, subsequently he turned homœopath, and still later he trusted to tartar emetic. Being dissatisfied with the mortality under each of these plans, he determined to abide by the *methode expectante*, or do-nothing system, and he declares that the recoveries have been more numerous than when he treated his patients medicinally. He gives the following statistics, which are so far valuable, inasmuch as they show that homœopathy and doing nothing are convertible terms :—

Of 360 cases of pneumonia, 85 were treated by bleeding, with 17 deaths, or 20 per cent.

Of 106 healed by tartar emetic, without bleeding, 22 died.

Of 189 treated by a purely expectant method, 14 only died.

The mortality under homœopathic treatment was the same as when no medicine at all was given.

Is the appearance of Albumen in the Urine a Favourable Sign in Diabetes?

M. Rayer makes this question the subject of some practical remarks in a paper read before the Biological Society of Paris. He alluded especially to a case which he saw in consultation with M. Landouzy, which had improved, to a certain extent, under the use of alkalies, with abstinence from farinaceous matters, when albumen was detected in the urine. There were, however, no other signs of Bright's disease; and the appearance of albumen was a phenomenon for which M. Rayer had no ready explanation.

MM. Dupuytren and Thenaud considered that when albumen appeared in the urine of a diabetic patient it was indicative of improvement, being, as it were, a

transition stage between the saccharine state and that of health. M. Rayer, however, is disposed to regard the change as not salutary, as in cases witnessed by him, though the sugar disappeared, the occurrence of œdema showed that the change was not for the better. In fact, in more than one case, although there was no recurrence of sugar, the patient died of one or other of the consequences of albuminuria.

A case related by Dr. Christison also proves that the appearance of albumen in the urine may be an indication of a serious complication, to be followed soon by other symptoms of renal disorganization. The case was that of a man aged 40, who had been the subject of diabetes for two years. Unexpectedly it was found that the urine coagulated by heat and nitric acid, and that its specific gravity became lower, until at length it was as low as 1,010, without any traces of sugar being present. The man soon after died from diarrhœa, and after death his kidneys were found in an advanced stage of granulation. It may, therefore, be taken as a pathological fact that though in some cases the substitutions of albumen for sugar in the urine of diabetics may be a good sign, in others it may indicate a serious complication.

Physiological Experiments on the Bodies of Executed Criminals.—By M. Duval.

M. Duval, from his position as teacher of anatomy at Brest, enjoys frequent opportunities of examining the bodies of culprits executed by the guillotine. The theatre of anatomy is so near the platform that the bodies are received within five minutes of decapitation. Among the facts which he has ascertained are many which bear upon points in physiology, still *sub judice*. The following are the results of the first examination recorded in the *Gazette Médicale*, Juillet 12th :—

A man was decapitated for murder, and the corpse was brought to the table in less than five minutes. The first thing which attracted notice was that the divided extremities of the carotid arteries were projected in successive jerks, at the same time ejecting small quantities of blood. The jugular veins bled continuously.

No reflex action could be induced by any pinching, or other mechanical irritation.

After devoting a quarter of an hour to the opening of the abdomen, the chest was laid open, and the heart was seen beating with great distinctness ; the left auricle, in particular, exhibited strong and perfectly regular action forty-four times in the minute, and continued to do so for an hour.

Before the chest was opened galvanism was applied to the spinal marrow, and immediately caused movements of expiration and inspiration, accompanied by a hoarse noise in the larynx. After opening the chest galvanism was applied to the intercostal muscles, and caused the ribs to approach each other in a notable manner. The stomach was full of food ; but none escaped after its removal, in consequence of the rigid contraction of the cardiac and pyloric orifices. The bile was dark green, and of a gummy consistence. The spleen was empty and wrinkled, and could not be made to contract under galvanic action ; but the ureter contracted manifestly. The spermatic vesicles were filled with a liquid fluid, containing living spermatozoa.

In another case the pupils were contracted by galvanizing the third pair of nerves in the cranium.

Case of Traumatic Tetanus; Sulphate of Quinine in Large Doses; Cure.

A boy, aged 16, was admitted on the 1st of December, having a slight wound on one of his toes, produced by the fall of a keg of water which he was carrying on his head. The wound was dressed with cerate. Several days afterwards tetanus appeared, and followed its ordinary course of—first, trismus, then convulsive movements of the face and neck. An active depletive treatment was immediately adopted, without any amelioration. At this time M. Foucard, de Pont Ste.-Maxence, had published the successful result of the use of large doses of quinine in similar cases. This remedy was ordered to be given to the exclusion of every other. It was first administered to the patient on the 15th of December, in daily doses of fifteen grains, with small quantities of morphia. On the next day an improvement in the symptoms was observed. The dose was increased to fifty grains in a few days, and was again gradually reduced. The patient quitted the hospital, cured, on the 12th of January.

The grounds of the administration of this remedy are apparently empirical, but this is the case with many other valuable remedies. The researches, however, of Andral and Monneret go to show that large doses of quinine exert a beneficial influence on rheumatism, by diminishing the portion of fibrin of the blood. It is, therefore, logical to infer that in tetanus a sedative action is exerted on the muscles. In the case now related the only ill effects produced by the large quantities of quinine were slight impairment of vision for a short time, and some degree of tinnitus aurium.

General Retrospect.

ANATOMY AND PHYSIOLOGY.

Uses of the Pancreatic Fluid.—By Dr. Bence Jones.

Our readers will recollect a memoir by Dr. Bernard, translated by us in this journal, in which the author believes he has established the fact, that the office of the pancreatic secretion is to saponify fatty matters. Dr. Bence Jones expresses himself as not satisfied with this explanation, but considers from other experiments performed by Dr. Lenz, that this fluid has no such power. His remarks are as follows :—

That the pancreatic fluid is not necessary to enable fatty substances to be absorbed, has been shown thus by Frerichs and Lenz. After they tied the pancreatic duct in cats, they were given no food for from twelve to twenty-four hours, so that all the pancreatic juice which was in the intestine might have passed out of it. Food,

consisting of milk, fat, flesh, or butter, was then given; and, after some hours, usually from four to eight, the animals were killed; and they found, over and over again, that the lacteals and the thoracic duct were full of milky chyle. Frerichs put a ligature round the small intestines of animals (who had eaten nothing for some time) much below the opening of the bile and pancreatic ducts; he then injected milk, or olive oil, or an emulsion of albumen and oil, into the intestine below the ligature, and, after two or three hours, he found the lacteals quite full of milky chyle. Experiments are detailed, in which butter was given in quantity to cats, but not one trace of the volatile acids of butter could be found in the bowels, in the chyle, blood, or bile. Frerichs also found that other animal fluids, like the pancreatic juice, as soon as they began to undergo decomposition, effected as much change of fatty matter into fatty acid and glycerine as the pancreatic fluid did. He also states that the pancreatic juice, setting aside its chemical action, does not make a better emulsion,—that it does not divide the fat or oil better than other animal fluids. He found that when acidulated with hydrochloric acid, it had no action whatever on fat or on albumen,—that it had no power to act as a solvent of the albuminous part of our food. He states that its uses are to change the starch into sugar, and to promote the secretion of the bile; that, with the aid of the bile and the intestinal fluid, it effects, though it does not solely effect, a fine division of the neutral fat which is fluid at the temperature of the body; but, further than this, he says there is no peculiar specific action of the pancreatic juice. The pancreas seems rather to be a supplementary gland to the salivary glands intended to insure a full change of all the starch taken into the stomach. At present I cannot admit that its action on fatty substances in digestion is proved.—*Medical Times*, May 31.

PRACTICAL MEDICINE AND PATHOLOGY.

On the Administration of Cod-Liver Oil.

We extract from the *Gazette Mèdicale de Lyons* the following modes of exhibiting this nauseous remedy:—

1. Cod-liver oil, 30 grammes; solution of carbonate of potash, 8 grammes; syrup of orange peel, 30 grammes. Mix; a teaspoonful or two twice a day.

2. Cod-liver oil, syrup of orange peel, aniseed water, equal parts. Mix; a tablespoonful for a dose.

3. Cod-liver oil, 250 grammes; gum arabic, 30 grammes. Make an emulsion, and add syrup of orange peel, syrup of peppermint, utrq 30 grammes, A large table spoonful for a dose.

The disagreeable flavor of the oil may be disguised by hot milk or coffee.—*Revue Medico-Chirurgicale*, Fev., 1851.

On Pus in the Urine; its Diagnostic Value in Diseases of the Genito-Urinary System.—By J. Hamilton, Surgeon to the Richmond Hospital.

The author observes that pus may appear in the urine under different aspects:—First, as an uniform deposit of a pale white colour, subsiding after micturition, but capable of being diffused by agitation. This is pure pus, in acid urine. Secondly, mixed with mucus in acid urine, presenting an uniform tenacious, slimy, yellowish-white deposit, showing under the microscope irregular pus discs. Thirdly, after being acted upon by the ammonia in decomposed urine, it appears as a thick ropy mucus, with some transparency beneath, and exhibiting a superstratum of yellow opaque pus.

Pure pus may get into the bladder from the bursting of a neighbouring abscess, as in the broad ligament in women, or the prostate gland in men, of which the author gives examples.

When pus is mixed with the urine from inflammation of the vesical mucous membrane, a very essential difference is observed. In these cases the urine enters the bladder from the kidneys, acid, and becomes mixed with the purulent and mucous secretions of the inflamed membrane. If these are not very abundant the urine remains acid, and is passed so, but on standing soon becomes decomposed, and ammonia is generated, which acts on the pus and converts it into a thick ropy mucus. It also combines with the phosphate of magnesia in the urine, and forms the triple phosphate, which either floats on the surface as an iridescent pellicle, or is fixed as prismatic crystals in the mucous deposit.

If, as in paraplegia from injured or diseased spine, the urine is long retained in the bladder, it undergoes certain changes, the deposit takes place in the bladder itself, and the decomposition of the urine next the deposit commences, while the superstratum remains acid. But when the inflammation becomes more intense, and the morbid secretions very abundant, the whole of the urine will become alkaline in the bladder. —*Dublin Quarterly Journal*, May, 1851.

SURGERY.

Treatment of Chordee.—By John Milton, M.R.C.S.

[Mr. Milton, after trying various antispasmodics, has come to the conclusion that none is equal to camphor, in decided doses. Speaking of the Spiritus Camphoræ, he says:—]

A teaspoonful is to be taken at night in water before going to bed, and *every time the patient wakes with the chordee let him at once rise and repeat the dose.* In the milder cases, one dose for a night or two is generally enough. In the more severe ones the symptom is generally removed at the end of the second night, becoming, in the meantime, milder and less frequent after each dose. So long as the clap remains bad, I frequently recommend the patient to take a teaspoonful at night, before going to bed, which suspends the chordee till the cure is completed. This plan of treatment also answers well in the bearing-down pains to which women are sometimes subject in clap; but as here, contrary to what it is in men, these pains are generally worst in the daytime, it is best to use the essence of camphor largely in the medicine they may happen to be taking. It must, however, be taken in

full doses. A violent sudden pain like that of chordee requires an equally powerful remedy, and there is no use in trifling with it. A less quantity than a teaspoonful will not always suffice to abate the pain at once, though it may materially alleviate it; just as a moderate dose of chloroform will lull the acute pain of an operation without rendering the patient insensible to what is going on, while a smaller quantity, in one full dose, produces complete torpor. Now, as a teaspoonful or two may be safely taken, it is best to insure success at once. In one or two cases it has produced some sickness, and strangely enough, this has been more the case with small doses than with large ones; this was probably caused by something having been previously taken that had in some measure disordered the stomach. At any rate the instances have been too few to make the affair of any moment. I only allude to it here that no one might, by its appearance, be discouraged from giving so valuable a remedy as camphor really is. It is best taken in water, as if dropped on sugar it produces a strong sensation of heat in the mouth.—*Medical Times*, July 19.

Encysted Tumour, containing Fæces.—By Dr. Macilvaine.

A curious case is reported of a negro, who complained of a tumour between the anus and point of the coccyx. It was supposed to be adipose sarcoma, and was submitted to operation for removal. The first incision laid open a cavity filled with fæces, which the operator proceeded to turn out. He then explored the cavity, with a view to discover the opening through which the fæcal matter had entered, but could detect no communication with the rectum. Satisfied that the cavity was a closed sac, the indication was plain, and it was dissected out. This was accomplished without any wound of the continuity of the sac, except a very small snip with the point of the scissors. It was lined with a membrane having very much the appearance of the inner lining of the turkey's gizzard. The wound was closed with sutures, and dressed with a compress. The cure was accomplished in a few weeks, principally by granulation. The fistula was operated on shortly after, and the patient discharged cured on the 26th of March.

The origin of this tumour the author supposes to have been as follows:—An ulcer having perforated the coats of the rectum, fæcal matter was forced out and impacted in the cellular tissue between the rectum and coccyx. Here, not giving rise to sufficient irritation to secure its discharge by ulceration, it became encysted. In the course of time the original ulcer cicatrized, thus closing the communication between the rectum and the sac. This view is confirmed by the existence of a distinct cicatrix at the upper part of the sac, at the point of its closest connection with the rectum.—*American Journal of Medical Science*, April, 1851.

MIDWIFERY.

The Cæsarean Operation in the Vienna Lying-in Hospital.—By Dr. Arneth.

In his summary of the obstetrical practice of the Vienna Hospital, Dr. Arneth states that the Cæsarean section was never performed, except in cases where the narrowness of the brim of the pelvis was believed to be so great, as to render it impossible to drag the imperforated child's head through it with safety to the mother. So strictly has this rule been kept, that out of somewhat upwards of 200,000 confinements that have occurred in the Lying-in Hospital of Vienna, between the years 1789 and 1851, the Cæsarean section has only five times been resorted to. All the five mothers died. The children survived the operation, and of some of them there were accounts some years afterwards. Professor Dubois has informed Dr. Arneth that he had performed the operation twelve times without having had any successful case; nor is he aware of any practitioner in Paris having been more fortunate. Professor Stoltz of Strasbourgh, lately informed him that he had operated four times out of six with good success; nay, in one case he was even fortunate enough to see a mother twice surviving this dreadful operation. Everywhere on the continent it is an established rule to perform Cæsarean section in every case of a mother dying pregnant in the seventh month or later. The essay of Bonchut, which has lately been crowned with the prize of the French Academy, proves that with the last pulsation of her heart the mother dies, and that, consequently, the operation of the Cæsarean section may be performed immediately afterwards. In four cases, children were saved by the operation in the Vienna Lying-in Hospital. Two of the mothers died of phthisis, one of eclampsia, one of gangrenous inflammation of the cellular tissue of the neck.—*Edinburgh Monthly Journal.*

BIOGRAPHICAL NOTICE OF THE LATE DR. JOHNSTONE, OF BIRMINGHAM.

The death of Dr. Edward Johnstone, which took place at Edgbaston Hall, on Thursday, the 4th inst., after an honourable and useful life, prolonged far beyond the Scriptural term of "threescore years and ten," calls for more than the passing notice which the local historian accords to the generality of such events. Commencing his professional career in Birmingham at a period when comparatively few of the most aged members of the community now living had entered upon their existence, he may be regarded as a connecting link between the present generation and one long since passed away. It was the good fortune of Dr. Johnstone to belong to a family which has added several names to the muster roll of men who, by their high character, attainments, and natural gifts, have adorned the practice as well as extended the boundaries of medical science. On settling here at the early age of twenty-three years, he accordingly enjoyed the advantages which might be expected to result from the possession of a name already associated with distinction in the path of life which he had himself selected, and he had also the additional benefit of the friendly countenance of the late Dr. Ash; but the young physician, it would appear, soon gave evidence that he possessed talents and industry which rendered

him altogether independent of such adventitious aids. In a comparatively few years his reputation was placed on a solid and lasting basis; and that increasing years but added to its lustre is conclusively attested by the fact that the completion of the fiftieth year of his practice was celebrated by a public dinner, which was attended by upwards of one hundred gentlemen, a large proportion of the assembly consisting of his medical brethren in Birmingham and the vicinity. Recurring for a moment to those who preceded him, we may observe that Dr. James Johnstone, his father, who greatly distinguished himself as a physician, first at Kidderminster, and afterwards at Worcester, in which places he carried on a large and successful practice for more than half a century, was the author of the discovery which led to the employment of the fumes of mineral acids for the prevention of infectious fevers, although the merit was many years afterwards claimed by Dr. Carmichael Smyth, whose pretensions were successful in obtaining from Parliament a grant of £5,000. The claims, however, of the real public benefactor in this matter have since been fully admitted by the profession and the public, mainly, no doubt, through the ability and filial zeal of his son, the late Dr. John Johnstone, of Birmingham. An elder brother of the subject of our present notice, Dr. James Johnstone, after graduating with great *éclat* at Edinburgh, was elected one of the physicians to the Infirmary, at Worcester, where the zeal and ability which distinguished him in the pursuit of scientific knowledge obtained for him a large share of practice at a very early period of life, which only extended to his thirtieth year. Having been called upon by the magistrates of the county to combat the gaol fever, which then prevailed, he engaged in the discharge of that important duty with an alacrity and self-sacrifice which rendered him a victim to the pestilence which he was eminently successful in checking. His premature death was recorded and lamented by the illustrious philanthropist John Howard. Dr. Edward Johnstone himself pursued his studies at Edinburgh, where, on the 14th of June, 1779, he obtained the degree of M.D., selecting "*De Febre Puerperali*" as the subject of his inaugural treatise, which on being published elicited the discriminating praise of the eminent French Surgeon M. de Ponteau. In the autumn of the same year, on the opening of the Birmingham General Hospital, he was elected, with Dr. Ash, Dr. Withering, and Dr. Smith, one of its first physicians, an early recognition of his professional abilities; and he is probably the only survivor of all those who had anything to do with the establishment of that institution. In the appointment which he held for a number of years, with honour to himself and benefit to the charity, he was succeeded by his brother, the late highly-esteemed Dr. John Johnstone. But the record of his services would be very incomplete, did we not mention that Dr. Johnstone was also a zealous promoter of the dispensary for supplying medical and surgical attendance to the sick-poor at their own homes. He was an active and munificent patron of every useful and charitable institution, and his able advice was at all times accessible at his own residence to the less affluent. The one in which, for more than twenty years of his later life he took the greatest interest, was the Medical School, now Queen's College. In the year 1824, when Mr. Sands Cox, the founder of the College, submitted to him the plan of the original institution, the doctor entered warmly into the scheme. He afterwards presided at the opening lecture, and was a constant attendant during its entire course. On the plans for the school being matured, he accepted the office of President, and for a period of eighteen years was never absent from the Council Board. When, in 1836, the doctor entered his 80th year, the Council deviated from its usual course, by fixing its anniversary meeting on his birthday, namely, the 26th of September. On the same occasion a large body of the students presented Dr. Johnstone with an address. In the year 1840 he presided at the first meeting to found the Queen's hospital, and although devotedly attached to the General Hospital, as the scene of his early labours, he not only gave the project his unanimous support, on the public ground "that an additional hospital was called for, from the fact that in this great central metropolitan district, intersected in all directions with railway communications, embracing within its range upwards of half a million of people, employed among the deleterious effluvia incident to many of the manufactures, hourly exposed to accident and disease from powerful machinery assisting the labour of man, and from mining operations, there existed only one such charity, opened in the year 1779, when the population of Birmingham did not exceed 50,000;" and he generously contributed £100 towards the building fund, at the same time accepting the office of Honorary Physician, which he continued to hold until the time of his death. On the incorporation of Queen's College the doctor was appointed the first Principal. In 1844 the Council and Professors presented his portrait to the College, and when, in 1845, accumulating years had warned him to seek that complete retirement which he had so well earned, a special meeting of the Governors, Professors, and Students, presided over by Lord Lyttelton, presented to their venerable head "the earnest and affectionate expression of their gratitude for his valuable and unremitting services" rendered to the institution during a period of eighteen years. To a highly-cultivated mind, and, as we have stated, eminent professional qualifications, Dr. Johnstone united a benevolence of heart, and a peculiar kindness and urbanity of manner, which endeared him to his patients and professional brethren, and won for him the esteem and respect of all classes.

He took an active part in promoting the success of the Provincial Medical and Surgical Association, and at the first meeting, held at Worcester in 1832, he was unanimously elected the President of the Association for the first year of its existence, since which period he has invariably evinced a warm interest in its progress. On entering upon the duties of the presidential chair, on the occasion alluded to, he addressed the gentlemen who were then assembled as follows:—

"As the proposition which you have now so cordially carried is, that I should be Honorary President, I accept it; had it been otherwise than honorary, the period of life at which I have arrived would have forbidden my accepting the office. I subscribe to an expression of one who was most dear to me, 'that the proper termi-

nation of life is when the season of activity and usefulness is past.' From such a termination I hope I shall ever be freed, while any strength or ability remains to serve the interests of my fellow-creatures. I cannot find words to express the respect and gratitude I ever ought to feel to the medical profession, for the kindness and respect I have received from that respectable body since my first entrance into life. I feel I cannot fully utter the feelings of my heart. Since I have been in this room I have had many painful and pleasing recollections rushing through my mind. It is now between fifty and sixty years since I was last within these walls. I was then accompanied by a gentleman whose memory is venerated by you all, and to whom this Infirmary was deeply indebted for the very considerable share of its professional labours which he undertook. He, in the very midst of his days and usefulness, fell a sacrifice to his benevolent exertions in the cause of humanity, by that fatal malady with which this city was then visited, the record of which is familiar to you all. We are now called to meet circumstances of a very similar kind, and it is our duty to meet the case with courage and zeal. Cholera, so novel in its symptoms, so various in its course, which has baffled all medical skill in so many instances, will require the utmost nerve to face it; but we must not shrink from duty in the time of danger;—a physician or medical man who neglects his duty under any circumstances deserves to be shot as much as the sentinel who deserts his post. There are, however, many circumstances which encourage the hope that the laws of the disease will be understood, and brought under the government of medical science. The number of hospitals which have been established by the General Board of Health, and the universal attention paid to the subject, lead us to this conclusion. It is of especial importance that the faculty should pay particular attention to the state of the patient before being taken ill, as it is very evident that the disease is rather a termination of a state in which the sufferer was before the disease seized him."

His remains were interred in the family vault connected with Edgbaston Old Church, being attended by many persons who were anxious to pay a last tribute of respect to the doctor's memory. The body was met at the entrance to Edgbaston Park by the following gentlemen, who there formed a procession, and accompanied the funeral cortege to the Church:—William Scholefield, Esq., M.P., J. E. Piercy, Esq., the Hon. and Rev. G. M. Yorke, and members of the Council of Queen's College, Messrs. Banks, G. Taylor, Harris, Boucher, Watson, Room, and other members of the Committee of Queen's Hospital; Professors Eccles, Davies, Nelson, Sands Cox, Kennedy, Shaw, Berry, Langston Parker, Alderman Palmer, (Chairman,) Alderman Phillips, (Treasurer,) and members of the Committee of the Artizans' Penny Subscription Movement in aid of the funds of the Hospital; Mr. Minshall, (Chairman,) Mr. Pugh, (Secretary,) and members of the Artisans' General Subscription Movement in aid of the same object; members of the medical profession educated at Queen's College; students of the College. The following medical practitioners, resident in Birmingham, had previously assembled in the body of the Church, namely:—Mr. Amphlett, Mr. Blount, Mr. Blake, Mr. R. L. Baker, Mr. Bindley, Mr. Bartlett, Mr. Bull, Mr. Chesshire, Mr. Clayton, Mr. P. H. Chavasse, Mr. R. W. Davies, Dr. Dunn, Dr. Evans, Dr. Elkington, Mr. G. W. Elkington, Mr. Elin, Mr. Field, Mr. Freer, Dr. Fletcher, Mr. Gutteridge, Mr. Harmar, Mr. Hill, Dr. Heslop, Mr. Hoare, Mr. Hayes, Dr. Hinds, Dr. Johnson, Mr. G. Jones, Mr. Jukes, Dr. Mackay, Mr. Middlemore, Mr. Meeke, Mr. Orford, Mr. Partridge, Mr. Russell, Mr. Ryland, Mr. Rice, Mr. Richards, Mr. Robertson, Mr. Swain, Dr. Skerrett, Mr. Simons, Mr. Solomon, Mr. Taylor, Mr. Tarleton. Mr. Tranter, Mr. Wood; Mr. Wickenden, Dr. Waddy, Mr. Ward, Mr. Wilkinson, and Mr. T. W. Williams.

MEMORIAL OF THE MANCHESTER MEDICO-ETHICAL ASSOCIATION.

To the Editor of the Provincial Medical and Surgical Journal.

Sir,—We are instructed by the Committee of the Manchester Medico-Ethical Association to forward to you for publication the enclosed copy of a memorial addressed by the Association to the Council of the Royal College of Surgeons of England on the subject of homœopathy.

We are, Sir, your obedient servants,

JOHN AIKENHEAD, } Hon. Secs.
W. C. WILLIAMSON, }

Manchester, Sept. 3, 1851.

To the Council of the Royal College of Surgeons of England.

The Memorial of the Medico-Ethical Association of Manchester,

Respectfully sheweth,—

That a large majority of your memorialists possess the diplomas of your College, either as fellows or members.

That your memorialists have learned that upwards of fifty members of the College are engaged in the practice of homœopathy in London and the provinces, and that the number is on the increase.

That your memorialists also regret that there are practitioners who for the most part are entitled to the highest respect of their fellows, but who, under some distorted notions of propriety, have become the abettors of this apostacy on the ground of diagnosis.

That your memorialists, since the formation of their Association, have been restrained by one of its by-laws from all professional intercourse with homœopathic practitioners.

That, while your memorialists would emphatically commend the passive resistance which the medical profession has hitherto offered to this system of imposture and delusion, they believe the time has now arrived when the dignity of the College to which they belong must be vindicated, and the honour of its members shall cease to be degraded by ignominious associates.

That your memorialists are encouraged to press this subject on the attention of the Council, by the fact that the Royal College of Physicians of Edinburgh, in a resolution recently adopted, "expresses an earnest hope that those fellows, seeing they have virtually separated themselves from the College, will spontaneously sever their further connection with an institution that repudiates them, and from which they can derive, as merely fellows, nothing else than a false position, and a spurious credit."

That your memorialists would suggest that, in imitation of this resolution, the Council exercise the power conferred by clause 3, section 20, of the by-laws of the College, of removing from the list of members any person who has rendered himself disgraceful to the College; and that the Council also protest against the unworthy association of scientific practitioners with homœopathists on the fallacious ground of "diagnosis."

That your memorialists will ever aid in upholding the ethics of a College whose honour and dignity are outraged, and whose members are insulted.

J. L. Bardsley, M.D., President.
John Aikenhead, W. C. Williamson, } Hon. Secs.

Manchester, September 3, 1851.

Correspondence.

ON THE DUTY OF THE PROFESSION WITH REFERENCE TO HOMŒOPATHY AND THE OTHER QUACKERIES OF THE DAY.

To the Editor of the Provincial Medical and Surgical Journal.

Sir,—If an earnest desire to advance the honour and well-being of my profession forms any justification for the expression of opinions which do not seem to be those of a large majority of my brethren, as recently put forth, I, at least, may claim an indulgent hearing while I endeavour to set before you my views on the present aspect of orthodox medicine as opposed to the fashionable heresies of the day.

I was present at the recent meeting of the Association at Brighton, and was originally proposed to form one of the Committee to draw up the "Report on Irregular Practice." I declined that honour for reasons which will be sufficiently obvious as I proceed.

No one can deny the reasonableness and propriety of the present attempt to get rid of homœopathists from our Universities and Colleges. They are quite at liberty to have Universities and Colleges of their own. All we desire is that they shall be separate. No good can come of their being united. They repudiate the fundamental principles of our belief, and we do not acknowledge theirs. A true Hahnemanic disciple ought as unequivocally to reject our knowledge, and the degrees, which are merely the evidence of that knowledge, as we should degrees in globulism. Let them have a Hahnemann College; a small foundation I apprehend will be sufficient; and then I think I can guarantee them freedom from molestation on our part.

But, while I think the movement on the part of our Universities and Colleges wise and necessary, I entertain very grave doubts as to the wisdom of our late proceedings at Brighton. The public cannot and will not see empiricism from the same point of view as we do;—denunciations of homœopathy, apart from any evidence of its fallacy, never can do any good. Towards the public homœopathy appears simply as a new medical sect struggling to supplant the old one in general estimation; and whatever hard names we may apply to its professors will not injure them, but far more probably fall on our own heads. Strong language will be looked on as the evidence of a weak cause, and not as the utterings of an indignant spirit at proceedings unworthy the pretended votaries of science. Let us cast our eyes backwards over the course of time, and see if any person or thing has ever been too insignificant to be persecuted into notoriety for a period.

The question at issue has a wholly different aspect when applied to our Universities and Colleges, and when applied to bodies such as our own Provincial Association. The former have entrusted to them the education and licensing of aspirants to medical practice; and it is a reasonable and essential part of their duty that they shall keep pure the fountains of knowledge over which they preside;—that truth and falsehood shall not appear to them as things indifferent, by their sending forth to the world, with the seal of their approbation, men holding dogmas which they believe to be not only false but dangerous to the community; for it must not be forgotten that medicine is not only a creed, but it is a practice founded on that creed. The Provincial Association, on the other hand, is a body of men banded together for the advancement of medical science,—for the promotion of just and honourable dealings in their intercourse with one another,—and for the interchange of the courtesies and amenities of life. These are objects abundantly worthy of our best energies for their furtherance; but I think we step altogether out of our province when we pronounce judgment on the proceedings of those who are not of us, and who are, besides, out of the pale of the profession. It is the clear right of every adult person to choose their own adviser in time of sickness. Some will choose the homœopathist, and some the hygièst; and this they will do irrespective of our approval or the contrary.

I now proceed to offer a few remarks on what I believe to be the only proper mode by which the profession generally can oppose homœopathy; that is, by individual influence. The sarcastic epithet, and the contemptuous smile, must give place to courteous and intelligent reasoning. And in order to this end, medical men must not think it beneath their notice, nor the trouble too great, thoroughly to inform themselves as to what homœopathy really is. They must understand it in its theory and in its practice. It will not do in conversing on the subject with a layman to denounce the whole system as humbug, and those who practise it as impostors; this may save much trouble, but it will make no friends. We must listen to their difficulties however peurile they may be; we must hear their

reasonings be they ever so absurd; and then our answers must be calm, full, and explicit. I would urge strongly on all those who do not possess the temper, or who will not take the trouble, thus to inform themselves, to keep silence when homœopathy is under discussion; otherwise, they will only injure the cause which their zeal prompts them to serve. Many men of great intelligence among the public have adopted homœopathy, they are well informed as to what can be said in its favour, and they are not to be convinced of their error by shoulder-shrugging, and denunciatory epithets. I will take the liberty to quote here the conclusion of a paper I read before the Bath and Bristol Branch of the Association, in March of last year, on "A case of Cataleptiform Hysteria, apparently induced by Mesmerism." "In these—the flourishing days of empiricism in every form, I conceive it to be no less the duty than the interest of the legitimist in medicine to make himself acquainted with the doctrines of the leading quackeries afloat, so as to enable him to give a reason for their rejection to those who inquire of him concerning them. It is neither wise nor in good taste to be always thrusting our denunciations of this or that empirical system into the teeth of those who believe in them; by so doing we add strength to the delusion. Unless we are appealed to for an opinion, all that is demanded of us is a calm indifference; and if our opinion is asked, as so frequently happens, I believe we shall best consult the interest of legitimate medicine by admitting frankly whatever of truth the particular system under discussion may appear to us to contain, and by pointing out dispassionately where we consider truth to terminate, and fiction to commence. By so doing we shall let it appear that our rejection of the system has not arisen from prejudice, or from a want of attention to its claims, but because it presents, along with a less or greater substratum of truth, a huge superstructure of assumption and of falsehood." This may suffice to show that the plan of dealing with homœopathy which I have now proposed for the consideration of the profession, has not only occurred to me to fit the present occasion, and I may further observe, that I have put this plan in practice on some few occasions with sufficient success to justify my recommendation of it to others whose opportunity is much larger, as their ability to do it justice is much greater than mine.

In conclusion, I would earnestly entreat of my professional brethren to pause before they give occasion to the followers of Hahneman to get up the whine of persecution. There is no way by which we can so effectually serve their purpose as by making seeming martyrs of them;—by enabling them to go before their noble patrons with the cry of persecution in their mouths;—by enabling them to proclaim themselves sufferers and victims in the sacred cause of truth—they will become at once Galileos, and we shall be the enchainers of the human mind.

I am Sir, your obedient Servant,
WILLIAM DAVIES, M.D.,
Physician to the Bath United Hospital.

Bath, August 27, 1851.

DR. WEBSTER ON MEDICAL REFORM.

To the Editor of the Provincial Medical and Surgical Journal.

Sir,—As I could not possibly attend the general meeting of our Association at Brighton, I addressed a letter to Sir Charles Hastings, with a request that it might be read at the Council, and also at the the public meeting, unless material alteration should be made in the Report respecting Medical Reform.

I understand by a note from Sir C. Hastings "that he read it to the Council, and they unanimously came to the decision that my letter, as well as some others which were sent to him and to the Secretary for that purpose, should not be read at the public meeting."

As I am wishful to have an opportunity of placing my opinions before my colleagues of the Association, and believing that many of them, and a large majority of the general practitioners of England and Wales entertain similar sentiments,—though they may differ from those of some of the leaders of the Association—you will much oblige me by publishing my letter in the next number of our *Journal*.

I am, Sir, your obedient Servant,
GEORGE WEBSTER.

To Sir Charles Hastings, M.D., &c.

My dear Sir,—I am hourly expecting an anxious midwifery case, which, if not over in time, will deprive me of the pleasure of attending our anniversary meeting at Brighton. I shall regret this the more, because I particularly wish to be present at the Council meeting on Tuesday evening, to suggest some alterations in the proposed Report of the Council.

In case of my absence, therefore, I write to protest respectfully, but earnestly, against the course indicated in the Report on the question of Medical Reform. Should the Council propose, and the members present at the anniversary "accept the proffered terms of the College of Surgeons, with some slight *modifications*," "as the basis of a *final settlement* of the question," they will, in my humble opinion, show a great amount of gratitude for very small concessions, while they will betray the rights and interests of a great majority of the Association and of the profession. Such a scheme may probably meet the wishes of those who are anxious to become *fellows* of the College; but as regards the degraded *members*, they will gain nothing, unless they acquire full, free, and unrestricted votes in the election of the Council, and be also themseves eligible to seats on the Council. It appears to me as if the Central Council of the Association had considered chiefly the privileges of the fellows of the College, and forgotten the claims of other practitioners. The great majority of medical men are not consulting but general practitioners, and whether members of the College of Surgeons only, or licentiates of the Society of Apothecaries, or both,—or holding other diplomas and licences in addition to these, or without them,—they must be viewed as *one body*, and their rights and interests as *identical*. I consider, then, that the new proposal (which you and your colleagues of the Central Council approve of) to

take from the general practitioners the power to regulate the education and test the qualifications of their own body, and confer it on the Colleges of Physicians and Surgeons would not only be a flagrant act of injustice, but would be fraught with great danger to the public health.

Is it in accordance with our experience of human motives and corporate actions, to believe that the Colleges would ever view with favour, or govern with equity, the general practitioners of this country, whose interests are opposed to their own, and who have been called into existence by the wants of the public, in direct opposition to the intentions and wishes of these bodies? Is it for a moment to be supposed that the Colleges, who have erected, and are still erecting, barriers between themselves and the general practitioners, by examinations, fellowships, and distinctions hitherto unknown,—so that one class shall appear to be a very superior body, and the other a very inferior one,—is it to be supposed that they will be anxious to enlarge the curriculum, raise the qualifications, or elevate the *status* of the general practitioner? Undoubtedly not. And thus the public will be deprived of the manifest advantages which a friendly rivalry and professional emulation would naturally produce among the different bodies from self-government and the power to test the qualifications of their own members. Self-government is the first law of society, and why should one body legislate for or govern another? What do we see when such an unnatural system exists? We see confusion, discontent, degradation, oppression, and continual agitation—the governing section trampling upon the governed, and, as I have said, with loss to, and neglect of, the public interests.

You are aware that my own feelings and convictions have long been in favour of a single "Faculty of Medicine and Surgery," as the most natural and just arrangement for all parties; but after years of fruitless efforts for its attainment, a large body of reformers, comprising numerous Associations, determined, that as the general practitioners were unrepresented and uncared for in the Colleges, the next best step to a Faculty of Medicine would be a Royal College for their own government and examination. "The so-called concessions of the Council of the College of Surgeons" are certainly not sufficient to satisfy even their own members, who are to have no votes and no participation in the management of the College—these being reserved for the favoured fellows only; far less ought the general practitioners who are not members of the London College to be satisfied with a plan which would place them under the step-mother government of bodies who have always been opposed to them.

The Report states that all the accredited Associations had been consulted, and had agreed to the proposed plan! I protest on behalf of the National Institute of Medicine, Surgery, and Midwifery, as being directly opposed to such a scheme; and I believe they will not cease to agitate the question until the general practitioners obtain self-government and the right to test the qualifications of their own class, either in a College of their own, or in conjunction with the present Colleges, as part of a general plan for the whole profession.

The Report also entirely overlooks the Society of Apothecaries, though in one of the memorials to Sir George Grey, it is assumed that "they have very laudably expressed their willingness to resign into competent hands the management of the examinations in medicine and pharmacy." I believe the Society do not consider the Colleges either *safe* or competent hands, and that they will not *willingly* resign their powers, which have been so beneficial to the profession, into any hands but those of their own class.

While so much opposition has arisen from some of the provincial surgeons and physicians, to the Royal College of General Practitioners, and whilst strong objections have also been made by the College of Surgeons, it is remarkable that all parties should have been so apathetic as regarded the proposed Pharmacy Bill, which would have created new vested rights, and added another element of discord in the settlement of the medical question. The Pharmacy Bill would have created a Royal Pharmaceutical College, which, with a very slight addition, would soon have become in reality a *College of General Practitioners of a very low grade*, to the detriment of the public. Surely the Society of Apothecaries, the long-established and legal regulators of pharmacy, are perfectly fit and competent to test the qualifications of chemists and druggists without the creation of another College to make confusion worse confounded.

I am happy to be able to entirely concur in the other parts of the Report, and especially in that which refers to the false lights of homœopathy, hydropathy, and mesmerism; and I heartily trust that a strong resolution will be passed at the general meeting to cleanse the Association from the pollution of all practitioners of these and similar quackeries. Allow me to add one word as to the annual volume of *Transactions*. I hope that in future it will be issued at an earlier period of the year, and in the old form, bound in cloth, so that it may neither be a disgrace to the Association, nor run the risk of being torn and otherwise injured in its passage through the Post-office.

With every good wish for a pleasant meeting, and regretting my own unavoidable absence,

Believe me, my dear Sir Charles,

Yours very faithfully,

GEORGE WEBSTER.

P.S.—I hope you will allow this to be read at the Council meeting, and also at the general meeting, should no material alteration be made in the Report. G. W.

Dulwich, August 11, 1851.

KOUSSO AS A SPECIFIC FOR TAPE-WORM.

To the Editor of the Provincial Medical and Surgical Journal.

SIR,—I perceive in your report of the Brighton meeting, that Dr. Crisp read a paper to prove that "Kousso was not a specific for tape-worm." The cases recorded in this country are yet assuredly too few to allow its denomination as a *specific*; they are, however, sufficient to permit its appellation as a *valuable remedy*. I will add one to the number.

A young woman was lately admitted into the York County Hospital, who had long been distressed with tape-worm, for which various remedies, including turpentine, and male fern, had been given, without procuring any relief. One dose of kousso—that is to say, half an ounce of the dried flowers given in half a pint of tepid water—expelled the worm whole. Some days afterwards, not feeling thoroughly satisfied, she requested another dose might be given, which she took, but in vain; it would seem there was no worm to be expelled.

She left the hospital highly delighted, expressing a hope she might be re-admitted "should it grow again."

The medicine was by no means disagreeable to take; the price of the dose, rather so, being ten shillings; but it is probable a larger quantity will be imported, and the price more regulated. Perhaps you could afford some valuable information upon this point."

If individual cases were recorded its value would soon be ascertained.

Dr. Nevins says:—"It is the most efficient remedy for tape-worm with which we are yet acquainted."

I remain, Sir, yours very truly,

H. S. BELCOMBE,

Senior-Physician to the York County Hospital.

Minster Yard, York, August 31, 1851.

DR. MAYNE'S EXPOSITORY LEXICON.

To the Editors of the Provincial Medical and Surgical Journal.

Gentlemen,—My intention of publishing, by subscription, an "Expository Lexicon of the Terms in Medical and General Science," is probably well known, from the pretty extensive issue of prospectuses, &c., among the members of the profession in England and Scotland. As, however, a complete circulation of these is more than one pair of hands, actively engaged in the duties of general practice, can accomplish, I respectfully, and I trust legitimately, seek the aid of your columns in furtherance of that intention.

The proposed lexicon is the produce of more than twenty years' labour, intended to supply what at that remote period I, as a student, felt to be the greatest stumbling-block in my way,—the want of a proper explanation of technical terms, without which the illustrations of the lecturer were unprofitable, and often egregriously misapprehended. To this hour the same want is felt, and not only by the student, but also by the practitioner, there being no English work similar to my "Expository Lexicon" in extent, character, or arrangement, in existence.

I feel very grateful in acknowledging the courtesy, the encouraging terms of approbation of my work, and the good wishes with which I have been honoured by many of those who occupy the highest places in professional rank. The different constitution of men's minds, however, but perhaps especially the disappointments met with in other works promised in parts, are sad hinderances to the promotion of my enterprise. The reasons assigned for not aiding me are,—some think that there are already plenty of lexicons, and for those who so judge there doubtless are; some excuse themselves by saying they are too old to buy or to need new dictionaries. I have been told that personally waiting upon my professional brethren in town and country is the most efficient mode of obtaining subscribers; and I believe it is so. But the cost of time which such a course involves is incompatible with the daily avocations of a general practitioner, to say nothing of the toil and (in some instances) unpleasantness.

I presume not to offer one word commendatory of the work itself. Were it to prove altogether a failure, the attempt, at least, to do for medical scientific language what has not before been done would seem to merit some countenance from medical men. That attempt absorbed all my leisure hours; I have expended on it much labour with, I now feel, no small amount of health; and I am bold enough to think that these things give me a title to more than a mere buying effort,—to the kindly co-operation of my brethren in forwarding the result, which, if any value at all, must be regarded as important in a special degree to the entire medical profession. I seek no pecuniary favour, no gratuity, but simply the warrant of a sufficient number of names as subscribers to justify me in bringing out a work too large to be otherwise ventured on. The MS. is completed, and has been shewn to influential members of the profession, as a guarantee for the regular appearance of the parts whenever the number of subscribers shall give a sanction to my going to press. I have already obtained about eighty names, and two hundred more are wanted. In the hope that this communication may meet the eye of some among the many thousand members of our profession who are inclined to aid me, I venture to ask for it a place in the *Provincial Medical and Surgical Journal.*

I am, Gentlemen,

Your obedient Servant,

R. G. MAYNE.

Leeds, September 6, 1851.

[From the specimen that was sent us, we can strongly recommend the above work to all those who are concerned in the education of the rising generation. It will supply a want which all must often have felt in their younger days, and perhaps, also, more recently.—Ed. Journ.]

TREATMENT OF THE INSANE.

To the Editor of the Provincial Medical and Surgical Journal.

Sir,—In the last number of "Household Words" there is an article on the treatment of the insane, which concludes with the following sentences:—"But having intimated that the existing arrangements for the accommodation of private patients are generally defective, we conclude with the expression of a hope that we may yet witness the establishment of a system into which speculation, in the hope of private gain, will not be allowed to enter, or will be far more stringently restricted than it is at present." I hesitate not to say that the writer must have seen very few private establishments, or that he is unfair in his deductions. The

continued domiciliary visits of Visiting Magistrates and of Commissioners, under the Lunatic Act, must prevent any tampering with the necessities and comforts of a patient; besides, many of the inmates are ready enough to bring forth some fancied grievance, and many visitors equally ready to believe them, even against positive evidence to the contrary.

Again, the Chancery Law is very defective. As the writer of the article truly says, Chancery will take care of the estate, but troubles itself little about the body. The allowance is sometimes very inadequate.

I am the proprietor of a small private estabtishment. I had under my care a gentleman, a ward in Chancery, an idiot, (but understanding well the conveniences and comforts of life,) unmarried; his estate ample, unincumbered, and to pass at his death to a distant relative. £300 per annum was all that was assigned to me for his *entire* maintenance.

I do not mean this letter to be a long one; but I wish to renew the subject, if you will permit me, by inserting my letters. For the present I will only say, I consider the proprietors of private establishments a very aggrieved body; and I feel astonished that some endeavour to open out this question has not hitherto been made.

At present I desire to withhold my name, but I send you my card. Yours obediently,

E. B.

September 4, 1851.

MR KENWORTHY'S CASES IN MIDWIFERY.

To the Editors of the Provincial Medical and Surgical Journal.

Sir,—In the *Journal* of the 3rd instant, there is a paper read by me at the meeting of the Lancashire and Cheshire Branch of the Association, held in Manchester, 25th of June last, (not at Brighton,) and you will allow me to call your attention to a material discrepancy.

Case 8.—Mrs. O., December 11, 1850.—The following extract is copied from the manuscript:—"I introduced my hand very slowly round the placenta, grasped the child's feet and waited an hour, got some brandy and opium into her stomach in tea, she took Tr. Opii, f℥iv., during the first twenty minutes; a feeble rallying of the pulse now evidenced, and I drew away the child very quietly a little after five P.M."

In the *Journal* it is rendered thus:—I introduced my hand very slowly round the placenta, grasped the child's feet, and *after waiting* an hour got some brandy and opium into her stomach in tea."

The brandy and opium were administered during the interval of waiting and I ought to have specially mentioned it. May I request you will correct this in your next publication of the *Journal*.

I remain Sir, respectfully yours,

JOHN KENWORTHY, M.R.C.S.

Strangeways, Manchester,
September 8, 1851.

ADDRESS FROM THE MEDICAL PRACTITIONERS OF GUERNSEY TO THE COMMITTEE ON IRREGULAR PRACTICE.

To the Editor of the Provincial Medical and Surgical Journal.

Sir,—I have been requested to present the enclosed to the Committee on Irregular Practice; but I hope you will agree with me in thinking that so important a communication ought not only to be laid before my colleagues in the Committee, but also (without waiting for our annual meeting at Manchester) before every member of the Association, through the columns of the *Journal*.

Allow me to embrace this opportunity of stating, for the information of members, that the Report on Homœopathy, and a full report of all the speeches delivered upon the occasion of its adoption, may now be had through any bookseller for 8d., or from Mr. Churchill, the publisher, free by post, for 1s. Members taking 50 or more copies, and intimating their wishes on this subject to me before the 1st of October, may be supplied at the rate of 7s. 6d. for fifty, and 15s. for one hundred copies. As the last edition of 1,500 is almost exhausted, the types are still kept standing till the extent of the third edition be determined. Applications must be made before the 1st of October, but, if possible, at once.

It must be gratifying to the Association to learn that since the resolutions were published I have received above one hundred letters from medical practitioners in all parts of the United Kingdom, approving very heartily of them, and particularly of the *fourth*, in which three classes of practitioners are marked out as unfit to be members of our Society.

I am, Sir, your obedient Servant,

JOHN ROSE CORMACK.

Putney, Sept. 12, 1851.

The following is the communication from Guernsey referred to by Dr. Cormack:—

TO THE COMMITTEE ON IRREGULAR PRACTICE OF THE PROVINCIAL MEDICAL AND SURGICAL ASSOCIATION.

Guernsey, September 10, 1851.

Gentlemen,—We, the undersigned, medical practitioners of the Island of Guernsey, beg to offer our warm congratulations, and sincere thanks, to the Provincial Medical and Surgical Association in general, and to you as their Committee in particular, for the manly and straightforward resolutions unanimously adopted at a meeting of that body, held at Brighton on the 14th ultimo.

We likewise desire to express our cordial approval of the uncompromising tone of the speeches delivered on that occasion, when, in our humble opinion, the principles of truth, honesty, and morality, were elucidated, the science of medicine vindicated, and the injurious tendency of homœopathy—its hollowness, absurdity, and dishonesty—demonstrated by clear, comprehensive, and irrefragable facts.

We would fain hope that the dignified manner in which the Association has responded to the movement

of the Universities of Edinburgh and St. Andrew's, to expose and discard homœopaths, will be followed by the English and Irish Colleges, and thus enable Great Britain to set as bright an example in checking error, and upholding truth in medicine, as she has recently done in religion.

We derive additional satisfaction in addressing the Provincial Medical and Surgical Association, from having throughout firmly, advisedly, and conscientiously resisted all attempts to induce us to hold intercourse with homœopathic practitioners, or to countenance a system the offspring of quackery, the refuge of imposture, and the nursling of dupes.

We now calmly wait the course of events, satisfied that truth and honesty will prevail, and that homœopaths who seek to be considered as regular practitioners, and pertinaceously shelter themselves under the ægis of medical institutions, will ultimately be exposed and repudiated.

We have the honour to be, Gentlemen,
Your obedient Servants,

John Mauger, M.R.C.S., Eng.
J. Elliot Hoskins, M.D., F.R.S.
M. Maygarth Bresh, R.N.
De Beauvoir De Lisle, M.D.
Thomas L. Mansell, M.D.
John Roberts, M.R.C.S., Eng.
R. G. Carey, M.D.
Fred. C. Lukis, M.R.C.S., Eng., M.D.
M. A. Bazille Corbin, M.R.C.S., Eng.
B. Collenette, R.R.C.S., Eng.
Martin Mauger, R.R.C.S., Eng.
Polydore Tranter, M.R.C.S., Eng.
J. Baines, M.R.C.S., Eng.

Medical Intelligence.

SOCIETY OF APOTHECARIES.

Gentlemen admitted Members, on Thursday, August 28th:—John Billerwell Gibson, Exmouth Street; Maurice Thomas West, Tenby, Pembrokeshire, South Wales.

Gentlemen admitted Members, on Thursday, September 4th:—John Le Gay Brereton, Doncaster; Charles Denton Hulme, Leicester; John Rolston, Devonport; Thomas Henderson Somerville, Sedbergh, Yorkshire.

BOOKS RECEIVED FOR REVIEW.

On the Spine and Paralysis. By Charles Verral. London: John Churchill, 1851.

Memorials of Dr. John Mackness. London: John Churchill, 1851.

London Journal of Medicine, September, 1851.

American Journal of the Medical Sciences, July 1851.

The Charleston Medical Journal, July, 1851.

OBITUARY.

Sept. 9th, at Worcester, in the 93rd year of his age, John Raymond, Esq., for many years an active member of this Association.

PROVINCIAL MEDICAL AND SURGICAL ASSOCIATION.

NEW MEMBERS OF COUNCIL.

In addition to those gentlemen whose names were added to the General Council at the late Anniversary Meeting, at Brighton, we omitted to mention the following:—

W. E. Crowfoot, Esq.	...	Beccles Suffolk.
Frank Renaud, M.D.	...	Manchester.
Robert Wake, M.D.	...	Southwold, Suffolk.
Robert Uvedale West, Esq.		Alford, Lincolnshire.

SUFFOLK BRANCH.

Mr. C. R. Bree, of Stowmarket, having resigned his office of local Secretary to the above Branch, all letters in connection with the Suffolk Branch must be addressed to Dr. Kirkman, of Melton, Suffolk, who has been appointed his successor; it is therefore requested that all those gentlemen, (members of the Suffolk Branch), who have not yet paid their subscriptions for the current year, will be good enough to forward the same to Dr. Kirkman.

YORKSHIRE BRANCH.

Mr. W. Matterson, of York, has succeeded Mr. W. D. Husband as local Secretary to the above Branch; all letters and communications in connection with the Yorkshire Branch must be addressed to Mr. W. Matterson, and all members of that Branch who have not yet paid their subscriptions for the current year, are requested to transmit them to Mr. Matterson.

SHROPSHIRE BRANCH.

Mr. Humphreys, of Shrewsbury, has been associated with Dr. Drury, of that place, as joint local Secretary. All communications in connection with the Shropshire Branch may be addressed to either of those gentlemen, and by whom subscriptions and arrears will be received.

NOTICE TO MEMBERS.

Gentlemen who have not yet paid their subscriptions for the current year, or who are in arrears, are requested to forward the amount due either to the Secretary of the district in which they reside, or to the Treasurer or Secretary of the Association at Worcester.

It is also particularly requested that all post-office orders should be sent either to the Treasurer or Secretary, who alone have the power of giving receipts.

JAMES P. SHEPPARD, Secretary.

Worcester, September, 1851.

Errata.—In a case appended as a note to Mr. Humphrey's lecture, there is an error in the punctuation. At page 480, col. 1, line 2, from the bottom, a full stop should follow the word "intention," the word excepting should commence a fresh sentence, and there should be a comma only after "degree." Thus:—The arm was amputated and the stump healed by first intention. Excepting at one point, and that to a doubtful degree, the disease did not extend beyond the integument of the arm.

TO CORRESPONDENTS.

Communications have been received from Mr. Propert, Mr. Simpson, Mr. Humphry, Mr. Harvey, and Mr. E. Bishop.

A COURSE OF LECTURES ON SURGERY,

DELIVERED IN THE MEDICAL SCHOOL OF CAMBRIDGE.

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Lecture XXXII.

Scirrhous and Encephaloid Cancer.

Characters of scirrhous tumours; certain growths in their minute structure resemble fibrous tumour, but present the general characters of cancer, and should therefore be regarded as scirrhous; scirrhus of intestinal mucous coat an example of this; tendency of tissues affected with scirrhus to contract: the term "scirrhus" should be applied only to induration of a cancerous nature; diagnosis of scirrhus from inflammatory induration in the breast, in the intestinal canal; ages, persons, and parts most liable to be affected by it.

Characters of encephaloid tumours; extravasations of blood in them; presence of cartilage in them; they are occasionally invested with capsules; they become "fungous;" persons and parts most liable to be affected with them; osteo-encephaloma; difficulties in the diagnosis of encephaloid disease.

Having entered somewhat at length into the subject of malignant disease generally, and of the epithelial variety of cancer, I shall not detain you much with the other varieties that have been enumerated, because you have abundant opportunities of clinical instruction with regard to the most important of them, and because I have little information to communicate, which is not contained in the ordinary treatises upon this subject.

The "scirrhous" and "encephaloid" or hard and soft varieties of cancer present so many points of correspondence in their general features, that it seems better to consider them under one head. Both consist of cells and molecules contained in the areolæ of a fibrous stroma; the chief difference depending upon the relative proportion which these constituents bear to one another. The cellular element predominating in the encephaloid, the fibrous element in the scirrhous cancer. The well-marked examples of each are sufficiently distinct to the eye and the touch, but the interval between these is filled up by a closely-connected series of specimens, many of which we are unable to refer to either species. Moreover, it not uncommonly happens that we find cancer in different organs of the same patient, which approaches both to the scirrhous and to the encephaloid type; or it may be, that in the same cancerous tumour one portion resembles encephaloid whilst another is more nearly allied to scirrhus.

A "scirrhous" tumour is usually a hard, heavy, nodulated mass, blended with the surrounding tissues, which run into and are lost in it; or they may be condensed and adherent to it. It grates under the knife, and its section has a pale, glistening, or dull white colour. Very often it is marked with streaks or bands more opaque than the rest of the mass, interlacing together and dispersed without any regular arrangement. Sometimes a number of yellowish white soft spots are scattered through it; or there may be small cavities containing a purulent fluid. A certain amount of fluid oozes, or may be compressed, from its cut surface. When the tumour is very hard this is scanty, thin and pale, like serum; if the tumour be softer, the expressed fluid is more abundant and has a creamy appearance. In either case it contains cells, nuclei, and granules, with the addition, often, of corpuscles. The distinctness with which the fibres or bands are visible to the naked eye varies a good deal. In some instances they cannot be seen at all, the mass presenting an uniform, hard, brawny, cartilage-like appearance; or it may be composed of pale glistening grains closely compressed together, without any show of interlacing bands and fibres. In other cases, more particularly in cancer of the liver, you may see a reticulum of coarse, thick, tough bands, radiating, perhaps, from the centre to the circumference, like the spokes of a wheel, or disposed without any definite arrangement, and including in their meshes a soft, yellowish, or creamy fluid.

When a thin section is examined under the microscope, it is found to consist of a meshwork of fibrous tissue, forming wavy bands, which are sometimes arranged in circles, but generally are disposed without any apparent order. The circles or meshes enclose a fluid containing nucleated corpuscles and granules. The whole structure is rendered more transparent by acetic acid, which has the effect of partially or completely dissolving the walls of the corpuscles, so rendering the nuclei more visible. In its minute structure, therefore, a scirrhous tumour differs from a fibrous, mainly if not entirely, in the presence of cancer cells, infiltrating between its component fibres. I do not mean to say that it is the only *real* difference between the two growths, because, as has been already stated, it is probable that the malignant qualities—the tendency that is to ulcerate and spread—are not confined to the cells alone, but they are shared, though in a far less degree, by the fibrous tissue also. This is an important point to bear in mind in connection with the fact that the cell-element varies very greatly in its relative proportion to the fibrous element in different specimens of scirrhus. In some instances the cancer cells can with difficulty be distinguished from the developmental cells of the tissues, and in some there is reason to suppose that they are absent altogether, although the tumour may still present the genuine qualities of cancer. It is important, I say, to remember that the malignant qualities of cancer are shared by the fibrous tissue, as well as by the cells entering into its composition, because it seems to afford an explanation of those cases, where tumours supposed to be fibrous, and presenting to experienced observers the anatomical, microscopical, and chemical characters of fibrous tumours, have returned after complete extirpation, have proceeded to sloughing and ulceration like

ordinary cancerous growths, and have infected distant organs. Specimens of tumours which were regarded to be fibrous, and which took the course just mentioned, are described in the catalogue of the Museum of the College of Surgeons. One of the patients, whose case is there related, I had the opportunity of examining before the operation was performed, and the general characters of the growth certainly appeared to me to betoken scirrhous rather than fibrous disease. I should imagine that some of the cases described by Dr. Bennett under the title of "fibro-nucleated cancroid growth," are of the kind of which I am now speaking, being composed of filaments infiltrated with oval nuclei, constituting a densely fibrous texture, which grated under the knife. Yet these tumours grew quickly, involved the adjacent textures, were liable to softening and disintegration, and, if excised, returned at the place originally affected. They presented, in short, the usual general characters of scirrhus, though in their microscopical structure they were more nearly allied to fibrous growths. In referring such cases to the pathological division which they should occupy, and in ranging them among simple or malignant growths, we must rely either upon the general or the microscopical characters which they present. The reasons for preferring the former have been given in a preceding lecture; and it certainly does seem the best practical arrangement to include in the same class those tumours which present the great general features of cancer, although they may not quite agree in their minute structure.

I have already called your attention to another instance of the same kind, viz., the thickened, indurated, condition of the muscular coat of the intestinal canal, which accompanies scirrhus. The absence, nearly complete, of cancer-cells in the tunic thus affected, has caused great doubt as to the real nature of the disease. By some pathologists it has been thought to depend merely upon hypertrophy; by others it is regarded as an inflammatory induration. The peculiar stony character of the induration, sufficient to cause a grating under the knife; its usual association with cancer of the mucous membrane of the adjacent absorbent glands and of the other parts of the body; the period of life and circumstances under which it occurs; its liability to softening, ulceration, &c., are characters so well marked, and so clearly attaching the disease to scirrhus, as to leave no doubt of its real nature upon my mind. I may mention that the position which this scirrhous induration is found to occupy, is a point of much practical importance, enabling us in many instances, to distinguish during life those strictures of the alimentary canal which are sure to prove fatal from those which admit of alleviation by treatment. Thus the simple or inflammatory strictures are found, as has been mentioned in a former lecture, exclusively, or almost exclusively, near the terminations of the canal, that is to say, at the upper part of the œsophagus, and at the lower part of the rectum. The malignant strictures, it is true, occur at these parts, but they are not confined to them. They are often found at the lower part of the œsophagus, in the stomach, very often at the pylorus, sometimes in the upper part of the rectum. Here is a specimen of scirrhous disease of the muscular coat at the sigmoid flexure of the colon. You observe the thickened, indurated, striated condition of the tunic, and the narrowing of the intestine at the part; the submucous tissue is free, and the mucous membrane preserving nearly a healthy condition, is puckered into longitudinal folds, where it passes through the stricture; the neighbouring absorbent glands are enlarged and greatly indurated. The specimen was taken from a woman who had passed the middle period of life, and who died of the disease. Here is a specimen of the same disease affecting the terminal part of the ilium and the ilio-cœcal valve in very much the same way, except that the submucous tissue is involved, and the mucous membrane is in consequence adherent to the thickened and indurated muscular tunic. In this third specimen, taken from a man aged 55, the disease, situated at the junction of the ascending with the transverse portion of the colon, has advanced farther; the mucous membrane being itself involved and destroyed, and a considerable ulcer, with raised everted edges produced; the muscular coat is also in part destroyed. Constriction of the small intestine between the duodenum and the termination of the ilium from either inflammatory or scirrhous induration of its tunics is, I believe, very rare.

A remarkable and important feature connected with the scirrhous conversion of tissues is the tendency of the affected part to contract, much in the same way as cicatrix or recently effused lymph. It is this which gives rise to narrowing of the bowel, or stricture, when the muscular coat is diseased, after the manner seen in the specimens just shown. The same contractile tendency causes the retraction of the nipple when the ducts of the mammary gland are becoming converted into scirrhus, and the close adhesion of the integuments to the breast, when the bands of fibrous tissue passing from one to the other are involved in the same way. This, no doubt, contributes also much to the hardness of scirrhus, and explains many of the phenomena observed in organs affected by it.

Much confusion has arisen, and many erroneous notions have been occasioned, by the vague indefinite manner in which the term "scirrhus" has been used, which, it must be confessed, is warranted by the literal meaning of the word; for it signifies merely, hardness or induration, and is often used to express that only. Most accurate pathologists of the present day, however, employ the term to indicate the variety of hard cancer which we are considering, and it is, therefore, obviously most desirable that the word should be used in that sense strictly, that it should not indicate merely induration, but, in an especial manner, induration of a cancerous nature.

The diagnosis of scirrhous affections, in an early stage, from the swellings, indurations, and contractions, resulting from simple inflammation, is of great practical importance, and, in many instances, of considerable difficulty. You are aware that scirrhus very frequently attacks the mammary gland, and on this account females are, with good reason, suspicious of any swelling

or induration, or, indeed, of any complaint affecting that organ; and you may expect very often to be called upon to give an opinion respecting diseases of the breast, and will be particularly and anxiously questioned whether the disease is, or is likely to become, cancerous. In the greater number of cases it is easy enough to give a decided and correct answer to the question; but there are many instances in which it is very difficult, if not impossible, to do so. Patients, whose age ranges from 20 to 50, are frequently presenting themselves at the hospital with a lump in the breast, which is most commonly situated on the outer side of the nipple. The lymph is clearly distinguishable by the touch, and gives to the finger the impression that it consists of slight enlargement, with induration and cohesion of the mammary globules; the skin over it may or may not be adherent, and slightly discoloured, and the nipple may or may not be drawn a little towards the part. The part is rather tender, and is usually painful, the pain being very often represented of a pricking or darting character. The patient states that the lump has existed for two, three, four, or more months, and that it gradually increases, and becomes more painful. Now these are the symptoms which commonly attend chronic inflammation of a part of the breast, and this is the way in which scirrhus usually begins. Many circumstances, it is true, assist us to discriminate between the two diseases, such as the age and general appearance of the patient. The inflammatory affection is common at every period in the interval I have mentioned, and, though very generally associated with some disorder of the digestive or uterine function, is quite compatible with soundness of health. Scirrhus occurs most commonly, though not exclusively, towards the decline of life, and is usually associated with some evidences of failure in the nutritive forces, such as wasting or weakness, sallowness of complexion, change of colour in the hair, &c. Moreover, the scirrhous lump is, for the most part, better defined, and more stony than the inflammatory, and it is often attended with enlargement and induration of the absorbent glands. Nevertheless, errors are continually being committed by the ablest surgeons in attempts to make a diagnosis between these two affections, which should induce you to study both diseases attentively, and to weigh the symptoms well in each case before you give a decided opinion.

It is also highly important to distinguish between the inflammatory and scirrhous strictures of the intestinal tube. The former, as you have just been told, are confined, or nearly confined, to the upper and lower extremities of the tube, to the commencement of the œsophagus, and the termination of the rectum. In the œsophagus they are of so very rare occurrence that when stricture is situated in any part of that tube the chances are greatly in favour of its being malignant. It is out of the reach of the finger; and I cannot tell any symptoms that would, with certainty, enable us to decide that the disease is of simple nature. In the lower part of the rectum, the disease being within reach of the finger, is more readily diagnosed. Both simple and malignant strictures usually begin about the upper edge of the internal sphincter; and difficulty of defecation, with uneasiness about the parts, especially about the sacrum, are the prominent symptoms in both. The former are most common in young women—so far as my experience goes, in young women who have been the subjects of syphilis. They are attended with muco-purulent discharge, and frequently accompanied by abscesses, induration, or other signs of inflammation about the external parts and the adjacent mucous membrane. The finger finds the stricture, which is often very tight and sharp, to consist in an induration and contraction of the mucous membrane itself, and of the submucous cellular tissue. The stricture dependent upon scirrhous disease is most frequently met with in men who are above forty; is attended with frequent desire to go to stool, and with discharges of blood. There is nothing abnormal in the external parts or in the adjacent mucous membrane. The finger discovers a hard mass, of greater or less size, encircling the bowel and narrowing its calibre; and the mucous membrane may be traced unaltered through the centre of the mass, being puckered into longitudinal folds by the contraction that has taken place on its exterior. The mass just mentioned has close connections with the surrounding parts, rendering it, to a greater or less extent, immoveable. It is a point worth remembering, and which you will find as a general rule to be correct, that strictures depending upon inflammation are caused by induration and contraction of the *mucous membrane* and *submucous tissue;* whereas, the scirrhous stricture consists in disease and contraction of the *muscular coat*, the mucous and submucous layers being in the first instance intact. True, they become involved after a time, and cancer may even commence in them; but it does not then produce so much narrowing of the bowel.

Scirrhus is found to affect most frequently those who are in the decline of life, females about the period of the cessation of the catamenia, and persons whose nutritive energies have been lowered by fatigue, anxiety, or other depressing influence. It may appear, however, in much younger persons, and has even been observed in the fœtus in a few instances. It affects, so far as I know, individuals of all classes and all temperaments in an equal degree; the light and the dark, the fat and the lean, the plethoric and the anæmic, being alike subject to its ravages, or nearly so. Perhaps persons who are pale, thin, and of dark complexion, are somewhat more predisposed to it than others; but I am not sure of this. Very few organs and tissues are free from its invasions. It is most frequently met with in the mammary gland and the os uteri. It rarely commences in any other part of the uterus but the os. I have examined many patients, before and after death, and the specimens in several museums, without seeing a well-marked exception to this rule, which is of much practical importance; for if we find the os uteri healthy in a suspected case we may infer, with tolerable certainty, that the whole organ is free from scirrhus. In one case that proved fatal in the hospital the disease affected the middle part of the vagina, leaving the uterus free. It

sometimes commences in the absorbent glands. It does not usually affect the bones or voluntary muscles as a primary disease, though it often extends to them from other parts, or attacks them secondarily. In this specimen is a considerable scirrhous mass occupying the septum between the ventricles of the heart. The tumour projects into the left ventricle, raising one division of the mitral valve. The patient, (a woman,) from whom this was taken died of scirrhus of the œsophagus in the hospital. No suspicions of cardiac disease were entertained during her life.

The "encephaloid," or softer variety of cancer, differs from scirrhus, as has been already said, chiefly in the greater proportion which the cancer-cells and nuclei bear to the fibrous element. These cells appear to be the most active agents in the morbid structure; and it is doubtless in consequence of the large number of them contained in it that encephaloid cancer is so rapid in its progress, as compared with scirrhus. It is also owing probably to the active reproductive properties of these cells that encephaloid tumours attain so great size and are so vascular; the vessels in the adjacent parts being enlarged in a proportionate manner.

The appearances presented by the encephaloid structure vary a good deal in different cases, and in different stages of its progress. Under all conditions it is soft and pulpy, and, when covered by other tissues, it communicates to the finger a sense of elasticity very likely to be mistaken for fluctuation. It may easily be broken down by a probe or by the finger. Commonly it has, when in an early stage, a pale, gelatinous appearance, with more or less of a cream colour, and a shade of pink. Diffused through it at various parts, are probably spots or patches of an opaque yellow colour; these spots are blended with the rest of its substance, at least they are not separated from it by a very well-defined line. Frequently the whole mass has a mere dull, opaque-white colour, resembling not a little the white substance of the brain; and an abundance of thick, creamy fluid oozes from the whole of its cut surface, if slight pressure be made. This fluid often constitutes a large proportion of the substance of the tumour, and escapes from its surface if it be soaked in water for a time, leaving merely a fine reticulated structure, composed of delicate filamentous threads. The appearance so produced you may often see in the moist specimens of soft cancer preserved in museums.

So soft and delicate is the structure of an encephaloid tumour, that the vessels dispersed through it, (which are commonly considerable both in number and size, and, owing to the rapidity of their growth, are not furnished with very stout walls, or great contractile power, resembling much the vessels in granulations), are very liable to give way. Hence the substance of the tumour is often sprinkled with small bloody extravasations; or blood may be infiltrated into its structure, giving it a deep crimson or red colour; and various shades of pink, saffron, and orange will result from changes in the blood thus extravasated. Now and then the effusion of blood takes place in such large quantities and with such force, that the substance of the tumour becomes almost entirely broken down; or cutting into it you find it to consist of a sac filled with large coagula, with perhaps scarcely sufficient of the proper structure remaining here and there to enable you to decide the real nature of the disease. This tumour, for instance, connected with the femur, is composed of a large hemispherical sac, which was full of black fluid, and softly clotted blood; we might have been at a loss to account for such a circumstance had there not been on one side of the sac a mass of firm, white, medullary matter. The large tumour of the fore-arm here shown, is a still more remarkable instance of the same kind. When recent it was found to consist of a large sac filled with coaugulated blood, of which the greater part looked as if it had been recently effused and coagulated, though some of it near the circumference had probably been longer in the sac. The walls of the sac were lined by a thin layer of soft reddish substance, like lymph, which was without difficulty scraped off; and when it had been removed they were seen to be composed of the adjacent muscular fibres, tendons, and other tissues, stretched, but in a perfectly healthy state. In a few places we found, upon careful examination, on the interior of the sac, small button-shaped masses, which were composed of blood, intermixed with a soft white substance; and at the back of the tumour was a small mass presenting the ordinary appearance of medullary substance without any intermixture of blood. These would all have been overlooked had we not spent some time in examining and dissecting the tumour. The radial and ulnar vessels passed over the sac in close contact with it; they were quite healthy. The limb was removed by amputation from a man, aged 30, who said that a swelling had formed above the wrist three years previously, in consequence of a sprain; for two years it remained nearly stationary; in the last year it had increased very quickly and been attended with a good deal of pain. The forced flexion of the fingers, caused by the stretching of the flexor muscles, pressed the nails against the lower part of the tumour, and had caused a small ulcerated opening into the sac, through which large quantities of blood had escaped. The tumour measured twenty-two inches in circumference. The man recovered from the operation, and was in good health a year and half afterwards.

Sometimes we find the tumour composed of cysts of various sizes containing serum, or turbid bloody fluid, or coagula, or softened medullary substance, mixed with coagula. The walls of the cysts are thick, and together with the interspaces between them, are infiltrated with medullary substance. The cystic variety and medullary disease is most frequent in the ovary; but it occurs also in the interior of the bones, and occasionally in other parts of the body.

An interesting and remarkable circumstance to which I have already directed your attention when speaking of enchondromatous tumours, is the occasional presence of nodules of cartilage in the midst of encephaloid growths. They are composed of structure resembling genuine fœtal cartilage; and they are imbedded, sometimes in the medullary mass itself, at others in fibrous

tissue which separates it from the medullary substance. This combination of cartilage with encephaloid structure is met with most frequently in the testicle. It is not quite certain in cases of this kind whether the encephaloid growth is engrafted upon one of a cartilaginous nature; or whether, on the other hand, the encephaloid disease has the priority, and some of its structures undergo a cartilaginous transformation; or, lastly, whether the two diseases—the encephaloid and the enchondromatous—originate and proceed together.

What has been already said of the mode of growth of cancerous tumours and their influence upon the surrounding tissues, applies to the encephaloid variety, no less than to the others. The new material seems to be infiltrated among, or blended with, the natural structures, of which some are hypertrophied, and others disappear or are transformed. The tumour spreads by invading, assimilating, and destroying the surrounding parts, and is, therefore, as a general rule, devoid of any capsule. Sometimes, however, the rate of growth of the interior of the mass exceeds considerably the rate at which it involves the contiguous structures; in such case it attains a great size, displaces the adjacent parts, stretches and compresses the cellular tissue, and forms a capsule for itself after the manner of a simple tumour. Thus it is in consequence of the greater rapidity of their growth that encephaloid tumours are more frequently capsulated than scirrhous. The presence of a capsule investing and isolating them from surrounding parts of course greatly facilitates their removal by operation.

Probably nothing has so great an influence in restraining the growth of these tumours as pressure. Its effect in this way may be estimated, by observing the rapidity with which the morbid product sprouts forth when the skin and other tissues which had covered the tumour give way, and are destroyed by ulceration. It grows very luxuriantly at the exposed part, and soon forms a considerable mass, like a fungus, overhanging the surrounding skin. The occasional manifestation in this way of that property of rapid growth which forms an important feature in the encephaloid group of cancer, has caused the term "fungous" or "fungoid" to be applied to it in all its stages. The word "hæmatodes" ("fungus hæmatodes") superadded by Hey and other surgeons, is expressive of the liability of these fungous growths to bleed frequently, and freely.

Soft cancer is more frequently found at an early period of life than scirrhus, being met with in the fœtus, and at every period after birth. Children with dark-brown hair, and florid rosy complexion, are not liable to it; but I have seen it attack the pale, light-haired, and leuco-phlegmatic adults, and old people are by no means exempt from its visitations, though the chance of being afflicted by it decreases as they advance in years. Like scirrhus, it affects a great variety of organs, but is most frequently found in those parts which are least subject to scirrhus, viz., the testicle, the ovary, the eye, and the fundus of the uterus. Sometimes it begins at the os uteri. It often attacks the exterior of the bones, more particularly the superior maxillary bones, the pelvis, and the femur. Under such circumstances the medullary matter is infiltrated between the bone and the fibres of the periosteum, the latter becoming enlarged, thickened, and ossified, from the spirules, layers, and masses of new osseous matter which are so commonly found shooting from the bone into the substance of the tumour. Enough has been said upon this in a former lecture, and I would now only remind you of the remarks that were then made, and exhibit to you this specimen which has been lately obtained; it was taken from a lad, aged 13, who had for five years complained of aching pain about the right thigh. When we first saw him, two years before death, there was a hard swelling around, and evidently connected with, the upper part of the shaft of the femur. It felt like a mere thickening of the bone, but was larger than a swelling from that cause usually becomes in so young a person; the muscles moved freely over it, and we supposed it to be some tumour growing from the femur. Such tumours at that time of life, in that situation, being for the most part of encephaloid character, we gave an unfavourable opinion, notwithstanding the extreme hardness of the mass, which might have been thought incompatible with the existence of soft cancer. The disease progressed slowly for some time, but in the last year its advances were more rapid, and the tumour became less hard, and assumed more the appearance of an encephaloid growth. You see that the tumour is composed of two distinct structures—a central solid mass of very dense heavy bone, and a thick circumferential layer of pale, soft, medullary substance. The bony mass is two or three times as thick as the femur, whose place it occupies, and it presents no trace of medullary cavity or other rudiments of the femur. A magnifying glass shows it to consist of a dense network of thick osseous fibres, including very small areolæ, and a fine section exhibits, under the microscope, tolerably distinct haversian canals and corpuscles, somewhat less regular, but sufficiently resembling those of true bone. The encephaloid substance affords numberless large compound cancer-cells. The two structures are in close contact, and united by continuity of tissue, though their line of junction is well defined. The lower part of the shaft of the femur can be seen gradually expanding into the tumour, and surrounded by medullary and bony matter, the two structures being here blended together. It is the most remarkable instance of the tendency to hypertrophy or hyperostosis, as it is called, in bones affected with encephaloid disease that I have met with. A few years ago the term "osteo-sarcoma" used to be generally applied to tumours of this kind. Perhaps "osteo-encephaloma" would be better, as conveying a more accurate idea of the real nature of the disease. Moreover, the word "sarcoma" being of very indefinite signification, is, in the present day, employed by few accurate pathologists. Most, if not all, the tumours described by Müller under the term "osteoid," are, I believe, examples of this kind, or, more rarely, of simple tumours in course of ossification. Sometimes, as in this specimen of encephaloid disease of the femur, the medullary substance is infiltrated into the cancellous

tissue of the bone, and between the layers which form its walls, rending the latter asunder, and expanding them to considerable thickness. Here, too, the cancellous tissue at one part of the femur is solid, very hard, "ivory-like," presenting precisely the appearance described to belong to osteoids. When the disease originates in the cancellous texture of the interior of the bones, it is generally in the articular extremities, rarely in the medullary tubes of their shafts; and it is remarkable how long the articular cartilages resist the ravages of the disease, and preserve the immunity of the joint long after the adjacent part of the bone has been entirely destroyed.

Soft cancer sometimes attacks the muscles primarily, and now and then it makes its appearance in the skin. When it does so the tissue of the cutis and of the subcutaneous areolar membrane, become infiltrated with the morbid product, and the surface of the skin may be raised into little rounded tumours, somewhat resembling those occurring in molluscum. Hence the term "mollusciform" cancer has been applied to the disease presenting this form.

The difficulties in the diagnosis of soft cancer are practically very many and very great. I can but warn you of them, for experience and caution only can prevent your being occasionally deceived. Probably I am correct in saying that no one other disease has been the source of so many capital blunders in the practice of surgery. In the first place, the age of the patient, his healthy florid complexion, and well-nourished frame, often throw us off our guard, and prevent the suspicion of so desperate a disease. Secondly, the elasticity of the tumour, which the nicest touch may be unable to discriminate from fluctuation, together with its quick formation, the vascularity, tenderness, and perhaps œdema of the superficial tissues, suggest the probability of an abscess; but blood instead of pus follows the incision, and a probe or the finger passes into a soft brain-like mass, small portions of which probably escape, and present the general and microscopical characters of medullary cancer. The same features that cause encephaloid tumour to be mistaken for an abscess, or some of them, are likely to cause it to be mistaken for a cyst or a fatty growth. I have already mentioned an instance of this kind, in which an operation, commenced for the purpose of removing a fatty tumour, was suspended in consequence of the hæmorrhage that ensued, and the discovery that the disease was of malignant nature. Thirdly, these encephaloid tumours, owing to the number and size of the vessels distributed to them, are occasionally found to be attended with pulsation, and have, for that reason, been, in several instances, mistaken for aneurism, and treated by ligature of the neighbouring large vessels. Thus the femoral artery has been taken for a pulsating tumour on the inside of the thigh, the internal iliac for a pulsating tumour of the buttock, and the common iliac for a pulsating tumour of the iliac region; and in each of these cases the disease proved to be malignant, In all, doubtless, the utmost attention was given to ensure a correct diagnosis; and in each we may unhesitatingly believe that the mistake depended upon the complexity of the symptoms rather than upon any want of tact or caution on the part of the surgeons. There are many other sources of fallacy connected with the diagnosis of soft cancer. I have in two instances known amputation performed for malignant disease of the internal condyle of the femur, by surgeons of eminence, under the impression that the affection was only the common synovial disease of the knee-joint.

ON THE PROGRESS OF PUBLIC HYGIÈNE AND SANITARY LEGISLATION IN ENGLAND,

AND THE ADVANTAGES TO BE DERIVED FROM THEIR FURTHER EXTENSION.*

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Read before the Leeds Philosophical Society, March, 1851.

With regard to the progress of military hygiène I might also say a good deal; but here also I must forbear; and not wishing to be invidious, will only allude to a few names in connexion with this honorable profession—this efficient upholder of our country's glory—this best preserver of peace, and check upon the tyranny of numbers. By congregating men together in armies disease has frequently broken out with great virulence. But the cause of this has almost always been from some gross inattention or ignorance of the principles of hygiène. Ignorance of the nature of the soil on which an army is encamping—of the products of the country—of the diseases of the climate—the condition and nature of the food, have too often been deplorably exhibited in the history of the campaigns of our army. But military hygiène is no longer disregarded by the medical officer or the general in command; and in the last war the army, under that efficient and indefatigable public servant—that honor to our profession, Sir James McGrigor, was a perfect model with respect to attention to preserving the health of the soldier. Choice of quarters—arrangement of uniform—security of, and attention to, the sick and wounded—attention to diet and the general physical condition and comfort of the soldier; nothing of any moment escaped the eagle eye of this experienced surgeon; and his immortal General, Wellington, knew well how to appreciate the services of such a man.

When Sir James McGrigor (*vide Lancet's* account)† was appointed Director-General of the medical department of the army, he found it imperfect, the same as Sir Wm. Burnett had done the navy; no professional records of the state of health of the army, or its diseases, or their treatment, existing. No records, except those of a fiscal

* Continued from page 514.

† See Biographical Sketch of Sir James McGrigor, in the *Lancet*, one of the series now publishing.

nature relating to the expenses of the medical department and sick charges, had been made, or even required by the regulations of the service, from medical officers. He immediately set about reforming the entire management of his office. He issued from time to time orders for returns respecting sickness and treatment from the medical officers of all the regiments in the service. He, for the first time, adopted a nomenclature of disease, according to which medical officers had to make their returns; a point which introduced great uniformity into medical reports. At first these reports were ordered every six months. It required the greatest energy and incessant labour to bring this plan into successful operation, neither were spared by this indefatigable public officer; as soon as he assumed the duties of Director-General he devoted his whole energies and labour to the well-being and hygiènic improvement of the service; rising early at five every morning, and constantly working till ten at night, his confidential correspondence being carried on to a great extent by himself. In this way the army medical department, which had been a mere office, became an important department of the public service. As a department it may be said to have been created by Sir James. After some time it was found that an annual report from each regiment was sufficient; and this has been continued with perfect regularity up to the present time. There are, as the results, now at the Army Medical Board Office, in St. James's Place, upwards of 303 returns, well classed, labelled, and encased, containing a mass of invaluable information respecting the health and general condition of troops in this country and abroad. These records must contain a mine of rich stores, having a most extended bearing on medical and sanitary sciences. The army and the State owe the splendid pathological museum, as well as the libraries at Chatham, to the indefatigable exertions of Sir James McGrigor. The elaborate statistical reports of the army and navy of the empire, which Colonel Tullock, Drs. Wilson, Marshall, and others, have published, demonstrate the improved condition of the public services, and will ever be ranked amongst the most valuable documents in the department of statistical medicine. Mr. Jackson's services have also been very great.

It may be added, in justice to others, that Sir James Grant was chief of the medical department of the army in Belgium in 1815. Mr. Gunning was chief medical officer on the field of Waterloo. Mr. Guthrie is one of our best authorities on the effects and treatment of gun-shot wounds; Mr. Franklin was chief of the medical department of the Queen's troops in India during the late war; Dr. French was chief medical officer of the army during the latter part of the war in China; Dr. Hume was the personal attendant of the Duke during the Peninsular war, and performed other important duties; and, lastly, the present Professor of Military Surgery in the University of Edinburgh, Sir George Ballinghall, deserves great praise, not only for his valuable lectures and services in this department, but for his zeal and anxiety in endeavouring to persuade the Government to establish military professorships in London and Dublin.

Whilst speaking of the progress of hygiènic matters in connection with the State, I may here allude to the investigations and labours of the first early promoters of the Factory Bill; for undoubtedly the passing of this Act has been of great moment in a sanitary point of view. The protecting of the lives and health of the young had become a matter of necessity, not only from the avarice of masters, but from the cruelty and neglect of parents. The political promoters and agitators for the promotion of factory legislation, though often led astray by their zeal and enthusiasm, deserve the gratitude of their country; and, in the progress of this, to us, (in this part of the country,) exciting question, the aid, co-operation, and testimony of the members of the medical profession tended more than any other influence to compel the interference of the Legislature. In this town many of my brethren took an active and successful part in this, (at that time,) fiercely contested question. Speaking of local efforts and exertions in this and other branches of my subject, I must not omit the name of Thackeray, whose treatise and inquiry on the comparative healthiness of different industrial manufacturing occupations and their effects, is well known to medical men, and was duly appreciated by them, as well as the public generally. Mr. Thackeray's industry, zeal, and talent, were sufficiently proved by this work; and I speak not only my own sentiments, and that from personal acquaintance, but that of others as well, when I say that Leeds suffered a great loss in his premature death. He laboured hard and successfully in what was then almost a new department of medical science; and he was an early and successful promoter of public hygiène, then in its infancy. I must also, in bare justice, couple his name with the earliest founders of provincial medical schools, and commend him as a most zealous promoter and teacher of anatomical science; indeed the profession and public of Leeds owe him much, for it was he who first gave a public course of anatomical lectures in this place; and his exertions ultimately gave origin to the more effective organization of the Leeds Medical School, which has now been successfully, but unostentatiously, carried on for twenty years, as the career of many of its pupils shew. And I need not say that the promotion of a sound and extended course of medical education has a very important bearing upon the extension of hygiène; and that efficient medical men are requisite to advise upon, and carry out, sanitary measures; and officers of health should be something more than able policemen or mere inspectors of nuisances. Besides the passing of a Factory Bill, another useful hygiènic regulation was, the rendering it compulsatory for all owners of ships having a crew of, or carrying, fifty persons on board, to appoint a surgeon to take charge of them. The health and condition of the poor emigrants are thus much better attended to; indeed, we now hear of lords and ladies superintending the fitting up and arrangement of emigrant ships. And as for prisoners in gaols—felons and murderers—they can now, from our new system of prison inspection and regulation, get as good medical superintendence, and much

more regular attendance, than any honest mechanic in the land; and certainly have smarter dwellings, cleaner apartments, and better provisions, than thousands of the deserving poor. But this, by the way, is one of the crotchets and absurdities of the day:—reforming prisoners by keeping them idle in fine castles—improving so zealously the receptacles for crime before attending to the sad condition, both moral and physical, of too many of the poor in all our large towns.

Another Act of Parliament of immense importance, and having an intimate connexion with public hygiène, was the passing of the Bill for registration of births and deaths; also that for the promotion of vaccination, thus giving the public an opportunity of gratuitous vaccination. The reports of the Registrar-General might alone afford ample materials for a series of interesting papers. The able manner in which these reports are written deservedly obtain the most general commendation, both in and out of the profession. The facts they contain and state so concisely are most instructive and useful; and, in a hygiènic point of view, the Registrar's reports are not to be equalled by any other public document.

The classification of diseases, the accuracy of the statistics, the admirable comments and practical deductions are, from their simplicity and correctness, wonderful steps in advance of what such reports would have been even twenty years ago; and had time permitted, I might have made use of these reports in elucidation of my subject in the most striking manner, and with great advantage to myself and instruction to my audience. Suffice it to say, on the present occasion, the Registrar-General's statistics and facts abundantly prove how attention to the ordinary precautionary means at our disposal for promoting the health of the community conduces to health and longevity; and how, on the other hand, a neglect of the laws of hygiène generates fever, and epidemics, and increases mortality. In these reports we find how the poor, the intemperate, and the unclean, are much more exposed to contamination and contract diseases, which the more affluent, cleanly, and temperate escape. They also show to the most sceptical, and prove over and over again the fact, which cannot be too often repeated, that adequate sewerage, along with an abundant supply of water, cleanliness, whitewashing, ventilation, removal of the source of malaria, and nuisances of all kinds, are the best and most efficient measures for promoting the health and comfort of the community. The queston of expense as to carrying out these measures adequately in all large towns, is quite of secondary importance, as the good results to be derived from them will soon amply repay the outlay, be that what it may. Another recent public act of hygiène, and one deserving of praise, is the Parliamentary inquiry into the cause of accidents in mines, and the very able and voluminous reports which have emanated from such inquiry. These contain numerous useful suggestions for the prevention of accidents in mines, and the result has been the appointment of inspectors; for it has too often happened that many lives are lost in mines from carelessness in the working of them, as well as from causes scarcely capable of entire removal, under the most prudent management and careful superintendence, though modern art and science promise to work wonders even with fire-damp and choke-damp, as the recent successes in Scotland in staying the progress of an extensive subterranean fire abundantly testify.

To proceed, allow me here to state, that in treating this subject, I must be excused adopting any precise order, with regard to the dates of public measures bearing on this question, or of accurate and precise adjustment as to priority of original and individual claims, researches, and labours, for it is almost impossible to adopt a strictly consecutive arrangement in furnishing you with a comprehensive outline of the progress of public hyigène in England, or of according with strict justice, the merits due to its numerous class of indefatigable and praiseworthy promoters.* With regard to the writings during the last fifteen to twenty years, that have conduced most, in my mind, to promote and extend hygiène in general, I must name conspicuously those of Dr. Southwood Smith, the author of the well-written work, "The Philosophy of Health, or an Exposition of the Physical and Mental constitution of Man, with a view to the Promotion of Human Longevity and Happiness," and of Dr. Andrew Combe, the author of the deservedly appreciated work (except for his extreme views on phrenology) "The Principles of Physiology applied to the Preservation of Health, and the Improvement of Physical and Mental Cultivation." The name of Mr. Chadwick is connected with all our improvements of a sanitary kind, and he promises to do much more. Dr. Alexander Kilgour's work also, "On Private Hygiène," and "Treatise on the Ordinary Agents of Life,—On Food —Clothing — Climate — Habitations — Exercise, &c." The American writers, Dr. Caldwell, "On Physical Education;" and Dr. Dunglison, "On the Influence of Atmosphere and Locality, Change of Air, Corporeal and Intellectual Pursuits, &c." The useful and practical lectures of the philanthropic Dr. Hodgkin, "On the means of Promoting and Preserving Health," which he delivered at the Mechanic's Institution, in London, and which were published in a cheap form, probably at the suggestion of Lord (then Henry) Brougham, one of the most able advocates, not only for the education, but for the social improvement of the people. I must also name the late Dr. James Johnson's work "On the Economy of Health;" that of Herbert Mayo, "On the Philosphy of Living;" and the standard treatises of Drs. Paris and Pariera, "On Diet," as well as that of Dr. Robertson, and the numerous works on chemistry, especially organic chemistry, such as the well-known important one of Liebig. Dr. Black's Lectures on Hygiène;† and those given by professors and teachers where this branch of medical science is incorporated

* If whilst alluding prominently to some writers, I overlook the labours of others, I must be excused for the omission, as this paper was somewhat hastily prepared, and with no view at the time of meeting the eye of the public.

† Published in the *Provincial Medical and Surgical Journal.*

amongst the other courses of lectures, have all along tended, with the works named, to give an impetus to this study, and are amongst the earliest and best writers upon it that I can call to mind. But in connexion with them, and in a great measure stimulating and encouraging the labours of such men, I must here include and notice the unceasing and eminent services of the *British and Foreign Medical Review*," when edited by Drs. Forbes and Conolly, as well as since it changed its editorship. The early numbers of this *Review*, by its series of able articles on hygiène, and the reviews of such works as those I have just enumerated, did more to call the attention of the Government, the public, as well as the profession, than almost any other journal or publication, prior to the issuing of the Report of the Health of Towns' Commission, and the more recent voluminous Parliamentary Reports on the sanitary condition of the people.

To the original *British and Foreign Medical Review*, and the *British and Foreign Medico-Chirurgical Review*, I am much indebted, for they have been of great use to me in preparing this paper, and my interest in the subject, as I shall have to state directly, is owing to the perusal of its very earliest numbers; and this *Review*, under its new editorship and title, continues ably to discuss and promote the cause of hygiène. Whilst alluding to the press, and to medical periodicals, it would be an act of injustice to overlook the untiring exertions, zeal, and talent of the *Lancet*, and its independent Editor; its pages have ever been open to the cause of hygiène, and have long and ably tended to diffuse hygiènic knowledge, and to promote the welfare of the poor, as well as to advocate the just rights and claims of the medical profession. The passing of the "Medical Witnesses Bill" is due to Mr. Wakley, and his very office as Coroner has often led him to investigate matters of hygiène, and those for the protection of the lives, health, and comfort of the people. At present the labours of the *Lancet* are beyond all praise, in the promoting of the "Analytical Sanitary Commission," and publishing its consequent disclosures; these results I shall have, however, to allude to again at the end of this paper, as they are amongst those of the most recent date, and the inquiries are still going on. The pages of the *Medical Gazette*, the *Provincial Medical and Surgical Journal*, and the *Medical Times*, have also ever been open to the discussion and furtherance of this cause, and many valuable lectures and papers on the subject have appeared in them (as at one time it was thought an almost exclusively medical subject,) and continue to do so, especially the reports on the prevalent diseases and meteorological condition of particular towns and districts. The *Edinburgh Review*, the *Quarterly Review*, and others, have aided the cause, and often published most telling articles, either directly or indirectly connected with the sanitary improvement of the masses; for, to the credit of the press be it spoken, this cause is not now exclusively confined to the medical portion of it, but the leading journals of London, especially the *Times*, (which is ever on the *qui vive* to see how the wind blows, and has the talent of foreseeing how to steer its course accordingly,) is a mighty advocate for sanitary reform and extension, as well as a just appreciator of the labours of medical men, and an able defender of their rights and interests. Indeed the best portion of the press, both metropolitan and provincial, now see the propriety of urging on improvements of a hygiènic nature, seeing that it will best promote to the health, cleanliness, and comfort, of all classes. Our own press in Leeds has certainly done its duty, and public attention is now becoming more and more directed to such beneficial and practical questions as the one we are discussing.

It was from reading a capital article in almost the earliest number of the *British and Foreign Medical Review*, (the second number of it,) that induced me, fourteen years ago, (and probably it might have had the same effect on others,) to add one's mite in the promotion of the cause of hygiène, and in the promulgation of sound hygiènic principles, and to aid in furnishing facts and information to the party most interested—the public at large. The perusal of the paragraph I am about to quote, was the cause of my preparing a somewhat extended course of "Lectures on Public Hygiène," which were first given in the neighbouring town of Halifax, for the benefit of a public institution, and published in the newspapers, and afterwards delivered in Leeds above thirteen years ago. This, I may be allowed to state, without opening myself to the charge of presumption or egotism, in order to show the effect produced on one's mind, and the practical effect of the suggestion herein contained, and certainly it is a satisfaction to feel that one's earliest public efforts were in such a useful direction, and that the subject was taken up before it was even popular, much less fashionable.

In 1836 the *British and Foreign Medical Review* thus wrote:—"If we could flatter ourselves that our recommendation would be effectual with the numerous physicians and surgeons who may peruse these pages, we would earnestly impress upon them the duty of assisting in this great, humane, and we may truly say, *patriotic* labour, of instructing the poor how to be healthy, and thus to facilitate their being virtuous, prosperous, and contented. They alone possess the knowledge which would be to them health and life. This great service would not be less worthy of them than those more laborious services which they now give in hospitals and dispensaries to many who *ought not* to require the aid of charity. The truest, noblest, and most effective charity, is that which teaches the poor to *depend* on themselves, to avoid the causes of disease, and by preserving their health under all ordinary circumstances to secure the means of providing for such visitations as cure cannot avert. From the works already reviewed, any medical man may, with little trouble, derive materials for lectures to the poorer classes of his town's-people, and his local experience will always furnish him with illustrations. The public will be found grateful for such exertions." They add in another part:—"Any reader versed in the history of this country for the last forty years, must be able to

call to mind more than one occasion in which a knowledge of the laws of hygiène might have prevented great public loss, and such loss would have been much greater, and more frequent, if the intelligence and research of the medical officers of the army and navy had not led to the discovery of many of these laws by observation. There are melancholy cases of disease against which no prudence would have been effectual, but their number is insignificant compared with that of those that spring from ignorance and neglect. By removing this ignorance, the instances of neglect will be made more rare; and nothing is more certain than that, by increasing the general health of mankind, the general amiability and virtue, and thus in every way the general happiness of human beings is increased at the same time."

The works alluded to, and the article from which I have just given the above quotation, were published in 1835 and 1836. Good results gradually became apparent, especially from the labours, perseverance, and talent of Dr. Southwood Smith, Dr. Arnott, Dr. Kay, (now Dr. Kay Shuttleworth,) and I must in justice add, the indefatigable industry, comprehensive mind, and practical tact of Mr. Chadwick, then Secretary and a most active member of the Poor-Law Commission. Without touching upon the debatable topic (foreign, in fact, to this place) of the merits of the whole regulation and policy of Poor-Law Commissioners, all parties will admit that the inquiries, reports, and suggestions of this body have been of great utility, and deservedly merit a conspicuous place in the history of the recent impetus given to public hygiène. In the fourth annual report of the Poor-Law Commissioners, presented in May, 1838 (*vide British and Foreign Review* for April 1845) from which I now quote, there were two supplementary reports, one by Dr. Arnott and Dr. Kay, on the prevalence of certain physical causes of fever in the metropolis, which might be removed by proper sanitary measures; the other by Dr. Southwood Smith, on the condition of the poor in Bethnal Green and Whitechapel, and exemplified some of the physical causes of sickness and mortality to which the poor are peculiarly exposed. In the *fifth* annual report of the Commissioners there is a report from Dr. Smith on the prevalence of fever in twenty metropolitan Unions during the year ending March, 1838. In August, 1839, the Poor-Law Commissioners received instructions from the Secretary of State for the Home Department to inquire to what extent the causes of diseases, mentioned in the reports just named, prevailed amongst the labouring classes in England and Wales. They were thus constituted a Board of Health, not for administration, but for inquiry; and, consequently, in November following the whole administrative machinery of the Commissioners throughout England and Wales, was put in motion for the purposes specified. In November, 1840, instructions were issued from the Home Office to the effect that the inquiry should be extended to Scotland. These extensive and useful inquiries, so ably conducted, terminated in the presentation to Parliament of three volumes of Reports, two volumes of *Local Reports* on the sanitary condition of the labouring population of Great Britain, the first volume on England and Wales, the second on Scotland. The *General Report*, by Mr. Chadwick, is a condensation of these Local Reports, and has been described (see *British and Foreign Medical Review)* "as constituting the most valuable and complete treatise on certain departments of medical police ever published, either in this or any other country." As you have access to the work it is quite unnecessary for me to analyse it; but it would be an omission indeed not briefly to allude to its contents. Suffice it to say, Mr. Chadwick demonstrated the evils which were the subject of inquiry in a manner so satisfactory as to cause the prosecution of further inquiries, and finally to State legislative interference.

The comparative unhealthiness of the large manufacturing districts as compared with the purely rural districts had been shown before; and the comparative changes of life in different classes of the community had been accurately ascertained and pointed out; but the satisfactory proof and tracing of cause and effect is shown in cases where the neglect of drainage, cleanliness, and supply of water was found to be universally followed by increased mortality, the generation of fever, and spread of cholera. This consequence was now so prominently displayed as to alarm our legislators, as well as convince the public of the necessity of adopting measures to prevent the increase of such mortality. In our town a valuable inquiry and report of the Town Council on these matters was made; and Mr. Baker, now Sub-inspector of Factories for this district, was very active and zealous in this inquiry, and drew up a map, differently shaded, showing how undrained and dirty portions of the town were more unhealthy than any other part. This map is not novel in its plan,* but was not less useful on that account. He was also an able witness before Parliamentary Committees. Many other members of the Council took an active part in this inquiry. Mr. Chadwick, under the head of "Pecuniary burdens created by the neglect of sanitary measures" gives most convincing proofs and figures of the costliness of inattention to public hygiène, and the then apathy of the Legislature on this matter. He also adduces a vast variety of evidence, showing the effects of preventive measures in raising the standard of health and the chances of life. The comparative inability of poor workmen to improve their own condition, and the necessity of external aid for obtaining this improvement is satisfactorily exhibited and demonstrated beyond doubt in this report. The great influence that a kind employer has, not only over the opinions, but the health and general condition of his workpeople, is well shown and proved to be very great. He alludes to the mills of Catrine in Ayrshire, to the effect of comfortable cottages and dwellings, and the modes of building them, to the effects of public walks and gardens on the health and morals of the

* *Vide* Bulwer's "France; the State of Crime in the different Departments," &c. Illustrated by a shaded map.—I.

lower classes, to the patriotic gift of the Arboretum at Derby, by Mr. Strutt, on which a walk of two miles is contrived in eleven acres, and one thousand specimens of shrubs and plants are displayed. I may also add, the great improvement in our own mills, and the apportioning of allotment gardens deserve special mention here; the attention of our Marshalls, Gotts, and others, to the well-being of their work-people is universally admitted. The construction and arrangement of Messrs. Marshall's huge mill is considered one of the sights of the age. After all, we are forced to admit that much remains to be done, in the promotion of the sanitary condition of the working classes, and that riches and station have their duties to perform, as well as their influence to exercise. The poor man works for, and adds to, the wealth of the great capitalist, and he is fairly entitled to assistance as well as advice, by the institution of public measures for his special benefit. I allude now in particular to the interference by local and general Acts of Parliament, compelling the adoption of adequate drainage, the building of a better class of cottages, dwellings and lodging houses for the working classes, the establishment of public baths and washhouses, public walks and parks, and the encouragement of healthy manly pastimes and exercises, and along with them, those institutions for mental improvement, now found to work so admirably—Mechanics' Institutions—to which ere long we shall see added free museums, public halls, and cheap reading rooms. All these means will tend to promote the cause of public hygiène. To return for a moment to Mr. Chadwick: in another section of his able report, he discusses at length the state of the then existing laws for the protection of the public health, and shows their inadequacy to the wants of society, and with his usual skill and tact, makes out a case for legislative interference. Mr. C. is quite at home amongst drains and sewers, and dwells strongly upon the plan of rendering the refuse of towns available in a pecuniary point of view, though it was Mr. Smith, of Deanston, who first suggested the propriety of rendering such refuse profitable to the authorities of towns, by its sale for agricultural purposes. Mr. C. also has an essay on Boards of Health and Medical Police, and brings forward a plan of his own, which includes medical inspection not only for the poor, but for streets, houses, sewers, &c., also the supervision of surgeons under the Poor-Law, of recruits, factory children, prisons, workhouses, lunatic asylums, public schools, manufactories, and workshops of all kinds, as well as the supervision of mortuary registers, coroner's inquests, &c. The propriety of such general interference is questionable, as public opinion ought to be sufficient to prevent abuse and grievances in large establishments and public institutions, and the aid of the State should be called upon only when independent and voluntary exertions are unequal to the case. Indeed Mr. Chadwick's plans, reports, and legislation are generally overdrawn, so to speak; he thinks public boards have only to draw up a code of rules sufficient to meet any exigency, and that the carrying of them into practice will be sure to follow.* He errs grievously in this respect; his intentions are good, and his suggestive talent is wonderful, but his schemes are often found impracticable. Witness his recent rules defining the duties of the officers of health.* But I must now pass on to another important step in sanitary legislation; I allude to the appointment of a select committee by the House of Commons, to inquire into the evils arising from interments within large towns, and to the issuing of a Royal Commission for an inquiry into the *state of large towns and populous districts.*

[To be continued.]

CASE OF IDIOPATHIC GANGRENE OF THE FOOT.

By G. BOTTOMLEY, Esq, Croydon.

Read at the Nineteenth Anniversary Meeting, held at Brighton, August 13, 1851.

I was called, in consultation, to see William Mascall, aged 53, of Croydon, Surrey, on January 16th, 1851, a rather short, stoutly-built man, flabby and lymphatic in appearance. Complexion pale; habits have been somewhat irregular; has lived freely; seldom the worse for liquor, "but drinks little and often;" his usual beverage is porter, either alone or with gin in it; appetite never very good; has been the subject of dyspeptic symptoms more or less for some years. He is a master builder by occupation, and does a fair amount of manual labour himself.

He states that, on the 7th of December last, he was running down hill at the top of his speed, when he felt a sudden pain in the calf of his right leg, as "*though something had given way deep in.*" It was very severe at the time, and he had difficulty in walking home in consequence. As it persisted for a few days, and confined him to the house, he obtained medical advice, and used fomentations and lotions. There was no swelling or unnatural appearance of any kind. Gradually the pain subsided, although he has felt more or less at the same spot ever since, and this foot and leg have been so much colder than the other ever since this occurrence, as to occasion him to wrap it up in flannel at night, of his own accord. He had never noticed any decrease of temperature in it before. For the last three or four days the right foot has been exceedingly painful, rather red, and swollen, and the day before yesterday he first observed that the great toe had a greenish tint, and that there was a small black spot on that side of it which comes into contact with the adjoining toe. The whole toe became redder, and swelled at night, and the blackness had spread over nearly the whole of it. On the day previous to these appearances taking place, his medical attendant applied lotions, and four leeches, to relieve the pain.

Present condition.—The whole of the great toe is of a dark livid hue. The instep is redder than natural, the

* This code of rules was published in a recent number of the *Provincial Medical and Surgical Journal.*—I.

dark colour of the toe shading off imperceptibly into it, and it is painful when touched. Temperature of the right toe very sensibly lower than that of the left. There is some oozing of dark blood from the leech bites. On *close examination* no pulsation can be found in the popliteal artery, or below the space, and it is only by very strict attention that a few faint beats can be detected in the femoral; these appear to be intermitting. There is some tenderness, but by no means much, in the line of this vessel; its course is not distinct. Much thickening of indeterminate form and limit occupying the upper part of Scarpa's triangle. Pulse is 100, moderately full, soft, compressible; heart sounds natural; tongue coated with thick dirty fur; bowels open; spirits good.

In consultation on this case, removal of the limb by amputation was proposed. I objected, on the following grounds:—

1st. In the condition of the local circulation, whatever might be its cause, there was much reason to doubt whether the vascular energy would be sufficient to cope with the demand necessary for the maintenance of the reparative process in so large a wound as an amputation of the thigh must involve; and the want of ANY PULSATION in the popliteal, would of course preclude an operation lower down. Sloughing of the stump, if not secondary hæmorrhage, with their consequences, were certainly to be feared.

2nd. The condition of the patient's general health was unfavourable—the amount of vigour in the system was scarcely equal, perhaps, to ensure a favourable course of things—certainly insufficient to meet any unfavourable contingencies following the operation. This is of more importance than the age simply, which of itself could not in this case be considered a ground of objection.

3rd. There was no indication from nature as to the extent to which the process of mortification might extend; neither, at the same time, was there any rapid progress to be feared.

The result was, that any operative interference for the present was declined, and the patient was placed from this time under my care.

January 19th.—By diet, and small doses of blue pill, his digestive functions are improving. The blackness is slowly creeping over the instep, and inflamed lines of lymphatics have appeared, running up to the centre of the thigh. Pain is severe in the foot, especially when kept warm by local applications, as carded wool, in which it had been enveloped; and he finds ease in evaporating lotions, and moderate temperature. Ordered a mixture, containing quinine, morphia, and tincture of rhubarb, nutritious light food, and a moderate quantity of his accustomed stimulant.

February 1st.—During the last ten days his tongue has been gradually cleaning, and his powers increasing; the appetite good, and his diet has included plenty of good beef-tea, milk, &c. The local pains have been relieved, and sleep at night obtained, by the use of about two or three grains of opium in the twenty-four hours. The quinine has also been continued. The blackness has reached the ankle, and there is redness and œdema to the middle of the leg. Pulsations in the femoral are noted daily with care, and seem to vary; sometimes they can barely be distinguished, at others with more ease, but always much below the size and force of those of the corresponding artery of the other limb. There is no pain in the line of the artery.

8th.—Slowly improving in general condition. During the past week there has been a gradual failure in the pulsations of the femoral, so that now on the closest scrutiny not a single beat can be felt; neither in the direction of the external iliac beneath Poupart's ligament, nor in any part of the limb below. No extension of the livid colour, which seems disposed to stop just above the ankle. The sphacelated part becomes drier, and shrivelled. Continue opiates. Quinine replaced by decoction of cinchona and ammonia. An occasional blue pill when the bowels are costive.

15th.—Much the same in general health; the pulse has gradually risen to 100 and 108; there is now a well-marked line of demarcation above the ankle-joint, and a free discharge of pus and oily matter. Separation seems rapidly progressing through the soft parts.

March 15th.—During the past month the process of separation has been going on steadily; the tendo-Achillis has given way; there has been very little pain; discharge moderate, and healthy; health and strength as last report; treatment varied at times, but continued on the same principles. It is evident now that little more remains for division beside the bones of the leg, it is therefore proposed to divide these, with as little disturbance to the soft parts as possible, in the course of a few days.

24th.—Having given him chloroform, I removed the dead foot by dividing the ligaments of the ankle-joint, then cautiously separating the soft parts from the exposed tibia and fibula, the lower ends of which were evidently necrosed for one inch and a half or two inches. I detached about two inches of each bone by means of the saw and forceps, and brought small flaps into fair approximation over them with isinglass plaster. No vessel required tying, and very little blood was lost in the operation.

From this period he had scarcely a bad symptom; his appetite and condition improved rapidly, the wound chiefly healing by granulation, but forming a fair and serviceable stump for the adaptation of an artificial foot, which I propose that he should obtain when the part is sufficiently consolidated to bear one. In two months from the time of the removal of the extremity he was able to walk with the assistance of crutches, and overlook his men at work.

I have recently made a careful examination of the limb. There is no pulsation to be found in the line of the main trunks in any part of it, no distinct cord can be felt, but the same kind of thickening as before described, and a similar condition exists in the popliteal space. I can detect no difference in temperature between it and the sound limb. The patient stated, without any suggestion from me, that he could feel "a pulse beating behind at the top of his thigh when seated

in a chair," though I could discover none by palpitation there.

Some interesting speculations might be indulged, did time permit, as to the circumstances which led to the occurrence of gangrene in this case. What was the cause of the failure in the circulation? I am inclined to think that arterial degeneration had long previously been by degrees obliterating the main channels of vascular supply, and a low form of inflammatory action might also be set up in and around them. His sensations at the time of running down the hill, and subsequently, must be admitted to have arisen in connection with some lesion occurring there, possibly the rupture of a calcified vessel. A collateral circulation, however, is now performing its functions admirably, and affords an interesting example of nature's resources in this respect. His sensation of pulsation, when in the sitting posture, is so natural that it must be regarded as evidence as to the course by which the blood now reaches the extremity. I have only further to add, that the patient is at this moment enjoying as good health as he ever had in his life, although from a small exfoliation of dead bone from the tibia, not at present quite ready for his artificial foot.

ON THE

MANAGEMENT OF WOMEN AT, AND AFTER THE CESSATION OF, MENSTRUATION.*

By E. J. TILT, M.D.,

Senior-Physician to the Farringdon General Dispensary and Lying-in Charity, and to the Paddington Dispensary for Diseases of Women and Children

On Purgatives.

Amongst the vicarious diseases by which nature enables the system of women to right itself, diarrhœa is one of the most frequent; as it forms an immediate diverticulum for that periodic flow of fluid which has now outlived its utility; and as it is also the most convenient local depletion by which we can habitually relieve the system, the employment of purgatives at this stage of the menstrual function fully deserves the confidence which the profession has long accorded to the practice, and the sanction which Fothergill has given it in a well-known contribution to medical literature. The utility of purgatives has become so much a matter of popular, as well as of medical belief, that both patient and medical attendant too often confide in them alone, to the neglect of the other more important means I have already alluded to. This mode of treatment is one of nature's own suggesting, for it was found that diarrhœa occurred at cessation in the following number of instances:—

Diarrhœa existed in	12 per cent.
" was irregular in	8 "
" was regular, by coming on every month in	4 "

I might give numerous cases in proof of the utility of this occurrence, but I will merely state the following:—

* Concluded from page 404.

Case.—Catherine Mackey, aged fifty-three, tall, thin, with dark hair, grey eyes, and pallid complexion, was born in Ireland, but for the last thirty-five years has resided in London. She menstruated very abundantly at between fifteen and sixteen years of age, was regular from the first, and continued so for three or four days every three or four weeks, with so little suffering that "she never felt them come nor go." She married at thirty-three, miscarried three times, and bore five children, the last at forty-seven; and menstruation, which had been irregular a year previous to conception, never returned after that event. The patient was generally relaxed during the menstrual epochs. During her last pregnancy, and after her confinement, she frequently had three or four stools a day, without pain or loss of appetite, and since then diarrhœa has come on every three or four months, with intermittent flushes and drenching perspirations. For the last twelve months she has been relieved six or seven times a day, until lately, when she has only been so once in two days, and has ever since suffered from heat, and oppression at the pit of the stomach, from wind, nausea, and want of appetite, but her tongue is perfectly clean and healthy. I adopted the same treatment as in the previous cases; and when the action of the bowels became freer the patient got better.

By imitating nature to a certain extent, as in this instance, it is often in our power to cure the milder cases, and to prevent the return of the more serious diseases.

The utility of purgatives at cessation is further shown by the very intimate relation which I have proved to exist between the generative and intestinal canals. The following table, extracted from a paper already referred to,* embodies the results I have obtained.

State of the Bowels during Healthy Menstruation

	Number of Observations.		
Author's second list:—			
Relaxed before the time	22		
" at the time	44		
" before and after	11		
" after	1		
	—	78	
Confined before the time	4		
" at the time	23		
" after	1		
	—	28	
Unaltered: regular as usual	37		
" confined as usual ...	2		
" relaxed as usual	3		
	—	42	
			— 148
Author's first list:—			
Relaxed before the time	45		
" at the time	31		
" before and after	10		
" after	2		
	—	88	
Bowels confined	73		
			— 161
Dr. Butler Lane's list:—			
Bowels relaxed	33		
" confined	45		
State of bowels unaltered	22		
			— 100

* On Catamenial Diarrhœa, by E. J. Tilt, *London Journal of Medicine* August, 1851.

"On adding together the author's two lists, and that of Dr. Butler Lane, four hundred and nine observations are obtained, out of which it would at first appear that some kind of intestinal disturbance during menstruation was only absent in sixty-four cases; but I consider this proportion to be smaller than what is really the case, from the fact of my not having been sufficiently explicit in my inquiries of the seventy-three women reported as having their bowels confined in my first list. If I had asked them whether the bowels were in their usual state or more confined than usual, I should probably have obtained results similar to those I subsequently found, and then it would appear that some kind of intestinal derangement may be expected during menstruation in about seventy-five per cent. of cases. Diarrhœa occurred at some time or other in one hundred and ninety-nine instances out of the four hundred and nine cases, so that this symptom may be expected in about fifty per cent. of cases. The frequency of constipation, for reasons already given, cannot be inferred from the author's first list, nor from Dr. Butler Lane's, which are not sufficiently explicit, and further inquiry is necessary before I can venture to assert that it is faithfully represented by my second list."

This shows most forcibly how much it is necessary for us to *know* before we are in a position *to inquire;* and I am the first to confess, that although obliged to attach some value to researches which, to my knowledge, have never before been conducted on so extensive a scale, the principal value I ascribe to them is their having prepared me for continuing the same inquiry more fruitfully hereafter.

Returning to my subject, I shall remind the reader that I have shown that the two contiguous mucous surfaces of the uterine and the intestinal canals react on each other, in the normal state, in such a manner that the process of menstruation deranges the intestinal secretions; while, on the other hand, it is notorious that diarrhœa deranges the menstrual discharge, bringing it on when it should not appear, and prolonging it beyond its proper time. These contiguous surfaces are relieved by the same vessels, and are animated by nerves either derived from the same ganglionic nervous pleuxuses, or from the same portion of the spinal cord; and when the uterine discharge is arrested, the nervous energy and the blood which used thereby to find vent of a necessity to the intestinal surface, for the veins of the uterus communicate immediately with the portal system. This cannot occur without determining various derangements, carelessly expressed under the terms biliousness, indigestion, flatulency, acidity, diarrhœa, and costiveness.

Dr. Butler Lane's observations on the coincidence of the derangement of the biliary secretions at the change of life coincide with my own experience.

Nothing can be more common than to find severe biliary derangement occurring at or about the period of menstrual secession; and, looking at the great physiological change which then takes place in connection with hepatic development, it is naturally to be expected. A woman will complain of being bilious—viz., there may be a bitter, oily taste in the mouth, a sensation of burning in the throat, frontal headache, nausea, and even vomiting, the urine high coloured, the bile abounding in the alvine dejections, and perhaps causing heat and a stinging sensation in the rectum, the tongue furred, a biliary tinge pervading the cutaneous surface, &c., &c. Such symptoms, or a modification thereof, often mark the great and important vicissitude which takes place in the female economy at the influential epoch in question, and the due appreciation of the symptoms made manifest, their ascription to the real source, and their judicious treatment, medicinal and dietetic, are of the highest consequence to the future welfare of the patient. I suspect that a great majority of those distressing maladies to which the uterus and its appendages become liable in life, might be traced in their origin to neglect and maltreatment at the critical period."

Such a state, in which a cursory dose of calomel, or a pill and draught, are often beneficial, shows the utility to be derived from the systematic use of purgatives at the period of cessation; but this is no reason for throwing aside other remedies, and neglecting the observance of the wholesome sanitary measures I have carefully inculcated.

How then must purgatives be administered?

At that truly critical period of the lifetime of woman, comprised between that when the menstrual function begins to be normally irregular and the epoch of its cessation—a period which women appropriately call the "dodging time"—purgatives are useful, no doubt; but we must remember that the menstrual function sometimes ceases by a gradual diminution of the quantity of the secretion and the time it occupies; sometimes by a series of irregularities in the quantity, quality, and epochs of its appearance; sometimes by a terminal flooding. Although nature occasionally chooses this last termination, we have no right to risk the possible dangers of its induction by the exhibition of purgatives which are energetic in their action. It seems to me injudicious to give purgatives just before the menstrual epoch, for they might increase the flow which nature seeks to diminish; on the contrary, it is more prudent to prescribe the frequent use of the milder opening medicines, which may diminish by degrees the plethora of the abdominal viscera.

In some women, after cessation, the stock of vital productivity is fairly exhausted, and purgatives are not absolutely required; but in most there is a superabundant nervous energy, and a superabundance of blood, for that supply which was formerly sufficient for the maintenance of both mother and offspring, can thenceforth only be expended on the woman's frame, in which the circulating system tends to assimilate to that of man.

This superabundance of blood and nervous energy may, after cessation, be frequently kept under by the frequent use of purgatives given habitually in small doses, for the intention is not to bring on a return of the menstrual discharge, but to diminish abdominal plethora, and the necessity for that plethora, seeking for a less manageable safety-valve; and as it may be some months before the constitution has settled down,

it would be advisable to consult the patient as to what medicine she has best tolerated.

With respect to the purgative to be prescribed, much depends upon the patient's constitution, for as a long-continued action will be required, it is better to make use of some mild purgative which has been found to agree with the patient.

I frequently prescribe the soap-and-aloes pill of the Edinburgh Pharmacopœia, ordering five or ten grains to be taken with the first mouthful of food at dinner. Hæmorrhoidal affections I have never seen *caused* by this frequent use of aloes, but I have seen them *relieved* by it; and as I read in Giacomini's "Treatise of Materia Medica" my experience on this point is confirmed by that of Avicenne, Stahl, Cullen, and his own, so I think there must be some exaggeration as to the extraordinary property generally ascribed to this valuable drug, which can be associated with hyoscyamus, and is thus said to be less liable to induce piles. Kemp and Hufeland recommend the following powder to be given to those who are advanced in years, and who complain of a tendency to vertigo:—Guaiacum resin, cream of tartar, of each half a drachm, to be taken at night. This, no doubt, will sometimes be found a useful laxative; so will the popular remedy called the Chelsea Pensioner, of which Dr. Paris has given the following formula in his excellent Pharmacologia:—Of guaiacum resin, one drachm; of powdered rhubarb, two drachms; of cream of tartar and of flowers of sulphur, an ounce of each; one nutmeg finely powdered, and the whole made into an electuary with one pound of clarified honey: a large spoonful to be taken at night. I generally administer the flower of sulphur alone, or else to each ounce of it I add a drachm of sesqui-carbonate or biborate of soda, and sometimes from five to ten grains of ipecacuanha powder. One to two scruples of these powders, taken at night in a little milk, is generally sufficient to act mildly on the bowels, and I consider such combinations as very valuable when a continued action is required.

I feel obliged to class sulphur amongst purgative remedies because such is its visible action, but I believe that it owes its chief value, in diseases of cessation, to another action, much more difficult to understand, and which has long rendered it so valuable both in hæmorrhoidal affections, where there is an undue activity of the intestinal capillaries, and in skin diseases marked by a morbid activity of the cutaneous capillaries. Whether sulphur cures by acting on the nerves or on the blood-vessels, or by modifying the composition of the blood itself, is difficult to tell, but it does certainly cure the diseases I have enumerated. It forms part of many popular remedies for the infirmities of old age, was recommended by Hufeland, and is lauded by Dr. Day in his work "On the Diseases of Old Age;" but its utility is not generally known in all derangements of the menstrual function, at whatever period of life they may occur, and particularly at the change of life, where, if required, its action may be continued with impunity for months and years.

LOCAL TREATMENT.

Nothing can be more erroneous than to consider a leucorrhœal discharge occurring after the cessation of menstruation as indicating a serious disorder of the womb, requiring local examination and caustic applications; for, as I have shown, inflammatory diseases of the womb generally lose their intensity and become less frequent when the generative apparatus is affected with a species of atrophy. A discharge occurring at that time is rather to be considered as a preventive of more serious disturbance. It will be remembered that I found the frequency of leucorrhœa to be as follows:—

Leucorrhœa existed in	58	per cent.
,, was augmented in	44	,,
,, was stationary in ...	8	,,
,, was diminished in ...	6	,,

The rule I adopt in such cases is not to check but to regulate this vicarious discharge by increasing the solubility of the bowels and the habitual moisture of the skin. Frequent lotions with tepid water may be recommended, but I very rarely order injections of tepid or cold water, and even when these are necessary, seldom with the addition of any astringent substance.

If, however, the discharge be very abundant, smells offensively, and has an acrid action on the skin, if it be accompanied by a great amount of lumbar and sacral pains, it is most probably secreted from an ulcerated surface of the womb, and it would be the height of absurdity not to ascertain, by a proper examination, what is the real nature of the case. If it be a cancerous affection, it is better to know the worst, but, as in the case of Frances Webb, given in a former paper, it may be only one of those inflammatory affections of the womb, which, however much they resemble cancer in some of their outward appearances, nevertheless admit of rapid and radical cure by those surgical applications which my venerable teacher, Professor Recamier, of Paris, first introduced into practice some forty years ago.

Such cases are of rare occurrence, but when they do happen they require local as well as general treatment; and if I had not already protracted this work to a greater length than I at first intended, it would be easy to prove this position by cases from my own practice.

I have passed in review the principal remedial measures by which diseases incidental to the change of life can best be cured. There are others, valuable perhaps, but which have now lost the importance attached to them when the medical mind was instinct with other theories than those now in vogue.

Thus, Gardanne, in 1816, was of opinion that "no remedies are more useful in diseases of cessation than blisters, issues, and setons." Now, I must own that on account of the subjection these remedies entail, and the real infirmities they create, I participate in the prejudice entertained against them by women, and for this very reason I should be sorry if my not adopting them should in any way diminish the good opinion others may entertain of their efficacy. What has been said in praise of alkaline preparations, of baths, of exercise, and of the advantage of a studious cultivation

of the pleasures of nature, rather than those of society, by women at the change of life, will clearly point out how the combination of all these agencies, as they are to be met with in so many agreeable watering-places, both at home and abroad, may be made serviceable for the cure and prevention of disease. For those blessed with ample fortunes, the safely getting over a critical period of life, and the remodelling of a constitution so that it may endure for many years, might be made a mere pastime if proper directions had been given by those who have written on mineral waters, respecting the nature of the springs to be recommended and the manner of taking them; but unfortunately this has not been done. The medical attendant at each medicated spring becomes imbued with so strong a feeling of idolatry for his own Egeria, that we cannot help smiling at the tales of wonder he recounts; but few of these wondrous tales relate to the utility to be derived from these mineral waters by women at the change of life; and I have even sought in vain in Mr. Edwin Lee's valuable continental medical guide, for the precise information on that matter which patients so much require. During a long residence in France, Germany, and Italy, I paid great attention to the subject; but the law of the just proportions between the component parts of a work, however small, an appreciation of which has already prevented my entering so fully as I am prepared to do into the study of pseudo-narcotism, and of other interesting phenomena of menstruation, now again forbids my writing a long chapter on mineral waters. I shall, therefore, merely enounce the following general propositions:—

1. That whatever mineral water is given, it should be in the mildest form, otherwise much mischief may be done, by causing fever to come on at night, or by inducing a state of nervous excitement.

2. That according to the different cases do patients derive most benefit from the alkaline waters, from those containing carbonic acid gas, or from the sulphureous springs, but not from the ferruginous waters.

3. That the baths should only be taken of a temperature imparting a grateful sensation, and, notwithstanding the rules of the establishment, they should not be continued for more than half an hour at a time.

4. That, generally speaking, patients will derive more benefit from bathing in sulphureous waters three or four times a week, than from taking them internally.

5. That, on the contrary, patients will in general derive more benefit from drinking those alkaline or effervescing waters, which induce a slight solubility of the bowels, than from bathing in them.

6. That, as it is often recommended to bathe in the sulphureous, while an alkaline or effervescent water is to be taken at meals or during the day, it is not without advantage to resort to those watering-places which combine a variety of springs.

8, York Street, Portman Square.

Hospital Reports.

DENBIGHSHIRE INFIRMARY.

CASES ADMITTED UNDER THE CARE OF RICHARD LLOYD WILLIAMS, M.D., F.R.C.S., CONSULTING-SURGEON TO THE DENBIGHSHIRE INFIRMARY.

Read before the Meeting of the North-Wales Branch, June 7th, 1851.

Case of Encysted Tumour of the Eyeball.

THE following is the history of the case previous to the patient coming under my notice, in the words of a highly-respectable surgeon at Machynlleth:—

"13th Sept., 1850.

"Sir,—I am desired by Miss ————, on behalf of a young woman who is anxious to be admitted to the Denbigh Infirmary, and placed under your care, to give you a short history of her case:—

"Mary Williams, aged 18, a dressmaker, has been suffering for a long period from a protrusion of the right eyeball. The disorder commenced ten years ago, and gradually increased, without much suffering, during the first six years, and then became stationary, presenting the appearance now seen. Vision has been good till the last two years, since which time it has become much impaired. The protrusion (according to her account) is at times perceptibly smaller. She has suffered much pain during the last four years, and especially during the past week, when it became excessive, shooting from the eye to the forehead and temple. Her general health has been good, and bowels regular. Catamenia appeared for the first time three weeks ago. She has been under the influence of mercury and iodine, and had a seton in the nape of the neck for six months, without any perceptible benefit. The slowness of its growth, and its arrest for so many years, combined with the good state of the patient's general health, would indicate that the affection is not of a malignant character, and that it is a favourable case for extirpation, if deemed necessary.

"I remain, Sir, yours obediently,

"HUGH LLOYD."

On the 7th of October Mary Williams was admitted as an in-patient of the Denbighshire Infirmary. The eyeball protruded extensively, and her sufferings were very great, both on the orbit as well as through the head to the occiput. Her general health was very little impaired. After giving the patient a few days to recover the effects of her journey, and administering to her some house aperient medicine, I had a consultation with my colleagues, and it was agreed that an operation should be attempted, for the relief of this formidable disease. I determined to make an incision through the upper eyelid, so as to expose the tumour, and to be guided by appearances. If I found the eyeball involved in the disease, I proposed to remove the whole mass. Chloroform was judiciously administered to the patient by my friend Mr. Turner. Upon making an incision along the whole of the eyelid covering the tumour, and making a careful examination of the parts,

I was gratified to find the eyeball totally free from disease. The tumour I found occupied the whole of the orbit, even to its very bottom. It firmly adhered to the eyeball on its lower, and to the orbit on its upper, side. My friend Mr. Chambers steadily held a tenaculum which I had passed through the tumour, and gradually drew it out, whilst I carefully dissected it from its attachments above and below. Notwithstanding the effect of chloroform, there was a good deal of writhing during this process, and the sac was ruptured, and its contents escaped. With the aid of a hook, and a pair of crooked scissors, used for the operation of squinting, I succeeded in clearing away the whole of the adhering sac from the bottom of the orbit. Although there was a good deal of hæmorrhage during the operation, it nearly ceased before I had completed it. The exterior wound was brought together by four or five sutures, and lint dipped in cold water applied. An opiate was given, but immediately rejected. The patient suffered considerable pain in the eyeball and head for eight or ten hours, when she became perfectly easy, and more free from suffering than she had been for months. The external wound healed by the first intention.

I removed the ligature at the end of four or five days, and upon gently raising the eyelid I was gratified to find the eye perfectly healthy, and the vision very slightly impaired, and it gradually recovered so as to be quite as good as that of the other eye before she left the infirmary, which she did at the end of a month from the date of her admission. The only deformity remaining at the time of her discharge was a little falling of the eyelid, produced by the extreme distension and protrusion of the eyeball previous to the operation, and which I am willing to hope time will remove. I have since heard that all deformity has disappeared, and the patient remains perfectly well.

Case of Complication of Hernia, Hydrocele, and Scirrhous Testicle.

This case is more remarkable on account of the complication of diseases existing in the same scrotum simultaneously, than from any particular feature in either.

Roger Davies, aged 70, was admitted into the Denbighshire Infirmary, on account of strangulated scrotal hernia, which was reduced by the taxis, with the aid of tobacco injections. After the reduction of the hernia the patient was perfectly free from pain, but the bulk of the scrotum remained very considerable. There was evident fluctuation, and upon introducing a trocar a large quantity of dark coloured serum was discharged. Notwithstanding the reduction of the hernia and the evacuation of the fluid from the tunica vaginalis, a hard mass still remained, which, upon examination, proved to be a scirrhous testicle. He was a fine old fellow, and upon my observing that his troubles were not at an end, and that his testicle was diseased, he said,—"Then pray take it off and make a good job of me." This was immediately done, and in the course of a few weeks the old man was rewarded for his courage and discharged quite well.

Case of Ununited Fracture of the Humerus treated by Excising the Ends of the Bones.

Cadwalader Lloyd, admitted January 20th. The history he gave was, that he had been thrown from a horse, who had kicked him severely while on the ground, some months previous to his admission. After a trial of pressure, friction of the extremities of the bones, &c., I determined upon cutting down upon the fracture, and sawing off the ends of the bones. A pretty free incision was made in the posterior portion of the arm, so as to avoid the blood-vessels and nerves which traverse the inner part of the humerus. I found the upper portion of the fracture completely embedded in, and firmly adhering to, the fibres of the triceps muscle. The spiral nerve was avoided by a spatula, held so as to keep it out of the way of injury. The inferior portion of the fractured bone, was firmly fixed in the body of the biceps muscle. It required much caution to dissect the spiculated portions of the bones from the fibres of muscles to which they firmly adhered. This, however, was accomplished, with the loss of only a few drops of blood. The extremities of the bones were sawn off and the parts brought into complete apposition. Splints were applied.

My patient was allowed to get out of bed and try the strength of the arm towards the end of April, when the bones were found perfectly and firmly united, and he was soon afterwards discharged cured. During the following summer I heard that he could use the arm with as much strength as ever he had done.

Case of Stricture, caused by External Injury, treated by Incision.

Peter Pierce, a miner, fell from the top of a shaft, straddle-legs across a beam. He was promptly attended by my talented friend Dr. Roberts, of St. Asaph, who informed me that he found the scrotum and perineum much swollen, and there was a complete retention of urine. Dr. Roberts freely scarified the parts with a scalpel, to prevent infiltration of urine into the cellular membrane. No instrument could be introduced into the bladder.

A few days after the accident I met Dr. Roberts in consultation. Failing in my attempts to introduce a catheter, we agreed to puncture the bladder through the rectum, which produced instant relief, and the canula was left in the bladder for some days, when the urine began to pass through an aperture in the perineum. As the patient was residing some distance from St. Asaph, I had him removed to the Denbighshire Infirmary. After long and persevering efforts to obtain a passage through the urethra, and failing to remove the obstruction, I determined upon making an incision in the perineum. Having introduced a staff into the urethra, and cutting down upon it, I found the membranous portion of the canal perfectly callous to the extent of half an inch. I then made an incision through the hardened parts, introduced a silver catheter into the bladder, and secured it there. It was left in the

urethra for some days and then only introduced occasionally.

The urine continued to dribble through the old aperture in the perineum for some time, but the passage was eventually restored, and he was discharged perfectly cured.

Case of Vesico-Vaginal Fistula treated by the Actual Cautery.

My friend, Mr. Chambers, has requested me to relate a case which fell uuder our joint care at the infirmary.

Ann Davies, a poor half-witted girl, was admitted December 18th, 1850. Upon examination, she was found to have a small fistulous opening between the bladder and the vagina. As far as we could collect from the poor creature, she had suffered a long and difficult labour some months previous to her admission. Soon afterwards the urine was found to dribble down her thighs.

Mr. Chambers applied the actual cautery to the aperture, and passed a catheter into the bladder, and secured it by tapes, &c. The patient was directed to lie upon her face. She was decidedly better after the first application of the cautery, and a second application succeeded in completely obliterating the fistula, and she was discharged cured.

Provincial Medical & Surgical Journal.

WEDNESDAY, OCTOBER 1, 1851.

The following notice has been handed to us by the President of the Council for insertion in the *Journal*:—

Provincial Medical and Surgical Association.

NOTICE.

The Council of the Provincial Medical and Surgical Association hereby offer a Prize of Twenty Guineas for the best *Series of Reports of Medical Cases* that may occur in any of the Provincial Hospitals, which shall be sent to the *Provincial Medical and Surgical Journal* for publication, between the First of October, 1851, and the First of October, 1852.

The Council also offer a Prize of Twenty Guineas for the best *Series of Reports of Surgical Cases* that may occur in any of the Provincial Hospitals, which shall be sent to the *Provincial Medical and Surgical Journal* for publication, between the First of October, 1851, and the First of October, 1852.

House-Surgeons and Pupils of the Provincial Hospitals to be eligible candidates for the Prizes.

In order to insure perfect fairness towards all those who may send reports, we would suggest that all candidates should, as is customary in similar competitions, send their reports with a motto or initial signature attached, accompanied by a sealed letter containing the real name and address. By these means we shall avoid all imputation of favouritism in our selection for publication. To those gentlemen who may send reports, we would also suggest the propriety of condensing them as much as possible, as we shall certainly not be able to publish those which are sent at an unnecessary length; nor should we, under the circumstances, feel justified in condensing them, or doing more than correcting any literal errors.

We beg to remind the students of the provincial hospitals, that they are included in the terms of the notice, and that it will be a considerable advantage to them, in after life, to be able to show that they have received a prize for the best series of hospital reports awarded by the Council of such a body as the Provincial Association.

It is much to be regretted that there should be any—even the slightest appearance of difference among ourselves as to the treatment of irregular practitioners, whether homœopathists, hydropathists, or mesmerists, and we think that Dr. W. Davies, whose letter we inserted in our last number, will, on reflection, consider that he has denounced the proceedings at Brighton as unnecessary, and in fact injurious to the cause they were intended to forward, without sufficient grounds. We are inclined to agree with our correspondent "F.R.C.S.," that Dr. Davies has entirely mistaken the object of the resolutions passed at the anniversary meeting. From his letter it would appear that he thinks the Association have attempted to coerce the *public* in their choice of their medical attendants, but so far from this being the case, it will be found that the whole of the resolutions are framed with a view to regulate our intercourse with one another only, and to draw the line beyond which we cannot step, where we have reason to believe we should, by so doing, afford a sanction either to fraud, ignorance, or folly.

As "F.R.C.S." has more at length shewn, this is not a question of expediency, but rather one of obligation and duty to ourselves and the public; for we believe, that in holding professional intercourse with the professor of

homœopathy, we stultify ourselves, whilst we are leading the public to conclude as they naturally do, that the regular practitioner and the homœopathist are the disciples of two parallel systems, each gaining the same goal, but by two different roads.

We would, therefore, again remind our readers that the conduct to be pursued towards irregular practitioners need not be imitated towards their dupes, who frequently are more to be pitied than despised. Let them, if they will, support this or that homœopathic hospital, whilst fashion gives it prominence: with this we have no concern, further than to lift up our voices when called upon in denouncing error when publicly promulgated. But we cannot think that we are open to the charge of persecution in purging our own body from those whom we think guilty of irregular and false practices.

The recent proceedings have already alarmed the homœopathists, as they have thought it necessary to commence an association for their protection "from the recent proceedings of some of the Scotch Universities in refusing their degrees to homœopathic students; and, if necessary, to obtain a charter to license such as are qualified." We may, however, confidently rely upon the good sense of the public in the long run; and we may rest assured that if we do not really overstep the bounds of prudence and propriety the scales will fall from the eyes now dimmed and deluded, and, as is now so often the case in really serious diseases, the regular practitioner will no longer have to complain, that in chronic complaints the advice which would be declined as disagreeable or troublesome when given by him, is eagerly followed when administered by a fashionable quack.

Proceedings of Societies.

BIRMINGHAM PATHOLOGICAL SOCIETY.

JUNE 5TH, 1851.

W. PARTRIDGE, ESQ., IN THE CHAIR.

Tubercular peritonitis; displacement of the stomach; copious effusion of blood; lungs nearly free from tubercle; chief symptoms—constant severe vomiting.

By DR. RUSSELL.

MARY MASON, aged 39, married. I visited her today (May 3rd, 1851) at Mr. Welch's request. Her history was given to me very imperfectly. The following particulars I gained in great measure after the information afforded by her *post-portem*:—She had an attack of "inflammation of the bowels," towards the end of last year, by which she was confined to bed for three weeks; she had then pain in the right side of the abdomen. She appeared to recover entirely. About Christmas she had an attack of bilious vomiting, generally coming on about evening. Her present illness is of four week's duration; she has kept her bed a fortnight, having suffered severely from sickness a fortnight previously.

I found her greatly emaciated and evidently sinking rapidly from advanced disease. She had constant vomiting, which was in some measure checked by opium, though very imperfectly. The rejected matter was described by Mr. Welch and by her attendants as being exceedingly offensive, so much so that they could not preserve specimens for examination; some that I saw in later visits, was of a bilious colour, thick, and had a most unpleasant smell, partly fœcal, partly bilious; this was the case with every specimen examined. Her bowels were open regularly. There was some fulness of the bowels generally, but nothing evidently abnormal, except that in the left lumbar region of the abdomen my attention was attracted by a peculiar and decided though somewhat obscure fluctuation, diffused over that region, but not felt in any other part; that region of the abdomen was decidedly duller than the right side, though still partially resonant; and there was no local distension, nor could I trace the outline of any cyst. This symptom continued to present itself at several subsequent visits; the explanation of it I was disposed to assign, was displacement of the stomach, but I was at a loss to explain such displacement, the few particulars afforded me of her history, not throwing sufficient light upon her disease. She lived till May 25th without presenting any fresh symptom. The vomiting was somewhat relieved by opiate suppositories, (she could not retain medicine) but still continued very troublesome. She had a tendency to diarrhœa towards the last.

Sectio-cadaveris thirty-six hours after death.—Great emaciation; slight rigor. *Thorax:* Some fluid in the left pleura; adhesions general of the right lung and at posterior part of the left; *right* lung *healthy and free from tubercle;* in the *left*, scattered through its tissue, were several firm nodules of minute grey granulations, in some few were what appeared to be miliary tubercles, in very small number, and in two or three cretaceous deposit, in a state like mortar. *Heart* healthy. *Abdomen:* On opening the front of the abdomen an extended layer of coagulum appeared, entirely concealing the contents of the cavity lying over the front of the liver, and on the intestines, and dipping down into the pelvis; the coagulum, when removed, proved of considerable thickness; the true pelvis contained a very large quantity of coagulum and bloody serum, by which indeed it was almost filled; there was some bloody serum in the abdominal cavity besides. All the intestines were closely united to one another by cellular adhesions, plentifully filled with tubercular matter; they were entirely separated from the abdominal wall by the coagulum, but from the resistance offered to the removal of the walls of the abdomen it seemed probable that there were adhesions also between it and the intestines. The *liver* adhered closely to the diaphragm

throughout its convex surface; it was much flattened, its tissue very confused, soft, friable, in many parts nearly pulpy, and was throughout of an ochre colour. The *gall-bladder* healthy, its interior studded with tubercles; it was empty, but coated within with gamboge-coloured tenacious liquid. The *stomach* was quite displaced, it was tilted down into the left side of the abdomen, so as to be entirely on the left side of the middle line, and to occupy the left hydochondrium, and upper part of the left lumbar region of the abdomen; it was nearly empty. The transverse colon adhered so closely to the pylorus, that for some time it was believed to be a greatly distended duodenum. The small intestines presented their natural calibre; their folds admitted of being separated. The ascending, and particularly the transverse colon, were much distended with flatus; the descending colon very much contracted and contorted by the adhesions; sigmoid flexure of the upper part of the rectum was greatly contorted by the adhesions; it was contracted also in its calibre. The cœcum contained a little stiff fæces. The stomach was healthy internally; the mucous membrane throughout the intestinal canal, was healthy, except that it was very pale; the walls of the stomach and intestines attenuated; omentum much thickened and contained tubercular matter; kidneys, pancreas, and spleen healthy; one ovary was converted into a small cyst, with thick dense walls.

With reference to the hæmorrhage I should add, that the last four or five days I had remarked great pallor, but did not attach any importance to it, from her dying condition.

Foreign Department.

PROCEEDINGS OF THE FRENCH ACADEMIES.

ACADEMIE DE MEDECINE.

Among the recent communications to the Academie de Médecine, is one of great interest by M. Orfila, "On *Poisoning by Nicotine.*" This distinguished chemist states that nicotine may be recognized as readily as any of the mineral poisons, and that the detection is possible even when it exists in the stomach or intestines in the minute quantity of a few drops. It may also be discovered in the liver and other organs after it has been absorbed. Nicotine presents itself as a colourless oleaginous liquid of the specific gravity 1.048, the taste is very acid, its smell that of tobacco. Volatilized at 250°. It burns with a white sooty flame. It is strongly *alkaline* to litmus, and is soluble in water, oil, and in ether. This great solubility both in water and ether, is stated to be very characteristic of nicotine, and does not occur in the case of other alkaloids. Given in the dose of a few drops to a dog, it produced vertigo, followed by convulsions and coma, without vomiting or purging. Death occurs in a few minutes.

M. Orfila gives two processes for the detection of nicotine, the first of which we here record:—The contents of the stomach and bowels are to be mixed with and macerated in ether for twelve hours. At the end of this time the nicotine will be dissolved by the ether, with or without fatty matters, as the case may be. This ethereal compound is next evaporated to dryness, and mixed with a solution of caustic soda, which separates the fatty matters, and it is then distilled. The nicotine will now be found in the receiver.

The second process produces a sulphate of nicotine, which is decomposed by potash, and distilled as before.

Another fact established by M. Orfila, of great importance, in a medico-legal point of view, is, that nicotine is not destroyed by putrefaction, but may be detected after the body has been dead two months.

A paper was also presented by M. Desgranges, "On the *Treatment of Prolapsus Uteri, by pinching up* (pincement) *portions of the Vagina.*" This is accomplished by means of small instruments, which enclose folds of the vaginal mucous membrane, and are allowed to remain until ulceration occurs. The subsequent cicatrization so contracts the calibre of the canal, as to prevent the falling of the womb. The number of instruments used varies from three or four to nine, and the treatment extends through three or four months.

[This is a modification of the operation proposed by Dupuytren and Marshall Hall, but is more tedious.]

Among the memoirs of less interest may be mentioned the following:—"*Researches on the Alkalinity of the Blood*, by M. Le Canu; "*Report on Vaccination*," by M. Bousquet; "*On the Employment of Strychnine in General Paralysis of the Insane*, by M. Girard; and "On two new Alkaloid Salts—the *Tannate of Quinine, and Cinchonine*, by M. Barreswill.

ACADEMIE DES SCIENCES.

Persistence of Vital Properties in Muscles during Cadaveric Rigidity.—M. Brown-Seguard has announced the remarkable fact that limbs which have become rigid after death, may be made to exhibit muscular irritability and sensibility. This he proved by injecting blood into the vessels of the stiffened limb. The following are the author's conclusions:—1. That muscles are not necessarily dead because they exhibit cadaveric rigidity—that, if they are not actually alive, they have the faculty of living. 2. That want of circulation of the blood deprives the muscles and nerves of their functions: the restoration of the circulation restores these. 3. That notwithstanding the duration of rigidity shall have been as long as twenty minutes, sensibility and voluntary movements may be restored.

[These researches were made on living animals by means of disgusting cruelty, such as only a French physiologist could perpetrate.]

On the Importance of Bile in Digestion.—M. Blondlot has ascertained that, contrary to general belief, the bile has no office of importance, but is purely excrementitious, and that, by consequence, it might cease to flow into the intestinal canal without interruption of the process of digestion for all purposes of the maintenance of life. M. Blondlot called the attention of physiologists to the chief fact of his essay, which was the establishment in living animals of fistulous

openings carrying off the entire quantity of bile, the normal duct being obliterated. In the animals thus experimented upon digestion took place perfectly, as in other animals. In one animal the bile had been thus carried off externally during a period of five years; at the end of which time, the animal having died, its body was carefully examined, and no trace of communication with the intestine existed. The uses of the bile in the alimentary canal are secondary: it contributes with other fluids to form emulsion with fatty matters, and it assists to neutralize acids; its primary office is the elimination of detritus.

Treatment of Tetanus by Chloroform Frictions.

In the *Union Médicale* the following case is recorded by M. Morrisseau. The patient was about forty years old, a man of good constitution. Eight days before admission he had slightly wounded himself on the front of his leg, while at work, with his pick-axe. The trifling wound had healed by the fifth day. On the sixth day tetanic symptoms manifested themselves.

The patient was at first treated at home, but the disease advancing he was removed to the hospital. When first seen by Dr. Morisseau, the tetanus was fully developed; there was persistent contraction of the muscles of the jaw, of the chest, abdomen, and back; the body was bent double every hour; deglutition impossible; the pulse small and slow; nothing particular was observable of other functions.

Friction was performed with four grammes (one drachm) of chloroform. This quantity was repeated three times during the day. The patient was placed in an acidulated vapour bath. On the following day a considerable improvement had taken place. The patient had perspired freely; he had slept well, which he had not done before since the commencement of the attack; he had swallowed a few spoonfuls of liquid; the muscles were less rigid; convulsions shorter, and less frequent.

The dose of chloroform was increased to twenty grammes, three times a day. This treatment was continued for five days with the best results. All the symptoms had disappeared on the sixth day. A sense of lassitude and debility alone remained, and these soon disappeared under suitable diet.

Treatment of Scarlatina by Inunction.

This method of treating scarlatina, first introduced by Schneeman, has been alluded to in a former number of this journal: but as it is of importance to know how far the experience of others has sanctioned the practice, we here give an account by Dr. Ebert, *(Revue Medico-Chirurgicale)* who has adopted it in an epidemic which has lately appeared in Berlin, and, as he informs us, with great success. The author has had twenty-two cases, eleven of which offered serious complications; the deaths amounted to six. Of these twenty-two, thirteen were treated by frictions with lard, nine by other measures. Of the latter, five died; on the contrary, of the former, twelve got well, and one only died, but in this case death took place almost immediately after the first friction. The general remarks of Dr. Ebert are to the following effect:—

1. Frictions with lard do not induce any injurious consequences, or in any way interfere with the development of the exanthem, as might, *a priori*, have been expected.

2. The complications of scarlatina do not contraindicate the frictions; on the contrary, under their influence, the complications occur less frequently and disappear more rapidly.

3. The effect of the treatment is distinguished by the absence of desquamation in all cases in which it has been scrupulously carried out. The exceptions to this are very rare.

4. In no case thus treated was anasarca known to supervene.

5. Another apparent effect of this treatment is to destroy the contagious principle.

General Retrospect.

PRACTICAL MEDICINE AND PATHOLOGY.

Communicability of "Grease" to Man.

A case is reported from Guy's Hospital which seems to prove that the disease in the heel to which horses are subject, and called "grease," is communicable to the human subject, and produces symptoms analogous to glanders, but of much less fatal character. A case, illustrating this fact, came under the care of Mr. Cock.

The patient was an ostler, in excellent health, till he accidentally touched his nose with the matter whilst dressing a *greasy* heel. In the evening he experienced some heat of the part, which he attributed to catarrh, but next morning the cheek and nose were observed to be considerably swollen, and a thick discharge flowed from the nostrils.

On admission the nose was swollen, of a dusky red; cheeks tumid, and blotched, and on each side was a hard painful swelling, like a periosteal node. He was ordered quinine, nitrate of silver lotion (dr. ss. to oz. j.) applied to the mucous membrane, full diet, ten ounces of port, and two pints of porter daily. Next day the cervical glands were enlarged; the nose was freely punctured, with great relief. Ten grains of Dover's powder at night.

On the third day the patient had passed another restless night; he complained of dizziness and pain in the head; the nose and face were intensely painful, and the tumefaction so much extended and increased, that the eyelids were now completely closed. Two hard lumps of pus came away from the nostrils. Mr. Cock again punctured the nose, and ordered a bread-and-water poultice to be applied to it. The bowels have been well relieved. The quinine was continued, but the powder omitted.

On the fourth day a great change for the better had taken place; the patient passed a good night, slept well, and was comparatively free from pain; the tumefaction about the nose, face, and eyelids is much reduced in size, and the pain much less severe. The discharge continues from the nostrils.

From this time the man continued to improve, and seven days after admission the nose had regained its

natural size; the discharge was much reduced in quantity and consistence, and on the 26th of April he was presented for dismissal cured, having been in the hospital only ten days.

Mr. Cock remarked that this was the third case he could call to mind where the evidences of poisonous inoculation were clearly traced to contact with the greasy heel of a horse. In both the other cases the poison appeared to have been imbibed from wounds or cracks on the men's fingers, and the most severe absorbent inflammation was produced, accompanied by intensely acute constitutional disturbance.

In the one instance the patient recovered after much suffering and tedious illness; in the other he died at the end of several weeks, worn out by successive abscesses, which formed in different parts of his body. There seemed, therefore, no doubt that the greasy heel of the horse was capable of grafting a specific poison upon the human subject.

As in this case the fact of poison seemed to be clearly indicated and proved, and as the inoculation had been recent, Mr. Cock considered it expedient to endeavour to destroy the contaminated surface as speedily as possible, and to excite a healthy suppurative action on the mucous membrane of the nostrils.

The caustic solution was severely and unsparingly applied, and certainly seemed to have the decided effect of "killing the local disease." The aggravation of inflammation and tumefaction which followed the use of the escharotic, and which extended over the nose, cheeks, and eyelids, was doubtless rather to be attributed to the severity of the remedy than to the extension of the original disease. The same local effects have not unfrequently been produced where a strong solution of nitrate of silver has been injected into the urethra for the purpose of cutting short a gonorrhœal discharge.

Mr. Cock made the punctures in this case with a broad-shouldered lancet, and carried them to a considerable depth. The blood flowed from the wounds in streams and jets, showing the congested and distended state of the vessels. The relief was most speedy and effectual.

On the Use of the Neutral Sulphites in Diseases of the Stomach connected with the production of Sarcina Ventriculi.—By Dr. Jenner.

A very remarkable case is made the subject of a clinical lecture by Dr. Jenner. The main symptoms were daily copious vomiting, flatulence, distension, and the train of symptoms usually referred to cancerous degeneration of the coats of the stomach. The yeasty appearance of the ejecta induced Dr. Jenner to examine microscopically, and he found immense quantities of *sarcinæ*, with *torulæ*. The man had been treated with bismuth, nitrate of silver, and hydrocyanic acid, without any relief, when Dr. Jenner determined to give the sulphite of soda, being led to this by the known effects of sulphurous acid upon parasitic vegetable growths. The effects were gratifying, as far as regards relief, but the more ultimate effects are not ascertained. As a proof of this we give Dr. Jenner's account.

Before taking it, he was vomiting daily from 40 to 100 ounces of the fluid, loaded with sarcinæ and torulæ; thus, on the 1st of April he vomited 100 ounces; on the evening of the 2nd, between 70 and 80 ounces, although he had the same morning, from the action of sulphate of zinc, vomited 50 ounces. No vomiting on the 3rd. On the 4th, in consequence of the extreme pain and sense of distension, sulphate of zinc was again administered.

On the 5th he took half a drachm of the sulphite of potash early in the morning; in the evening he vomited. On the 6th the dose was increased to one drachm. On the 7th he vomited 12 ounces only of acid fluid, on the surface of which there was but a small amount of scum; it contained perfect sarcinæ, but no torulæ.

From the 8th he took three drachms of the sulphite daily, each dose being given in a drachm and a half of water. At six A.M. on the 9th he ejected from the stomach four ounces; the sarcinæ were now decidedly less numerous, and there were no torulæ. In the evening of the 6th he again vomited, but the vomited matters were now free from sarcinæ and torulæ, and there was no appearance of fermentation. Between the 9th and the 18th he vomited three times, but on neither occasion did the vomited matter contain sarcinæ or torulæ.

On the evening of the 18th the sulphite of potash was omitted; and on the 19th he vomited a fluid in a state of fermentation, containing torulæ, but no sarcinæ. On the 20th he vomited 9 ounces of a similar fluid; these specimens were examined by a most trustworthy observer, Mr. Morris, the physician's assistant. On the 21st there was a thick scum on the surface of the vomited matters, which contained sarcinæ and torulæ in abundance.

The sulphite of potash, in drachm doses, was again administered; no further vomiting occurred till the 27th, when, without any apparent cause, it recommenced; the vomited matters had their old yeast-like odour and appearance, and were loaded with sarcinæ and torulæ. Dr. Jenner now began to suspect that the man could not be taking his medicine regularly; but on inquiry no omission could be discovered. The medicine itself was then tested, and it was found that it gave off no odour of sulphurous acid, on the addition of a stronger acid. At the dispensary we learned that a fresh stock of the drug had come in on the 20th. On submitting a specimen to Mr. Graham, he found that it contained no trace of sulphurous acid. At his suggestion, Dr. Jenner prescribed from this time the sulphite of soda, a more stable salt, and one less liable to be decomposed either in the preparation or by keeping.

On the 29th of April half a drachm of it was given at bed-time, and on the 31st, half a drachm three times a day. On the 1st of May our patient vomited 40 ounces of a fluid covered with a thick scum; the vomited matters were not examined microscopically.

On the 2nd the dose was increased to a drachm. There was no vomiting till the 5th; the vomited matters were in quantity about 50 ounces, had no scum floating on their surface, and were entirely free from sarcinæ and torulæ.

On account of the burning pain which he occasionally complained of, he was now ordered a mixture containing sodæ carb., two scruples in each dose. On the 13th, 15th, and 16th, he again vomited sarcinæ in

quantity, and as it was suspected that the soda prevented the evolution of sulphurous acid, the carbonate was omitted. From the 16th of May to the 19th of June, the vomited matter contained no trace of sarcinæ or torulæ, and had lost its yeasty odour and appearance. *During these thirty-three days he ejected about* 230 *ounces of acid fluid; during the first eight days of his residence here he ejected* 380 *ounces.—Medical Times*, Aug. 23.

On the Prophylactic Value of Belladonna in Scarlatina.
By Benjamin Bell, Esq., F.R.C.S.

The author, in the course of a narrative of an epidemic of scarlatina, which appeared in Edinburgh in 1831, mentions the internal use of belladonna. He says that, "conceiving that no means for arresting the disease should be omitted, and that a favourable opportunity offered for testing the alleged prophylactic virtues of belladonna, he determined to give it a fair trial; accordingly, after the occurrence of the second case in the hospital to which he is attached, in which a number of boys are educated, he gave to each the fifth of a grain night and morning. This caused dilated pupil, and the dose was, therefore, diminished, and given uninterruptedly for a month, during which time no case had occurred. There was, therefore, a sufficient time for it to manifest its prophylactic power, if any were possessed, but the subsequent occurrence of several cases served to render this property doubtful.—*Edinburgh Monthly Journal*, August.

SURGERY.

Popliteal Aneurism cured by Compression over the Tumour.—By H. Bennett, M.D., (U.S.)

The peculiarity of this case consists in the fact, that the compression was made directly over the sac, instead of in the line of artery above it.

Thomas Elwell, aged 30, subject of popliteal aneurism, for which ligature of the femoral was advised. Hearing of the benefit of compression, he determined to try it, and commenced the treatment himself by bandaging the limb from the toes to the knee, and placing a compress of folded cloth directly upon the pulsating tumour. He persisted in this course for two or three months without the least benefit, when he determined to substitute a firmer compress. Instead of folds of cloth, folds of *sheet-lead* formed the nucleus of his compress, which was applied in the same manner as before. The reporter called upon him occasionally to watch the progress of his treatment, and after the end of ten days after the application of the lead compress, found him suffering much pain in the knee-joint, from the severe pressure which he had made, but no diminution in the size of the tumour, or the force of the pulsations, the latter being readily felt through the compresses when applied with all the force which he could endure. He was advised to discontinue what was considered a hazardous proceeding, and to abbreviate his sufferings by submitting to the usual operation. Notwithstanding, being a man of very strong resolution, he determined to pursue this course still longer, and abide the issue. At this time, however, he threw aside the lead compress, and filled its place with *a ball of caoutchouc*, which he bound upon the tumour with all the force he could endure. Not long after, perhaps two or three weeks, the author called again to see him, and was much surprised upon examining the limb, (which he exhibited with no little triumph,) to find the tumour much diminished in size, and the *pulsation gone.* From this time the tumour in the popliteal space was gradually absorbed, and at the end of a few months had entirely disappeared.—*New York Journal of Medicine*, July, 1851.

Results of Wounds of Articular Cartilages.

Mr. Redfern adopts the following as a summary of his observations on wounds of articular cartilages:—

1. Wounds in articular cartilages heal perfectly by the formation of a fibrous tissue out of the cut surfaces.

2. The fibrous cicatrix consists of white and yellow fibres, formed out of the intercellular substance of the cartilages, and of the nuclei of its cells.

3. Articular cartilages disappear after amputation at the joints, either by transformation into fibrous tissue or by slow ejection of their particles into a newly completed synovial sac.

4. Ulceration in articular cartilages differs from that in other tissues in neither being accompanied by exudation or attended with pain [?]—differences which depend on absence of vessels and nerves.

5. Ulcers of cartilage heal by transformation of the surrounding cartilage into fibrous tissue.

6. Inflammation, regarded as a process of abnormal nutrition with changes in blood and blood-vessels, does not occur in the cartilages of man.

7. All diseased states of cartilage are referable to abnormal nutrition of this texture, and have much less surgical importance than has been attributed to them. —*Edinburgh Monthly Journal*, September, 1851.

TOXICOLOGY.

On Poisoning with Sulphuric Acid.
By Dr. Geoghegan.

The following inferences are deduced from a paper on this subject:—

1. That in poisoning by sulphuric acid the poison may reach the interior of the larynx and bronchial tubes during life, and may thus produce a bronchitis of sufficient intensity to prove fatal, either *per se*, or aided by mischief elsewhere.

2. That the blackening of the stomach in poisoning by sulphuric acid does not necessarily involve the carbonization of the tissue, but may consist in the interstitial deposit of blood effused under the corrosive and irritant action of the poison, and chemically altered by the latter.

3. That oil of vitriol does not *carbonize* the dead stomach, but dissolves its coats.

4. That in cases of poisoning the acid may be detected in the blood and parenchymatous viscera; its quantity relatively to the weight of structure operated on, being greatest in the *liver;* and, in proportion to that of the normal sulphates, in the *blood.*

5. That in the blood and parenchymatous organs, the acid is to be discovered (and probably exists during life) solely in combination with the colouring matter and tissue respectively.

3. That the poison, when absorbed, decomposes the alkaline phosphate of the blood, and that the resulting sulphates are rapidly evolved.

7. That the above indicated method of comparative examination of equal weights, when carefully employed, appears suited to the exigencies of medico-legal practice, and is not open to any practical objection which cannot be obviated, either directly or by collateral proof.

8. That researches relative to the distribution and state of combination of substances absorbed by the blood, afford a rational prospect of improvement in our knowledge of the action of therapeutic agents.—*Medical Gazette*, August 22.

Correspondence.

HOMŒOPATHY.

To the Editor of the Provincial Medical and Surgical Journal.

Sir,—Your last number contains two important documents upon the subject of Homœopathy, which demand the attention of every member of the Association; and, as the autumn quarterly meetings of the branches are about to take place, I trust they will receive that consideration which their great importance deserves.

I allude to the memorial of the Manchester Medico-Ethical Association to the Royal College of Surgeons, and the address from the Medical Practitioners of Guernsey to the Committee of the Association, on Irregular Practice.

With regard to the first of these, I hope the Central Council of the Association will speedily bring it under the notice of the branches, in order that corresponding memorials may be presented by every section of the Association; and where branches do not exist, by the members of the profession resident in various localities. By this means the great object sought by the meeting at Brighton, will be brought prominently under the notice of the governing bodies of the profession, and convince them that the only object of the Association in this movement is the purity of our Colleges, the respectability of our profession, and the furtherance of the honourable practice of the science of medicine.

The address from Guernsey is, I would humbly opine, a cogent and forcible reply to your correspondent Dr. W. Davies, and those who think with him that our duty as members of the Provincial Association is to leave the matter entirely to the governing bodies; we are, says he, "a body of men banded together for the advancement of medical science, for the promotion of just and honourable dealings in our intercourse with one another, and for the interchange of the courtesies and ameneties of life," and nothing more. Why, Sir, homœopathy comes before us with all the authority of a system of medicine; Hahnemann himself was regularly educated; his followers have all been educated in, and taking degrees and licenses from the recognized bodies, and it differs from all other systems of empiricism in this one feature,—that its practice is solely confined to a *section* of our own profession. Surely, Sir, it is the bounden duty of "*a body of men banded together for the advancement of professional science*, to repudiate homœopathy as is forcibly done in the first resolution passed at Brighton, as "*so utterly opposed to science and common sense, and so completely at variance with the experience of the medical profession, that it ought in no way or degree to be practised or countenanced by any regularly educated medical practitioner.*"

Surely we can take no other or better mode of "*promoting just and honourable dealings in our intercourse with one another*" than by declaring in the words of the third resolution "*that it is derogatory to our honour to hold any kind of professional intercourse with homœopathic practitioners.*" Surely Dr. Davies would not have us "*interchange the courtesies and amenities of life*" with men who, although they may be members not only of our Royal Colleges, but of our own body, have poured ridicule upon an honourable profession, and who seek to thrive by trickery, empiricism, and fraud. This, Sir, is not our duty; our course plainly is to endeavour to purify our own ranks by emphatically declaring that these men and their *compeers*, the hydropathists and mesmerists, ought not to be members of our Association, or retain diplomas conferred by bodies whose principles they repudiate.

We have nothing to do with the public in this matter: we do not, as Dr. Davies seems to suggest, apply "hard names" to them. In accusing the Brighton speakers of this (by implication) he appears to wander about for reasons why he should desert a cause of which he may be said to be the leader, he having been the first in the Association to draw attention to the subject as far as it related to the Scotch Colleges. In your number for for July 23rd, I find that Dr. Wm. Davies, at the annual meeting of the Bath and Bristol Branch, "in a few terse but appropriate remarks" proposed a resolution thanking the Royal Colleges of Edinburgh for their "expressed determination to uphold the science of medicine by severing from their body those who act in a manner unbecoming the character of a physician or surgeon." Why, Sir, if Dr. Davies was justified in proposing such a resolution at a branch meeeting, he had no excuse for declining to serve on a committee appointed by the Association at their collective anniversary to report upon irregular practice, an honour which he declined, for reasons which he says will be obvious from his letter, but which I cannot see.

I envy the men who could, in so short a time, amidst the excitements of the annual meeting, sit down and frame the resolutions which were so triumphantly adopted, and to which, as yet, there has been no cavil, either in or out of the profession; and after a careful perusal of the resolutions adopted and speeches delivered, I see no allusion to the public whatever, except as dupes—none of that martyrizing process so feelingly deplored by Dr. Davies, and which he gives as his reasons for not serving upon the Committee.

Qui vult decipi decipiatur applies in this case, as in all others. I have been many years in extensive practice, and I know that my experience will be fully borne out by my fellows when I say that though the *Malade Imaginaire* may wander about from one system of quackery to another, should any dangerous malady attack him he returns to the legitimate practitioner, and ceases to "try" any more experiments or nostrums.

Sometimes, indeed, as Dr. Williams feelingly observed in his speech, our attentions are too late; but even when they are so, the victim of empiricism, by his death, advances the esteem in which legitimate medicine is held by the public.

And now permit me to draw an analogy between Medicine and the Church. Trinitarianism and Arianism are both systems of religion; medicine and surgery, as taught in our schools, and homœopathy, as taught by Hahnemann and his followers, are, for our present purpose, both systems of physic. Surely, Sir, if the Arian divine were, even by the profession of Trinitarianism, to obtain orders, he would be expelled the Church as soon as his peculiar doctrines were avowed. This has been the custom in all ages, and with all sects. Why should not medicine be guided by similar rules, and every professor of heretical doctrines be compelled to resign his diploma as soon as he no longer holds the principles and practice of his College? "He that is not with us is against us." I cannot call a man a "martyr," nor am I an "enchainer of the human mind," when I call upon our Association to pursue its good work of freeing the profession of a body of men who proclaim their heresies under the sanction of its degrees and diplomas; who, not content with the practice of empiricism as an unrecognised quackery, dignify it by the name of a system, and parade their professional titles (nay, as in many recent instances, seek them) to add a lustre to practices which every honourable man in the profession repudiates with scorn.

Our work is but half done if we do not, by every means in our power, urge upon licensing bodies peremptorily to expel from their ranks all who practise homœopathy and its cognate branches of quackery. Many profess to do so conscientiously; but surely their conscientiousness is easily stifled when, notwithstanding their entire renunciation of the doctrines taught in the schools from which they have obtained their diplomas, they still pertinaciously continue to call themselves Fellows and Members of Colleges which their practice tends so much to degrade and insult.

Without these titles homœopathy in this kingdom would sink into oblivion. No ship fears the approach of the pirate who sails under the flag of a protecting power. Do not the patients of these men tell you that Dr. Globule is a Fellow of your own College? Do they not refer you to the prizes he obtained as a pupil; and tell you that you only differ in your "*systems*;" that he has been convinced of the "*errors*" which you, in your blindness, pursue without reflection? In their eyes you are both equally qualified to treat disease. For this state of things there is but one remedy, namely,—expulsion from the ranks of medicine; and until this is effected the Association should persevere in its present movement.

I am, Sir, your obedient servant,

F.R.C.S.

To the Editors of the Provincial Medical and Surgical Journal.

Dear Sirs,—A letter in our last *Journal* from Dr. Davies, wherein he somewhat condemns, as regards homœopathy, the proceedings of the Annual Meeting at Brighton, I cannot allow to pass unnoticed.

I regret extremely that I was wholly unable to attend that interesting meeting, the more so as I feel as strongly as any member present, on the heresy which has crept into our professional ranks, and, in my humble opinion, the remarks made by the several speakers on this subject were most judicious.

I do not for one moment complain of the amount of public support homœopathy has received, were it far more extensive than it is; but let us enter our solemn protest against having anything to do with what will, some day or another, prove to be one of the greatest humbugs ever palmed upon man. Let us never meet the professors of this system in consultation, either directly or indirectly; let our Colleges be purged of them; let them have colleges of their own; and, were it not that I consider I should be encouraging error, I would most gladly assist them in this effort, feeling convinced that the sooner the system is allowed to stand on its own basis, the sooner will a discerning British public detect its hollowness, as well as its dangerous tendency.

Believe me, dear Sirs,

Yours faithfully,

JAMES HEYGATE, M.D., F.R.S.

Derby, Sept. 18, 1851.

TREATMENT OF THE INSANE.

To the Editor of the Provincial Medical and Surgical Journal.

Sir,—I begin this letter with two questions:—Is there such a disease as insanity? Should not an Act be passed declaring there is no such disease; and that confinement, or restriction of liberty, under the presumption of mental aberration, is violating the rights of the subject?

Under the present management and laws for regulating private establishments, such would be the more sensible plan. The proprietors of private establishments are at the perfect mercy of the Commissioners; their visits are inquisitorial, their court a star chamber, and the Act gives no appeal. Their report has to be returned to their office in London, and also to the Sessions' Clerk. No matter what it may contain;—no matter that it may be merely the impression of the mind of *the then visitors*;—no matter if contradictory to a former report;—no reason assigned, go it must, and cannot be altered, nor, as far as I can yet judge, are any explanations which may be offered, attended to.

I have said the visits of the Commissioners are inquisitorial; as such they may come at any hour they please; and I have known them, coming at an early hour, find much fault because the house was not in perfect order, totally unmindful of the morning work in a house where there are dirty patients, and even excepting that, of the regular process of cleaning absolutely necessary, from the palace down to the cottage. How would they like their own domicile to be so early visited, and its state of cleanliness minutely reported!!

Again. Whatever length of time the visitors may stay, they cannot make themselves acquainted with the

habitudes of the patients. If the Act be intended to be of service, which I much doubt, each Commissioner should remain three days at board and maintenance, and perhaps sleep in the same room with a patient, whom he might think unjustly restrained; he would, probably, then get some insight as to the proper modes of conducting and managing difficult cases.

At present it is perfectly impossible for any Commissioners' opinion to be of any value. He presumes to himself he knows how to treat an insane patient. He knows nothing, and can know nothing, without opportunities for such knowledge being afforded him, and yet what observations are made, what peremptory commands placed in the "Visitors Book," totally incompatible with the patients' state. For instance, at the last visit of the Commissioners to a small, well-regulated establishment, solely for females, two perforated chairs were ordered to be broken up, although it was explained that the patient, for whose use they had been principally procured, would never perform the necessary natural functions, unless placed in one of them, but would take every opportunity of dirtying herself, or the ladies' room. In my own establishment I have a patient who *requests* the waistcoat may be placed upon him at night. He feels his irritation constantly preventing sleep; but one Commissioner thinks some other means might be adopted, but refrains from stating what those means might be. I wish the Commissioner would pass one night in the room, and then he might more accurately determine his opinion. An attendant sleeps in the same room, and it would weary out the lives of two, unless this mode of obtaining calmness was resorted to. I hesitate not to say that theoretical ideas as to the mode of conducting the comforts or returning health of an insane patient, are as nothing compared to the results of practical experience. The law as it at present stands is a one-sided and unjust law, but a very valuable one to those who have an interest in its continuance; and fault can be easily found by those who seek for it. I speak not particularly, but generally; and if the general body of proprietors of private asylums are satisfied, my remarks, of course, are useless, but they may be one day surprised at their exceeding supineness. There is much property vested in these private asylums; but that, of course, is as nothing compared with the results of their curative influence, or of their power, when cure is hopeless, of affording means of management so as to promote a comfortable existence; and this is beneficial to both parties. Is there a director or attendant who would not rather obtain for his patient and himself rest and quietness than constant wearying watch, both by day and by night; and surely we all know such a result is best obtained by kindness and firmness. As far as my experience, of a tolerably long standing, justifies the observation, an attendant will always incline to the former; and what Commissioner will name, from his own observations, one director who is not much more satisfied with the regularity and pleasant feeling of his or her establishment, than with constraint, seclusion, or immethodical treatment.

Again. I presume to observe that the law establishing the Commissioners of Lunacy, is neither useful, nor can be useful; it often promotes strife,—it often engenders bitter feelings. It seems to me, from all I have endeavoured to obtain information, to endeavour to find fault, and to accept it readily. I am sorry to say it affords a means of publishing individual cases of diseases which ought, for many reasons, to be kept silent.

Power is inherently pleasant in the mind of man. Power will also give a supposition of excellence; also an emulation of being more wise than those preceding

"Semel insanivimus omnes."

Yours obediently,

E. B.

To the Editor of the Provincial Medical and Surgical Journal.

Sir,—I have this day read a paper calling itself "The Alleged Lunatics Friend Society." A more impertinent paper calling itself a "report" I never read; but when I see one name attached I less wonder at its wild enthusiasm and want of common sense. Some three or four cases are searched up and protruded with much flourish of trumpets, in which there may or may not have been mal-practices, for the evidence is doubtful; and the illegality is, not obeying to the letter the law propounded in the Lunatic Act—an Act yet difficult in comprehension, and, in regard to certificates from parties residing in the country, impossible to be immediately obeyed. This the Commissioners themselves acknowledge, and are patient in allowing such inaccuracies to be set right. But this searching report can find nothing to detail but what has been before the public and already adjudicated. Irregularities have been proved as to orders, certificates, entrances—irregularities of books, but the characters of the proprietors have remained unimpeached; and although all laws must be obeyed, yet what are informalities compared to the due regard to the health, convenience, and comfort of the patient? The report of the "alleged" may be formed to subserve some purpose; but I think this age, though Quixotic enough, will not establish windmills to fight with. To believe the report would be to believe that no advance has been made in the history and treatment of insanity, but that we have rather deteriorated, and have returned to that state of barbarism when whips and chains were common modes of treatment;—when that treatment was directed not so much by cruelty as by thorough ignorance of the forms and nature of the disease, and by direct belief that a case for insanity was hopeless, and that nothing remained but to reduce violence or obstinacy into obedience, as Dr. Busby, of celebrated Orbilian memory, well knew how.

I affirm that the good character of private asylums is generally acknowledged; that the medical and moral treatment is conducted upon principles based upon the welfare and comfort of the patient—witness the now many cures—and that the petition of this "alleged society" results from mistaken enthusiasm—from generalizing upon imperfect information, and from that pernicious maxim, "exuno disce omnes."

Yours obediently,

E. B.

THE FINANCIAL STATEMENT OF THE ASSOCIATION.

To the Editors of the Provincial Medical and Surgical Journal.

GENTLEMEN,—The treasurer of the Association at the meeting of the Council, held at Brighton, read a supplemental balance sheet, or liability-sheet, in addition to the account of the finances published in the last number of your Journal.

I understood that such supplemental document would be published, as well as the balance sheet. As a member of the Council, and one of the auditors of the Association's accounts for the year ending August 1, 1850, I beg through your columns, to intimate my wish and hope that such supplemental document may be laid before the members in your columns.

I am, Gentlemen,
Your obedient Servant,
SAMUEL CROMPTON.

Manchester, Sept, 10, 1851.

[We understand from the Treasurer that he simply stated that, in addition to the balance in the cash account, there was upwards of £1000 due for subscriptions; and that there was also a stock on hand of "Transactions" and Journals of small value. The liabilities of the Association at the end of July, amounted to about £120.—ED. P. J.]

DR. MAYNE'S EXPOSITORY LEXICON.

To the Editor of the Provincial Medical and Surgical Journal.

SIR,—I sincerely hope the profession generally will respond to Dr. Mayne's request, and subscribe to his Expository Lexicon. Lest any one may be inclined to withhold their name from a reluctance to support a work about to appear in parts, I hope my testimony in Dr. Mayne's behalf will induce them to reconsider their decision, and at once come forward and give the Doctor a helping hand. I am the more anxious as the work is unquestionably *much wanted*, and the sooner his subscription list has closed, the sooner it will be published. Dr. Mayne, I know has, from conscientious motives, refrained from announcing his intended publication until he had all the materials ready for its completion. Such being the case, the subscribers may rely with confidence on the regular issue of each part on the day fixed for its appearance.

I remain, your obedient Servant,
THOMAS SMITH, M.D.

Cheltenham, Sept. 20, 1851.

THE MEDICAL BENEVOLENT COLLEGE.

To the Editors of the Provincial Medical and Surgical Journal.

GENTLEMEN,—Mr. Bottomley tells us that he, "with many others," refrains from attaching his name to the list of subscribers *at present*, until they "see the Committee a little more scrupulous about admitting medical subscribers who practise irregularly." But the Committee have no option in the matter. Subscriptions transmitted to them become at once the property of the College, which they, as Trustees, are bound to appropriate accordingly. They have no moral right or legal power to refuse or return them, on any pretext whatever. If they did so they would become guilty of a violation of good faith, which gentlemen so sensitive to right and wrong as Mr. Bottomley and his friends are, could scarcely be expected to overlook. I would beg to suggest to your correspondent, who seems really interested in Mr. Propert's undertaking, that the subscribers at present are not too many, but too few; and that, as he is not only an orthodox practitioner, but a man of influence, the best way to purify the list would be to *grace* it with his own name and those of his many friends. We shall hope to see the list of Croydon subscribers very numerous, especially as many whom Mr. Bottomley has solicited to belong to the *Surrey Benevolent Fund* have declined to do so, and can, therefore, the better afford to support the Medical Benevolent College.

I am, Gentlemen, your obedient Servant,
NO COMMITTEE-MAN,
BUT AN ORTHODOX PRACTITIONER.

Sept. 8, 1851.

Medical Intelligence.

THE CREWKERNE AND YEOVIL DISTRICT MEDICAL ASSOCIATION.

This Association held its second general meeting at Yeovil, on the 11th inst., and many of the medical gentlemen of the neighbourhood attended. Although in existence a few month's only, this society has done a great deal of good, and numbers seventeen members, all of whom engage actively in its support. It offers considerable advantages, and we hope it will continue to uphold the dignity of the profession and that unanimity among its members which is so desirable in this season of heresy and schism. Since its formation, it has declared that those Insurance Offices which do not remunerate the medical referee for his faithful report of the state of his patients' health, to be unworthy of the support of the profession. Active measures are also being taken to prevent the growing injury inflicted upon medical practitioners by so-called benefit clubs and friendly societies, which receive, as members, many respectable tradesmen, whose sole object in entering is to obtain attendance for the small contract payment of from three to six shillings annually. It has brought to light several instances of the inhuman policy adopted by the Poor-Law Board and its satellites, the Guardians. It now calls attention to irregular practice and the gross ignorance, or wilful perjury of many quacks of the present day, and urges on our Colleges the necessity of protecting the public by withdrawing the sanction obtained by the possession of their diploma, in order to expose their apostacy. The members announce their intention to avoid all intercourse with any of the tribe

of empirics. There is little doubt but that an Association commenced in such an excellent spirit, and composed of respectable and respected practitioners, must be of great benefit to the profession and to the public; and we hope that their brethren will in every way give them their willing support.

EPIDEMIOLOGICAL SOCIETY.—INQUIRY ON VACCINATION AND SMALL-POX.

Notice to Members.—We are requested to inform our readers that the above inquiry will shortly be brought to an issue, and it is hoped that those members of the Association who have not already replied to the printed queries, will forward their replies to the Honorary Secretaries of the Epidemiological Society, 38, Berners Street, before the 15th of October next.

This Society has appointed an Epizootic Committee, which held its first meeting at Mr. Tucker's residence, on the 19th of August. Professor Simonds is appointed chairman.

FELLOWSHIP OF THE COLLEGE OF SURGEONS.

The following were the questions submitted at the last examination, on anatomy and physiology:—

1. Describe the knee joint, its articular surfaces and their form, the ligaments connecting the bones, the muscular attachments serving the purpose of ligaments to this joint, other muscles or their tendons passing over the joint.

2. Describe the parts seen on opening the abdomen, and their relative position. Describe the formation, extent and attachments of the great and little omentum, the peculiar charactars of the small and large intestines, and the special circumstances distinguishing the duodenum.

3. Describe the membranes which invest the brain, the peculiarities of their structure and function. The remarkable circumstances distinguishing the arterial and venous apparatus of the brain from those of the other parts of the body.

4. Describe the boundaries of the peritoneum, the parts contained within it, and their relations to each other.

3. Describe the parts exposed in dissecting the bend of the elbow, and their relative position.

6. Describe the circulation of the blood through the heart and lungs, with the action of the valves. Also the changes effected on the blood in its passage through the lungs, and in the general circulation.

The following on surgery and pathology were submitted on the 6th inst.:—

1. State the primary and secondary consequences of a wound into a joint, if adhesion of the divided parts do not speedily take place. Describe the treatment of such wound, and of its consequences.

2. Describe the symptoms and causes of a strangulated hernia. The treatment to be employed for its reduction. If an operation be required, what is its object, and what the circumstances which determine the return or not of the contents of the sac into the abdomen.

3. Describe the symptoms distinguishing concussion and compression of the brain. The kinds of compression, and the periods at which the symptoms appear. State the treatment of concussion and its effects, and generally that of the several kinds of compression.

4. Describe the causes and treatment of retention of urine from stricture. Also, the causes, consequence, and treatment of extravasatian of urine.

5. Describe the primary treatment of a wound made into the brachial artery in the operation of phlebotomy. State what happens to the artery if improperly treated on the occurrence of the accident, and what is then to be done under such circumstances.

6. Describe the consequences and treatment of a penetrating wound of the lungs.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

At a special court held on the 13th instant, Mr. Leslie Ogilby Patterson, of Downham Market, Norfolk, passed his examination, and obtained his diploma.

SOCIETY OF APOTHECARIES.

Gentlemen admitted members on Thursday, Sept. 11, 1851:—George Earle, Beverley; Henry Folkard, Old Brompton; Henry Lowndes, Liverpool; Wm. Notley, Manchester; Thomas Wynne Williams, Denbigh.

OBITUARY.

September 2nd, at his residence, Chelmsford, John Carr Badeley, M.D. The deceased was a member of the Provincial Medical and Surgical Association, and well known to his professional brethren as an accomplished and talented physician. He delivered the Harveian Oration last year at the College of Physicians.

Lately, at Oxford, J. Kidd, M.D., F.R.S.. Regius Professor of Physic in the University of Oxford. There are circumstances connected with the interest taken by Dr. Kidd in the Provincial Medical and Surgical Association, which demand a more extended notice in our next number.

At his residence, Forston, George Peacock Button, M.D., Superintendent of the County Lunatic Asylum, Forston, near Dorchester.

PROVINCIAL MEDICAL AND SURGICAL ASSOCIATION.

NOTICE TO MEMBERS.

Gentlemen who have not yet paid their subscriptions for the current year, or who are in arrears, are requested to forward the amount due either to the Secretary of the district in which they reside, or to the Treasurer or Secretary of the Association at Worcester.

It is also particularly requested that all post-office orders should be sent either to the Treasurer or Secretary, who alone have the power of giving receipts.

JAMES P. SHEPPARD, Secretary.

Worcester, September, 1851.

TO CORRESPONDENTS.

Communications have been received from Mr. Harvey, Dr. Edwards, Mr. Hunt, Dr. Ogier Ward, and Mr. Bree.

It is requested that all letters and communications connected with the *Editorial department* be sent to J. H. Walsh, Esq., Foregate Street, Worcester. Parcels and books for review may be addressed to the care of Mr. Churchill, Princes Street, Soho. But all communications respecting the routine business of the Association should be forwarded to James P. Sheppard, Esq., the Secretary of the Association.

CLINICAL LECTURES

ON THE

PRACTICE OF PHYSIC,

DELIVERED IN THE

THEATRE OF QUEEN'S COLLEGE, BIRMINGHAM.

By DAVID NELSON, M.D., Edin.,

Physician to the Queen's Hospital, and Professor of Clinical Medicine, &c.

[Reported by MR. HENRY GREEN, Student.]

LECTURE IX.

On the Morbid Conditions of the Circulating Tubes.

Gentlemen,—We have next to direct our attention to the affections of the circulating tubes, including the arteries, veins, and absorbent vessels. These affections either consist of inflammations and alterations of structure, or degenerations. My observations will necessarily be brief, as a great many of them rather come under surgical than medical treatment.

Arteritis has not yet been sufficiently studied and ascertained to be admitted as a regular disease into all books treating of physic. Nevertheless, we know that arteries may become inflamed, as well as other parts of the body, and therefore must recognise the affection, whether it be common or not. Certain pathologists, as you may be aware, have asserted that the original cause of all simple inflammatory fevers is nothing more nor less than an idiopathic arteritis. I have never had patients with simple inflammatory fever so violent as to cause death; and, therefore, have never had a personal opportunity of confirming or comfuting such a view of fever, by *post-mortem* inspections. But, nevertheless, I shall have no hesitation in offering my abstract views on the subject, based upon principles of general pathology. I shall and must admit that, if irritating matters were circulating in the general current of the blood, they *might* give rise to a general inflammation of the arteries; and that the consequence *might* be an effusion of fibrinous lymph, which would tend to block up the channels of the capillary circulation, and so induce that arrest of the secretions which is a main feature in fever. But, on the other hand, we must also perceive that, if such irritating matters subsequently induce all the other symptoms of a fever which shall run through its regular and definite courses, not in reference to any local inflammation, but solely in reference to the continuance of such poison in the blood, then the arteritis (*if it do exist*) is no more the cause of such fever than is the previous headache or shivering, but simply one of the many sequences that will follow upon the transfusion of a ferment or other morbid essence into the system. As we cannot admit that any inflammation, throughout the *whole extent of the arteries* could arise, except through the agency of the *whole mass of blood;* and as it is not the office of natural blood to excite inflammation, the conclusion as to the presence of some foreign matter in such a case is absolutely inevitable. But, further, if the fever that supervened were merely symptomatic of the local affection, its course would be very irregular, and subject exactly to such variations as characterise a local inflammation; whereas the marches of such fevers are found to be pretty uniform, and therefore not very consistent with the uncertain progress of any local inflammation. Hence, as you will see, I do not adopt the idea of arteritis being the primary cause of inflammatory fever, or even its necessary concomitant. Nevertheless, should any patients die in the stages of a simple synocha, or in the first stage of synochus, I shall not fail to examine the arterial coats, with the special view of testing these speculations. But, although I neither admit nor deny the existence of an universal arteritis, I entertain no doubt whatever of a limited inflammation of the internal and middle membranes. The softening, wasting, and ultimate ulceration that precede the formation of an aneurismal tumour, leave no doubt of this fact. Such tumour may, certainly, occur in consequence of simple mollification of all the three coats of the artery; but, most commonly, it arises from the destruction of the two inner ones, and a distension of the external investment. This accident usually takes place at some sudden turn or bend of a large vessel, where the current of the blood, meeting with sudden resistance and repulsion, is most apt to exert such force as may induce this lesion of structure. Hence it is most common at the arch of the aorta and in the popliteal artery, amongst those persons who are liable to maintain a constrained flexure of the lower extremity for several consecutive hours in each day. As the latter comes under surgical treatment, I shall make no further comment on it, beyond the mention of the ascertained fact, that in all cases there is found not merely a limited pouch, but also the existence of diseased and mollified artery for a considerable space beyond the tumour; hence rendering it more prudent to stop the flow of blood by ligature on the femoral artery than on any portion of the vessel near the seat of disease, as in the latter attempt the coats will most likely give way, and the person die of hæmorrhage. Aneurism of the aorta is purely a case for the physician, and in its early stages is very difficult of discovery. As may be inferred from physiological probability, the arch is the most frequent seat of the disease, on account of the great body and impulse of the blood that starts up against it at every beat of the heart, and the proportionate repulsion that takes place at the moment of concussion. If any arteritis exist at all, this is very likely to be its chief seat, propagated, as it may be, after the manner of an erysipelas, from the endocardial linings, either under rheumatism or other form of retained excretion. At first there will only be a little roughness, perhaps not sufficient to give rise to any sound. Nay, even before any sound is apparent there may take place a certain amount of difficulty of swallowing, or other evidence of physical obstruction, along with distinct projection of the ribs to the right of the sternum, as in Charlton and Wells.

Mary Ann Charlton had been for a considerable time

the victim of rheumatism in the spine, &c., but got cured of that in the hospital. In the course of treatment she had also a severe attack of pericarditis, with very rapid pulse, friction-murmurs, and total inability to lie on either side. On the subduction of these symptoms, no morbid sound remained about the heart; but a bulging was observed on the upper part of the sternum, with a very faint sighing sound, like that in a small sea-shell, heard at each contraction over the right clavicle. The pulse, at the same time, was recurrent, and easily compressed, beating habitually from 120 to 140. The diagnosis formed was, that there was dilatation of the arch of the aorta, whatever else existed, and the sounds, at first scarcely perceptible, have ever since been growing louder and louder, so that she is now seen regularly in the physician's room as an out-patient, affording illustrations to the gentlemen present of such arterial sounds, as they are so loud and rough that the veriest tyro cannot but recognise them. She is constantly liable, under any exertion or exposure, to be troubled with cough and dyspnœa, rheumatism, &c., but yet, with proper care, and the habitual use of digitalis and iron, she has, upon the whole, been kept tolerably comfortable for nearly the last eighteen months.

Ann Wells, aged 23, an out-patient; was pale and thin. She had slight cough, with dyspnœa, and complained of oppressive fatigue and shortness of breath under the slightest exertion, and was troubled with little boils, strumous swellings, sweatings, and other accompaniments of a languid and vitiated circulation. Her pulse was 120 to 130, recurrent, and readily compressed; and the respirations were 32, but the heart's sounds natural. Though, with the aspect of a consumptive habit, the pulmonary sounds were good, and indeed she too soon lost her cough, &c., to permit the diagnosis of pulmonary phthisis. A bulging, however, was discovered at the upper part, and to the right of the sternum, which suffered some pain under pressure. A blowing sound was likewise discovered there, propagated upwards over the right clavicle. Dilatation of the arch of the aorta was suspected. Some leeches were applied, and, bearing in mind her general habit of body, she took digitalis and muriated iron, along with cod-liver oil. Under a course of this kind, her boils and strumous swellings, &c., disappeared, her pulse descended to 80, and her respirations to 20, and the blowing sounds became more soft and easy. The murmurs had not disappeared when she last ceased in her attendance at the hospital, but she suffered no very appreciable inconvenience, and was, therefore, only enjoined to live carefully, and avoid all excitement, or any great exertion of body or mind. She has twice been under our treatment, and twice got better.

It is to be admitted, that in neither of the above cases has any demonstrable verification occurred, inasmuch as the patients are still alive; but the facts stated with respect to both, certainly offer *primâ facie* reasons for believing in the presence of dilatation and roughness at the arch of the aorta, if not of actual aneurism, in an incipient stage. In each of them it is to be observed that the sounds first discovered were of a very faint and obscure character; so much so that they were not perceived, even under repeated attempts, by inexperienced ears; nor would I have permitted my own perceptions to lead me into any positive assertion of the existence of these faint breathings of morbid action, unless they had been confirmed a week or two afterwards by sounds so distinct and persistent as to remove all doubt.

The statement of this fact simply proves that something is to be gained by constant practice, irrespective of the perfection of hearing, that must necessarily belongs to the young, and that it is only by long persevering diligence, and studied nicety of aural perception, that any one can become a good stethoscopist. And here I would remind you, as a plain and practical fact, that if you would preserve your ears in good condition, you will not remove from them the natural protection of the hair. By this shield from the effects of damp and cold, you may be able to maintain them intact to the end of life; whereas, their open exposure to all the vicissitudes of the weather and to the invasion of loud stunning sounds, may induce disorders, which will end in dulness of hearing, if not in positive deafness.

This deficiency of hearing is a great evil to any one, but more especially to the physician, considering the very many serious ailments to which that faculty affords him the principal clue. Aneurism is one of those diseases. The sound may be double or single, or, when the tumour is very large, it may almost be a continuous hum. This arises from the roughness of the walls, and from the body of blood contained within the sac. While it is yet in the process of commencing growth, there must be a certain amount of roughness, on account of the lesion of continuity in the walls of the vessel; and afterwards, as the cavern expands, and becomes filled with coat upon coat of coagulated stagnant blood, the sounds must of necessity become louder and louder. In the cases now cited, the sounds were heard most distinctly above the right clavicle, and a little below it, though not at all over the aortic valves. At the same time there was irregularity of the pulses at the wrist, some difficulty of deglutition, protrusion of the superincumbent bones, and general constitutional uneasiness, from inefficiency of the circulation. In another of these cases, viz., that of Harrison the blacksmith, suffering from hypertrophy, we have had similar symptoms; but coupled with the systolic blowing, there also arises, from time to time, a continuous musical sound, like that of the shrill hum of a small gnat within a flower cup, the source of which appears to me very dubious. The only treatment that can be pursued, is to moderate the force of the circulation, and to enjoin quietude of mind and body. Under such management, it is possible that the hollow may be filled up by successive coagulations of the contained fluid; otherwise, and most commonly, it goes on increasing, and causing by its pressure, the absorption of all surrounding structures, even including bone, till at length, nothing being left to offer any solid resistance to the perpetual wave upon wave of blood, excepting the accidental and scarcely organizable coagula of the tumour itself, these ulti-

mately soften and give way, and the patient suddenly dies by a gush of arterial hæmorrhage. You had, sometime ago, an excellent example of this fatal conclusion, in a case not belonging to me, in the top ward of the the Adelaide wing, after a protracted lingering, when the sac proved to be about as large as a child's head.

PHLEBITIS is by no means an uncommon disease, and is a particularly serious one, as the morbid discharges from the inflamed venous coat are at once carried to the centre of the circulation, sometimes in great volume, when they set up all the symptoms of a general depressant fever. This species of inflammation may be excited by a puncture, or, at least, the introduction of some irritant poison, such as putrid animal matter, &c.; or it may be propagated from some seat of extensive injury and inflammation along the serous surfaces of the traversing veins, soon involving not only these, but all the other channels through which the poisoned blood passes. All this is illustrated by dissection-punctures, wounds from a foul lancet, or absorption of pus from an injured limb, or from the abraded uterus. In a minor degree it induces what may be called purulent hectic, with rapid small pulse, and delirium—a not unfrequent occurrence after surgical accidents, or in the last stages of peritonitis, pneumonia, or phthisis. Perhaps the worst and most depressant form of this symptomatic febrile manifestation, however, is that disease called puerperal fever, proceeding from an inflammation of the veins and other absorbents of the uterus, transmitted from the denuded surface of that organ along the numerous vessels bound inwards. Pus is often elaborated in this case to a vast amount, and it is always found to proceed from the application of an animal poison to the abraded surface, most commonly introduced from without, as in crowded and mismanaged hospitals, or by infection from impure hands; but yet, in idiopathic cases, decidedly proceeding from some irritating matter eliminated from the patient's own body—an idea very readily understood when we consider what offensive elements may be retained after labour, to react on the tender surfaces of the womb.

As this disease, however, belongs to a particular province of the profession, and, as the consequence of the absorption of pus will be treated of again and again under other inflammations, as well as under the morbid conditions of the blood, I need not detain you with further observations on this point beyond saying that the great principles of treatment will consist in arresting the inward progress of the purulent secretion, both by compression (if practicable) and evacuation, and subduing the inflammatory action by such general remedies as have already been recounted, as leeching over the seat of inflammation, with calomel and tartrate of antimony, in the early or inflammatory stage, but giving stimulants under that depression of the organic life, which is apt to follow in this disease, as in external erysipelas. While upon the subject of the absorption of pus, I may remind you that one of the worst terminations of phthisis is delirium, apparently due to the presence of pus in the last stage of that disease. This symptom must be very painful to all, but more especially to the relatives of the sufferer, who are thus debarred from those last acts and words of tenderness, (not to speak of more important considerations,) which go so far to cheer and sanctify the bed of death. No phthisical patient of mine has ever died in this hospital under delirium, and I attribute this result entirely to the subduction of inflammation by blisters, or other counter irritants.

The PHOSPHO-CALCAREOUS DEGENERATIONS that are apt to overtake arteries, have already been discussed while we were speaking of valvular diseases, and, therefore, it is unnecessary to occupy our time now, either with the nature, causes, or treatment of arterial calcification when not very extended; and the only form of this ailment which I shall mention further, is that of senile gangrene, as it has been called. SENILE GANGRENE however, is not an accurate appellation. It is true that it is generally in the aged that the powers of the heart become so feeble, while the general structures of the body get so indurated or degenerated, that they become, in a special manner, liable to this form of disease; nevertheless, it will happen that younger men shall be attacked by this calciform degeneration of the arteries, and gangrene supervene in them as in the old subject. We may also have similar results from a fatty degeneration, as in the case of Thomas, which is so interesting a one that I shall state its history, as officially recorded in the ward-book.

This patient stated that he had had active service as a soldier for ten years, and had often worked long in the trenches. He had left the army on account of a fracture of his right leg, since which he had become corpulent, though without any positive complaint. Eight months ago he had an attack of severe pain in his right arm, which was followed, or accompanied by, a diminution of its muscular power, and a loss of impulse in the radial artery, so that the arm became quite fatigued by merely driving in a few garden nails. About one month thereafter the right leg became affected with weakness in like manner, and on the day of admission he had, while walking in the street, first felt a numbness creep from the foot upwards. He fell down and was carried to the hospital. On admission he lay prostrate and exhausted in bed, the heart's action was feeble and intermittent, and no pulses were felt, but after a time he rallied a little, so that the heart beat regularly sixty in the minute; while the pulse returned to the left side but not to the right. He had some tremulousness, but no particular pain. His breath was very offensive and his tongue thickly furred; his right arm was colder than his left, and both lower extremities, though fully developed, were cold. He had scarcely any power in his feet, the face was full, but pale and tallowy. The diagnosis first formed, was, that there was paralysis, afterwards constitutional gangrene was apparent, and fatty heart was suspected. The treatment for the paralysis consisted, at first, of hot frictions, with purgatives and ammonia. When the gangrene became obvious at the toes, emollient cataplasms were applied, and he continued the ammonia, with other tonics, and wine. Under this course he seemed to improve, as the

tongue, from black, became red, and the sloughs proceeded to separate, having a healthy looking margin at the living parts. Unfortunately, however, he subsequently caught severe and extensive erysipelas from another man in the ward, which involved the whole of the right leg, a deep burrowiug ulceration set in, and the house-surgeon, Mr. Moore, had to evacuate the matter by long incisions. For several months he lingered in this state and then died in coma. After death the heart was found large, flabby, and pale. Nothing particular was found in the radial or femoral arteries, except that they seemed narrower and softer than usual; but the popliteal of the right leg was obliterated at its bifurcation, and the anterior tibial was a solid chord, all vestige of which was soon lost in the debris of the ulcerated parts. The whole of the muscular tissue of the limb was reduced to a state of fatty degeneration, so that it cut like stale white fish, rather than red animal flesh, and at every incision there exuded a profuse discharge of thick colourless fluids, largely charged with oil. No phosphatic deposits were anywhere observed, and I adduce this case as one which simulated, in a great degree, the calcareous degeneration of which I have been treating.

It will be observed in the case just recited, that the pulses were absent in the most affected side ever since an old attack, and that the ultimate ailment came on with a sense of cold and numbness. At last muscular power was lost, the patient fell down, brown spots appeared on the foot, his tongue was brown, acute local pains occurred, and his toes gradually disappeared, yet he was a large, stout, hale-looking man, and not above 45 years of age, though he looked 60. The treatment of the case was at length partly surgical, but, inasmuch as he entered the hospital with paralysis, and as that and all his subsequent ailments proceeded from a constitutional source, it could not have been justifiable to have employed any strictly surgical appliances while there were any hopes of a constitutional treatment arresting or impeding the progress of the disease. The result was, that the man first lost four toes and part of the cushion of his heel, but had amputation been performed when the line of demarcation became distinct, I think it highly probable, or indeed I may say it is certain, that a defective reaction would have occurred at the stump, and so rendered amputation upon amputation necessary, until we had come to the hip-joint, as was illustrated also in the case of a certain major, about which there was a serious plea in law some fourteen years ago. Without a reference to the printed cause, I cannot charge my memory with the minute particulars, suffice it to say, this gallant major had the misfortune to be attacked with gangrene of the toes like this man Thomas, who was also an old soldier. The family surgeon who attended him employed local stimulants, which greatly augmented the pain, without stopping the gangrene. He next amputated the parts, but the old action, or rather *defect of action*, set in again; outward applications once more failed, and again and again these exciting agents and amputations were resorted to, until there was nothing more to amputate, and death cut the matter short. On this event the gentleman rendered a bill of £750. The executors of the major disputed this, and, if two great surgical authorities had not differed on a certain point, very probably the jury might have given a very disagreeable verdict in the matter; however, while Mr. Lawrence declared for the emollient, soothing, and yet tonic treatment adopted in our case, Mr. Liston as strongly gave evidence in favour of local stimulants and heroic amputation, as in that of the major. Under such high conflicting testimony, no judge or jury could venture to be very decisive; they took, however, a medium course, and cut down the remuneration to £500. I am decidedly of opinion that, under all such circumstances you must seek to soothe irritation, and abate inflammatory action, otherwise, by fibrinous lymph blocking up the vascular channels, and by want of sleep, and exhaustion of nervous energy, the local death must go on increasing. If the parts are maintained in free circulation, it is only to be accomplished by the mild application of heat, as in poultices, and by the support of the internal energies by means of those diets and medicines which are recognised as tonics, and diffusive stimulants, never by those that only excite a temporary exaltation, which is sure to be followed by corresponding depression. The wine, &c., here given, was doled out in very small quantities at short intervals, so as to effect a sustained tonicity. To have given large doses at long intervals, could not have failed to be hurtful. As to local stimulants, they would have increased inflammation, and harassed him beyond expression; while, as respects amputation, every inch of his flesh that might remain, would be a living evidence against its expediency, independently of the very decided opinions that have been expressed by Pott, Sir Astley Cooper, and others. The *post-mortem* appearances verified the opinion as to the constitutional origin of the disease.

Similar inflammations and degenerations may take place in the absorbent vessels, and with similar constitutional results, though certainly less severe. Inflammation, leading to obstruction and enlargement, does thus arise in an acute form, from the application of various irritant poisons, as in the minor instances of petty stings, or the revulsion of natural excretions, and in the greater ones of syphilitic and other more acrimonious matters, in which we witness the regular advance of inflammation along the line of the absorbent canals, and its augmentation at every congeries of these tubes in the conglomerate glands. This process is so completely illustrated by the familiar instances of the painful swelling of the lymphatics of the head, the neck, and the groin, that I need not enter into any particular discussion of it, suffice it to say that our object must be, to remove or neutralise the irritant cause, abate inflammation, and promote absorption of the effused fluids.

The means of neutralizing irritants must, of course, be as various as the varied nature of these agents. Most of them are of some acid tendency, and therefore the application of alkalies is very generally serviceable in the first stage. Should they be alkaline however, oils or acids might be of service, and, if simply putrid, antiseptics, such as acetic or muriatic acids, or

chlorine would prove of some avail. But many are specific and require specific remedies, as in the cases of the morbid poisons. Thus mercury will neutralize the virus of syphilis, vaccine lymph will counteract variolous matter, and sulphur that of the itch; and it will be well for us, when we can add to the number of such certain facts, so as to contend against typhus, scarlatina, or cholera, with success. The local inflammation is to be treated in the same manner as phlebitis, and absorption is to be promoted by the application of heat, and such discutients as camphor, iodine, or mercury, or ammoniacum.

The chronic enlargements which occur in the lymphatic and other superficial glands in the scrofulous, with depositions of tubercular or suborganized granular matter is of a nature very different, at least from acute inflammation; though this may supervene afterwards, under the irritating pressure of the accumulated deposits. They are very apt to occur in the strumous habit, whenever it becomes exposed to cold, or to a continued poor diet with confinement. Thus they are most common among the poor, in prisons and workhouses. We know that, under such circumstances, the absorbents are most active on the living structures of the body, and therefore the least organized portions of the frame are likely to find their way in greatest abundance into the lymphatics. There, therefore, appears to be an occasional accumulation of tuberculous matter in the larger receptacles of that system, which is well understood as the ordinary form of struma, and into the scientific theory of which I shall enter when we come to treat of the morbid condition of the blood and of the ganglionic innervation. You have had many opportunities of observing this morbid condition in the Queen's Hospital, and how readily it may sometimes be subdued by sound nourishment, and free air, along with iodine and cod-liver oil, with iron and phosphate of lime; but the cases are too numerous to be recited. Although mercury is almost universally used in the strumous affections of childhood, a certain prejudice has sprang up against its employment in the same cases in after life, as being dangerous in the extreme. I do not see any sufficient grounds for such a supposition. Doubtless, the manner in which mercury was wont, in former times, to be employed by certain parties, must have weakened the general system, and so increased the disease; and the exception made in favour of children was simply due to the fact that they are less liable to the peculiar effects of that metal than adults. But I can have do doubt that, if judiciously employed, merely as an alterative, and not as a salivant, mercury is just as useful for the struma of the adult as of the child. Indeed the fact has been demonstrated here by the very successful results that have been witnessed from the iodine and mercurial ointment, as well as the mercurial plasters, which have first subdued the inflammation, (when that has happened to supervene.) and next caused the disappearance of the tumour. A very great object is to avoid deformity from the ulceration of these swellings, especially about the neck, and therefore every means that can be devised for discussing the tumours, such as leeches, mercury, iodine, ammoniacum, and the like, should be promptly applied. The ferruginated cod-liver oil, is more a preventive perhaps, than a discutient, and acts after the manner of an improved diet. When irritability exists, sedatives must also be used, especially conium. To sum up, the treatment I generally adopt, and with perfect success, is as follows:—To abate inflammation when present, and to soften the induration by local abstractions of blood, poulticing, and the exhibition of mercury either internally or externally; next, to promote absorption and sooth irritation by such a combination as iodide of potassium and conium; and lastly, to prevent further degenerative action, by tonics, nutrients, fresh air, and all the other adjuncts of the tonic regimen. Such a degenerative action has a constant tendency to recur, and must be as constantly combatted by dietetic regulations. We must, therefore, enjoin a liberal use of albuminous food, and from time to time aid the formation of a proper plasma, by the exhibition of oil, iron, and the calcareous phosphates.

ON ARTHRITIC HEADACHE.

By WILLIAM HARVEY, Esq.,

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In my former papers on rheumatic inflammation of the ear, I observed that the headache and distressing noises succeeded as a consequence of the attack on that organ. In the arthritic variety, however, this is not the case, the head becomes affected for some time prior to its manifesting any disturbance in the ear, and as the symptoms are often very much mistaken, I have thought it essentially necessary to direct attention to their early character; I shall have occasion, however, to allude to some cases which will immediately follow this paper, wherein the ear becomes the seat of mischief from the first. The noises and benumbed sensation of the head, accompanied with intermittent hemicrania, neuralgia of the facial nerves, pains affecting the eyeballs, the ears, the fauces, the teeth, and the lumbar regions, are all premonitory of this diseased condition. I have, in some instances, witnessed for days, the tonsils so sharply seized with gout, as in the absence of any considerable degree of inflammation and careful history, to question for a time the fact; it sooner or later, however, is explained by a seisure of gout, which solves the mystery. When it attacks the ear, the lobe is generally the part, becoming swollen, intensely red, and exquisitely painful, lasting for days and sometimes weeks, attended with deep and distressing noises, referred to the interior of the head. Dr. Holland observes, that it is somewhat difficult to class the several forms of intermittent headache with other affections of this kind, but those having lengthened periods of intermission, may perhaps, best be noted here. The equality of time often observed, even where the intervals extend to two or three weeks, or yet

longer, is a very remarkable feature in these cases, and denotes a cause, specific in its nature and uniform in its operation. I know instances where such intermittent headaches have occurred during the greater part of a protracted life; more frequently, however, it happens that they affect especially certain periods of life, in this, as in many other circumstances, showing singular relation to various disordered actions of the gouty constitution. In conformity with the same relation, there is reason to believe that the kidneys are the excretory organ most concerned in giving relief in these cases, and principally by an increased separation of lithic acid, or its salts. Such action may readily escape notice where the attention is directed by the presence of pain to another part, but I infer it on close observation of many intermittent headaches, and think the remark likely to be confirmed by others.

Gouty affections of the head constitute one of the most dangerous and most formidable varieties of disease, dependent on or caused by arthritic diathesis. Gout in the head, as it is popularly termed, may be met with either in the form of arthritic headache, or of arthritic apoplexy. The former, indeed, is often the precursor of the latter, and not unfrequently, when it has been mistaken and consequently maltreated, ends in it.

Arthritic headache is a disease that often escapes detection, especially if the patient has not previously had a paroxysm of gout in its regular form, so as to aid the judgment of the practitioner in forming a diagnosis. The symptoms which mark the disease, are attributed to an ordinary determination of blood to the head, or rather to the brain, and the treatment is in accordance with such views. A greater mistake could hardly be committed, for all depletory measures in the treatment of gouty affections of the brain and its membranes are injurious, yet such constitute the principal remedies employed to relieve the consequences of determination of blood to the brain. As it is very generally, although not always, that the head, and subsequently the ear, become affected by the metastatic action of gout, I cannot better allude to the subject as a confirmation of my own views, than by quoting the forcible and clear description given of it, by Dr. Gairdner. He observes :—"That metastasis to the head appears by far the most usual of misplaced gout. It occurs with every degree of suffering The headaches from which those persons suffer, in whom the excretions of urates and urea have, from any cause, been suddenly diminished or temporarily arrested, are only a commencement of this affection, which may well be likened to the effect of a poison. I believe that the substance of the brain itself is the part usually affected in these cases, and my reasons are, that they are never attended with delirium or wandering, but always accompanied by stupor or apoplexy, the ruptured vessel is found in the cerebral substance. It has been said that such cases are to be treated like apoplexy from any other cause. I am quite satisfied that this information is most dangerous. Patients affected with gout in the head do not bear the abstraction of large quantities of blood. Much regard must be had to the heart, which is always more or less diseased, and sometimes in an advanced state of disorganization. We may easily and quickly relieve the worst head symptoms; but if the relief afforded be not meted out with wariness and skill, we shall too surely discover that we have fastened on our patient worse and more hopeless evils. The abstraction of much blood is, however, wholly unnecessary. A relief given to the system by a small bleeding, will enable the kidneys to resume their office, and the worst symptoms will then safely depart."

In these cases colchicum is a most useful remedy. I have mentioned the discovery of Chelius, Maclagan, and Servius, that it greatly increases the secretion of urea. The application of this fact to the case in hand, must be obvious to all, and the effects of the medicine will fully answer their expectation; but here, too, I would insist on the propriety of using minute doses of the remedy, which more safely and not less effectually, than larger ones, accomplish the objects in view. Laxatives in head cases are always necessary; and even drastic purgatives may be required. Prudence, however, is indispensable in their use; for while no constipation is permitted which would urge the blood to the head, regard must be had to the patient's shattered condition. Precise rules cannot be laid down; but the experienced physician will hardly err, if he do not lose sight of the impaired condition of the circulation, at present labouring under a double disadvantage from the oppressed state of the brain, in addition to disease of the central organ."

Arthritic headache, then, is a disease which demands considerable discrimination and close observation to detect, based on the information obtained by extensive experience, as it is only by distinctive signs, which, by some may be regarded as apparently trivial, that we shall be enabled to determine the true nature of the attack.

It occurs generally among those in whom gout fails to show itself in the ordinary way, but remains lurking in the system ready to pounce upon any organ which, by fortuitous circumstances, may be liable to take on diseased action. The higher classes of the community, among whom gout is frequently an heir-loom being in many instances transmitted by both parents, are far more liable to this form of metastatic gout than are either the members of the middle or of the lower orders of society. It is, likewise, found more readily to affect the females of a gouty family than the males, and more frequently after certain periods of life have been reached. The younger members, and the male branches, do not meet with absolute immunity from arthritic headaches, but they are much less subject to attacks.

The symptoms which are not pathognomonic of this disease are,—a sense of fulness in the head, generally constant, but liable occasionally, from casual circumstances, to change into severe pain; a feeling of vertigo or giddiness, and as if a movement were occurring in the head—a feeling to which the attention of the patient is continually drawn, and which, apparently, impairs the power of thought and of memory; all the perceptions

are confused, and the patient at the same time experiences a sensation as if he were about to become insensible. If he stoops, he is apt to be seized with temporary blindness, the hearing is inordinate'y acute, the least noise rendering him almost distracted; he is frequently troubled with a buzzing sound, and sometimes with other noises in the ears; flushings and heat pass at times over the head and face; the hair is often tender and painful when touched, and the scalp feels hot, constricted, and uneasy. With respect to the general symptoms which attend upon this state, they are such as indicate a disordered condition of the digestive apparatus, and an ill-regulated and badly-formed secretion.

The function of digestion is most frequently very imperfectly performed; flatulence, with acid eructations; a sense of weight and general uneasiness at the pit of the stomach; rumbling in the bowels; an unpleasant acid or bitter taste in the mouth; the tongue furred with a brown fur, with occasional yellow streaks; a disordered state of the bowels, which are sometimes confined and at others much relaxed, the stools being generally clay-coloured, shewing a deficiency of bile, or else very high-coloured, dark, and offensive, showing a redundancy of that excretion, but in a very unhealthy state; the urine unusually scanty, and high coloured, and depositing a reddish sediment on standing, with a rough dry skin, are symptoms which indicate a general disarrangement, and an imperfect performance of the ordinary functions of the body, by which the effete matter of the frame is got rid of by means of the secretions and excretions, and fresh pabulum or material furnished to supply the waste of the system. Meanwhile, in the midst of much disorder of the secretive apparatus, the pulse generally remains undisturbed, or, if at all altered, shows a diminished rate of circulation, —a lessened degree of tone in the system.

The symptoms are those that are found to be placed almost beyond the possibility of a doubt. It is the result, I conceive, of a morbid condition in the function of sanguification, or perhaps of the immediate preparatory process or chylification, by a failure on the part of the kidneys to perform rightly their secerning duties, by which the separation of urea and uric acid upon the blood should be effected. The presence of this acid in the circulating medium, then, may be regarded as characteristic of the gout, and the fact ascertained by Chelius, of Heidelburgh, that in the course of twelve days, under the administration of colchicum, the kidneys are excited to abstract from the blood nearly double the quantity of uric acid they had previously separated, will amply serve to explain the remedial influence of colchicum in the relief of the disease, and the manner in which the influence is excited.

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[To be continued.]

ON THE PROGRESS OF PUBLIC HYGIÈNE AND SANITARY LEGISLATION IN ENGLAND,

AND THE ADVANTAGES TO BE DERIVED FROM THEIR FURTHER EXTENSION.*

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Read before the Leeds Philosophical Society, March, 1851.

In March, 1842,† a Select Committee was appointed to consider the expediency of framing some legislative enactment to remedy the evils arising from the interment of bodies within the precincts of large towns, or of places densely populated. Mr. Mackinnon took the lead in this inquiry, and our member Mr. Beckett, was an active member of the Committee. The result of this inquiry, and of the mass of evidence given, showing the injurious and pernicious results arising from this interment within towns, was the report "that the practice of interment within the precincts of large towns is injurious to the health of the inhabitants thereof, and frequently offensive to public decency; and that it was expedient to pass an Act of Parliament to prevent it, with some few exceptions." The other recommendations and particulars it is unnecessary to dwell upon. The construction of new cemeteries was one of the good results; and after some squabbling we succeeded in obtaining two large

* Continued from page 543.

† I append a list of local sanitary reports made to Government through the Poor-Law Commissioners* *before* the general inquiry by a Committee of the House of Commons in 1842:—

A report from Mr. Hodgson and a Committee of medical gentlemen of Birmingham on the sanitary condition of the labouring population of that town.—A report on the sanitary condition of the dwellings of the labouring classes, &c., in Manchester, from Dr. Baron Howard, Physician to the Ardwick and Ancoats Dispensary of that town.—Also one on the condition of the labouring population in Liverpool, from Dr. Duncan.—One on the condition of the labouring population in Derby, from Dr. Barker. One on the condition of the labouring population of Truro, from Dr. Barham.—One on the condition of the labouring population of Brighton, from Dr. Jenks.—One on the sanitary condition of the labouring population in the town of Wolverhampton, by Dr. Dehane.—One on the prevalence of fever in the parish of Breadsall, Derbyshire, by Dr. Kennedy and Mr. Senior.—One on the sanitary state of the town of Stafford, by Dr. Edward Knight.—One on an improved condition of the town of Lancaster, by Dr. de Virtrié.—One on the sanitary condition of the town of Leeds, by Mr. Robert Baker.

Twelve reports from medical men on the sanitary state of towns and districts in Scotland, were appended also to this report of the Poor-Law Commissioners, besides many others from clergymen, magistrates, and other parties of local influence in different parts of the country; but it is quite impossible in a paper of this kind to enumerate all.

Two very recent publications connected with hygiène I must here, however, notice, as they contain many useful practical suggestions, and the author of them has given his attention to such matters for some years. One is a pamphlet "On the Contamination of Water by the Poison of Lead, and its effects on the Human Body," by James Bower Harrison, Esq., Surgeon, Manchester; and a recent letter of his to the Earl of Shaftesbury, containing "Suggestions as to the Expediency of Submitting certain Branches of Trade and Manufactures to Government Medical Inspection." Dr. Calvert Holland also has written ably on the injurious effects of grinding steel.

* "The Report to the Secretary of State from the Poor-Law Commissioners on an Inquiry into the Sanitary Condition of the Labouring population of Great Britain." This report, indeed, laid the foundation for Legislative interference with regard to the public health, and has proved invaluable. It should have been published in a cheap and abridged form.

and conveniently-situated cemeteries for our own town, besides those in the out townships. The exertions of Mr. Walker, regarding the exposure of the injurious effects of intramural interment in London, have been beyond all praise; and his work entitled "Gatherings from Grave Yards," did more than anything to rouse public feeling on this question. The question, as regards London, has not yet been satisfactorily settled, though in one of the latest reports on the subject, by the Board of Health, an adequate and satisfactory general scheme for extramural sepulture seems to be decided upon. But these reports we shall have to allude to directly, as they come last in order, and are of quite recent date. It was also in the year 1842 that the Leeds Improvement Act passed, and one also for Liverpool, in which latter town the mortality has always been high. These Acts were great steps in advance of most other towns, with regard to sanitary reform. But many of the clauses of the Leeds Act are scarcely efficient, so that the spirit of the Act does not seem always to be successfully carried into practice. Doubtless this will be remedied before long. But it is only due to the town in which we live, which all are so ready to run down and depreciate, on account of its smoke and dust, and in answer to the constantly-repeated charge of want of public spirit (which one must admit is not altogether ill founded) of its inhabitants, for me to state that Leeds is behind few large towns in the kingdom in some of the most essential requirements for the health and comfort of its inhabitants. Our sanitary charities are all excellent, viz., our Infirmary, House of Recovery, and Dispensary. Again, our School of Industry is a fine institution; our gaol,* unfortunately, is of national celebrity, and a model in its way. With regard to the grand desideratum—a good supply of water,—that we ought to have, for the price we have to pay for it. Our plan of sewerage, now carrying out, I hope will be as efficient as engineering skill can make it. Intramural interment is forbidden, with few exceptions, and our cemeteries only require plants, shrubs, and walks to render them very complete and appropriate receptacles for the dead. For relaxation we have our unrivalled moor. But what we want is a more general taste for architectural beauty and ornament, a better looking class of houses, public monuments, adequate town walks and promenades, and public buildings. Our market is much improved and enlarged. Fountains, and other improvements and embellishments, have been suggested. We are now getting a handsome class of churches and chapels, though much money has been thrown away in distasteful church and chapel architecture in this town. Still, looking at Leeds without prejudice, the place may be said to be like its inhabitants; it has considered first the useful—the ornamental and elegant are secondary considerations, to follow in due course.†

To return: the names included in the commission for inquiry into the state of large towns, are a sufficient guarantee that the inquiry would be an efficient one, and the report a practical as well as a scientific and correct one. Among the names we have Buccleugh, Lincoln, Slaney, Graham, De La Bèche, Lyon Playfair, Reid, Owen, Martin, Smith, Stephenson, Cubitt, &c. The principal points embraced in the commission, were "the causes of death among the inhabitants; the best means of promoting and securing the public health under the operation of the laws and regulations now in force, and the usages at present prevailing with regard to the drainage of lands; the erection, drainage, and ventilation of buildings; and the supply of water in such towns and districts, whether for the purposes of health, or for the better protection of property from fire; and how far the public health and the poorer classes of the people of this realm, and the salubrity and safety of their dwellings may be promoted by the amendment of such laws, regulations, and usages." Here we have, then, a most adequate and plain proposition devising a system of public hygiène for the United Kingdom. "The land (says the *British and Foreign Medical Review*, 1844), of mines and machinery; of railways and steam ships; the land of an overflowing industrious, energetic population; the land of unceasing action; the sun and centre of modern civilization; the beacon set up as a guide to all nations," now at length fairly sets to work to devise some comprehensive measure on a vitally important question, and to propose some remedy for a wide-spreading and growing evil. I find there were above sixty witnesses called before this commission; and the main witnesses on the general subject are practical men; and the local reports of different towns are also introduced, and which have been principally made by physicians and surgeons, and various clergymen—viz., Dr. Duncan, for Liverpool; Dr. Laycock, for York. The names of Drs. Arnott, Clark, S. Smith, Liddle, Guy, Aldis, Rigby, and Mr. Toynbee appear amongst the host of witnesses. The evidence of Dr. Thomas Clark, of Aberdeen, and Mr. Hawkesley, of Rotherhithe, on the quality and impurities of water is most extensive, instructive, and telling. Dr. Clark distinguishes the whole saline contents of water as the neutral and the alkaline; the latter consists of bicarbonates—those of lime and magnesia, and of potash and soda; the former of neutral salts—of earth and alkalies; the earthy salts are, of course, the cause of hardness, which is a condition not desirable for domestic purposes. Dr. C. estimates the annual value of soap consumed per head in London at 6s. 8d. The total value, including the alkaline base, is £630,000; so that the difference of cost between the supply of hard and soft water may be estimated for London, at £200,000.

Dr. Clark also states regarding the presence of organic matters, that such are not separable by filtration. Animalculæ are found to abound in the water of all the London companies; the impurity of London water, doubtless is indirectly a great cause of drunkenness. At the present time there is a comprehensive and apparently

* The gaol is a fine large building, in a most commanding situation, and its magnitude is such that the Government send a great number of felons for confinement in it. It is, undoubtedly, a well-conducted, well-arranged, and model building *of its kind*.—I.

† A Public Improvement Society is just established in Leeds, which may do great good, and stimulate public opinion in these matters.—I.

feasible plan for the supply of London with pure water; thanks to the labours of such men as we are now alluding to. As regards the supply of water to towns, it is now found to be quite practical to supply every house with an abundance of water at a small cost. The price of water in Leeds, as well as that of gas, is by no means cheap; and our water-works will have to be enlarged and the supply rendered adequate for the wants of the town, instead of being stinted as at present.* The vitiation of the atmosphere is one of the most important subjects of inquiry in the report; the effects of deficient ventilation, and the general mortality caused thereby occupy a prominent part, as well as the influence of occupation on the health with reference to ventilation. Dr. Duncan's report on Liverpool is particularly valuable. Dr. Guy personally inspected the work-shops of London, and furnished the Commissioners with much valuable information; one of his conclusions is both important and sad, for the proportion of consumption in the three classes of gentlemen, tradesmen and artisans, being respectively about 16, 28, and 30 in the hundred; and this he attributes to confinement for so many hours in ill-ventilated shops. That scrofulous diseases result from epidemic visitations, is equally strikingly shown by Mr. Toynbee. The modes of improving ventilation pointed out the injurious effects of an atmosphere rendered impure by miasmata, its effects on the morals, &c. The use of opiates, drunkenness, infanticide, mortality amonst infants, are all dwelt upon. It appears that in Ashton-under-Lyne opiate mixtures for infants, sold only by fifteen vendors in that town, amounted to the enormous quantity of nearly seven gallons weekly. The over-crowding and filth of common lodging-houses is brought before the notice of the commission, and sanitary regulations with regard to them are recommended. These remarks will show you what an important field of inquiry was entered upon by this valuable report of the Commissioners. About the time this report was published, some useful publications on the sanitary condition of Glasgow and Edinburgh appeared; in relation to the former, one by Dr. Perry, and to the latter, a treatise by that zealous philanthropist and able professional physician, Dr. Wm. Pultney Alison; all who have the pleasure of knowing him can speak of his sterling worth and earnest ability, and his unwearied exertions on behalf of the poor of the city of Edinburgh. "The Contributions to Vital Statistics as a Development of the Rate of Mortality, and the Causes of Sickness, from original and extensive data, procured from Friendly Societies, showing the instability of Friendly Societies, Odd Fellows, &c., with an Inquiry into the Influence of Locality on Health," by Mr. Neison, and communicated to the statistical society, deserve mention as valuable contributions connected directly and indirectly with our subject. Also the work of Mr. Hollis, on the Social and Sanitary Condition of the Working Classes in the City of Dublin". The journal of the Statistical Society also contains much valuable matter connected with public hygiène and vital statistics.

In 1845 the second Report of the Commissioners appeared—a still more important and valuable contribution to public hygiène than the first, and the one that was the immediate cause of the passing of the Health of Towns' Bill or Public Health Act, and the Diseases Prevention Act, and the appointment of the General Board of Health. The Commissioners state in the second Report, that their investigations and reports have excited increased attention to the importance of providing for the physical condition of the poorer inhabitants of large towns, and that the wealthy and intelligent classes resident in them are now, for the most part, becoming alive to this question, and to the necessity of providing for the removal of those causes which tend to vitiate the air, and increase the mortality of the poor in densely-crowded districts. By this active collection and diligent diffusion of information in matters relating to the public health, the reports of the Health of Towns' Commissioners have done the greatest service to the public, and these good results are now beginning to be experienced, as the recent reports of the Registrar-General satisfactorily show. Such laborious results, though not like popular, exciting, political, or theological questions, are in themselves, as stated at the onset, more permanent in their effects, and really more deserving of the title—patriotic. The Commissioners conclude their report with an outline of the measures they propose and recommend, which recommendations formed the groundwork of the Health of Towns' Bill, now in force, and of the contents of which it is unnecessary to give an abstract, as you can refer to it yourselves. We now, then, arrive at the time when drainage, paving, cleansing, and lighting of streets are recommended, as well as the supply of water, to be placed under an administrative body; when additional powers are recommended to be given in this respect both to local authorities and the Government; when the sanitary regulations relative to the construction and ventilation of buildings and the width of streets should be adopted; and when our common lodging-houses are to be placed under public inspection and controul, and all nuisances put down.

The desirability of these recommendations and measures admits of no dispute; and, as a town, we may congratulate ourselves on having, or at least having had, the opportunity, to a certain extent, of carrying them out (I admit very inefficiently) ever since the passing of the Leeds Improvement Act, in 1842. The question, then, arises, which it would be foreign, perhaps, to this place to discuss, which is the best mode of carrying them into effect?—whether a local board can act more efficiently than a central one? As a general rule we must admit that such matters ought to be under the controul of those who have to bear the expense of them; but in those places and towns where the authorities and public neglect their duty, a central board or governing body surely may safely be allowed to interfere.

* The Corporation of Leeds propose to buy the shares of the Leeds Water Works Company, and go to Parliament for a fresh Act, in order to supply the town efficiently with water, the present Company not being able to do so. An able report on the water supply of Leeds has just been issued from the Town Clerk's office, with an excellent speech on the question by Mr. Alderman Shaw.

I have now brought my sketch of the progress of public hygiène down to the present time; and if we may judge from the valuable reports that are constantly in the course of being made to the General Board of Health, as appointed to carry out the Public Health Act and the Epidemic Diseases Prevention Act, we may fairly assume that public hygiène is making rapid progress; and that as rapidly as its ardent supporters could desire, and as prudence would dictate; for in carrying out new measures concerning the interests of large masses of the people, we must proceed on sound and well-established data, and in accordance with the result of practical as well as scientific research, or we shall retard the measures we are anxious to accomplish, and impede the grand, and till recently little studied, question of sanitary reform. In justice to the writers of the valuable reports we have just alluded to, it would have been an omission not to have named and called your attention to them; and those who wish for really instructive and, I may add, interesting information on such matters will do well to refer to them. The breaking out of the cholera in 1848 (72,000 deaths) of course gave a great impetus to this question, and some of the most recent sanitary reports are principally upon epidemic cholera,—its history, causes, progress, prevention, &c. The reports of Mr. Grainger and Dr. Sutherland are most valuable, full of useful matter, and deeply interesting. And without entering into any discussion as to the origin and prevention of the cholera—a subject which many are inclined (in my opinion erroneously) to think that we know as little about as ever, for I may venture to assert that the result of the most searching inquiries, reports, and investigations of so many able observers, is to show, now, that we are in a position easily to collect facts and draw conclusions, that it is in the power of man, and Providence has placed at his disposal obvious and adequate means for materially lessening, if not altogether preventing, this fearful scourge. Facts innumerable prove that overcrowding, want of pure air, offensive effluvia and exhalations, drunkenness, impure water, unwholesome or insufficient food, intemperance, and fatigue are the determining causes of the invasion and spread of cholera. The recent reports show and prove this beyond all doubt; and equally decidedly prove that sanitary ameliorations have invariably been found active in the mitigation and diminution of choleraic disease. The thinning of a crowded population, the suppression of nuisances, the removal of refuse, the lime-washing of dwellings, the supply of good water, which was scanty or unwholesome, have invariably been followed, and often very promptly, by a diminution and even cessation of sickness. I could name a number of towns where this has taken place; for, as has been truly said, in a recent number of the *British and Foreign Medico-Chirurgical Review* for June, 1851, "Never was there a disease in which the finger of Providence has been more conspicuous than in epidemic cholera. Its whole career manifests that it is a divine judgment, not indeed an infliction of wrath, but a chastisement of rebuke. We have been long neglecting our duties to the poor, and to those that cannot help themselves. Thousands upon thousands are annually swept away by diseases which are more or less under control, or even prevention. What did Dr. Rush say between sixty and seventy years ago? His words are pregnant with meaning:—'To all natural evil, the Author of Nature has kindly prepared an antidote. Pestilential fevers furnish no exception to this remark. The means of preventing them are as much under the power of human reason and industry as the means of preventing the evils of lightning and common fire.' And has not experience confirmed the accuracy of his statement? But have we acted in accordance with the duty which the knowledge of its truth imposes? Or have we not rather, in spite of conviction, allowed the most monstrous physical evils to spring up in our towns and villages—evils that inevitably produce disease, wretchedness, and death? A new and fearful messenger has been sent into our land to alarm and warn us. Hitherto the judgment has been tempered with mercy; we have had but a simple duty to do, and but a few simple rules to obey, and the invasion of the pestilence has been comparatively innocuous. It only requires the will of Him who sent it to intensify its virulence by some degree, and its poisoned breath may spread destruction even in the purest and healthiest localities. Who can say that the third visitation may not come armed with treble power? Does not the history of the ways of Providence in past ages lead the thoughtful inquirer to believe that such will be the case, if duties are left undone and privileges remain unimproved. All classes of the community are deeply interested in the inquiry. How much should it then engage not only the serious attention, but also the active and serious labours of the members of that noble profession the great end and object of whose mission is to save life, mitigate suffering, and ameliorate the condition of their fellow-man."

Besides the reports and investigations of Mr. Grainger and Dr. Sutherland, the labours of our metropolitan and provincial brethren,* when the epidemic existed so generally, all parties must admit were beyond all praise, so that it would seem invidious further to give names; but I only make the exception when they refer to writers of official and special reports. Under this head I must name Drs. Burke, Milroy, Lewis, Hector Gavin (the latter, I believe, recently sent by Government to Jamaica, to treat the disease,) Mr. Simon, the Officer of Health for the city of London, (who has been facetiously termed by *Punch*, the real "Simon Pure,") and others, whose reports are most useful and suggestive.

The names and labours of Lords Carlisle and Ashley, (names ever found in connexion with what is ennobling,

* A number of local reports, treatises and essays on cholera—its origin, statistics, termination, and treatment, &c., in different localities, have appeared from time to time from the pens of medical men. One by Dr. John Taylor, of Huddersfield, most satisfactorily discusses this subject, and his views agree with those of Dr. Sutherland and Mr. Grainger. Dr. Budd has written "On its Propagation and Prevention;" Mr. Brittan "On its Pathology," &c., and many others.

useful and philanthropic,) Dr. Southwood Smith, and Mr. Chadwick, are both known and appreciated, and they form the General Board of Health, from whose reports and suggestions we have a right to expect great things; still we must admit, these, in themselves, are comparatively worthless unless the public are influenced by them, take them up, and carry them into practice; hence one of the great objects of a paper like this should be to call attention to these reports and recommendations. Before alluding to the most recent publications of the General Board of Health, I may state, that in 1847 a valuable document appeared in the Report of the Metropolitan Sanitary Commission, written by Sir William Clay, and entitled, "Remarks on the Water Supply of the Metropolis, and was both opportune and useful; as well as that of Dr. Robert Angus Smith, entitled "Report on the Air and Water of Towns." The recent Report of the General Board of Health on "Quarantine," as well as their letter to the Lords of the Privy Council, "On the Practice of Quarantine in England," deserve an attentive study, and as fairly and ably discuss the question as a comparatively non-medical board can be expected to do, but the complicated and delicate questions of contagious and non-contagious disease, and the utility of quarantine, are still questions to all impartial minds and careful observers, *sub judice*. (A congress of Savans is now sitting in Paris, to report upon the supposed contagious and infectious disorders, and on the practice of quarantine, &c.)

The reports of Dr. Sutherland and Mr. Grainger "On Cholera," are models of what such documents should be; and why the labours of such men, along with many others of the medical profession, are not as deserving of the rewards and honours of the State, as those of mere political partizans and agitators, or caterers for public amusement is, I think, difficult to explain. But surely we are on the eve of better times, and due regard will henceforward, as respects State patronage and emolument, be paid to the just claims and arduous duties of the medical profession. The lawyers are sure of many prizes, and those the highest the State can award, and have an especial dislike to see the finger of reform pointed to their profession and their musty, multitudinous, and confusing documents and acts; all the snug berths created by our laws, are mostly in the hands of the lawyers. And the divines, (I say it with all respect,) have a peculiar attachment and eye to a good living, and to the distinctions, titles, and rank, to be found connected with the government of the Church; and the heads of it certainly cannot, with propriety, apply to themselves the striking words of the highest authority—"Silver and gold I have none," whilst the members of our profession, with few and rare exceptions, can never look forward to either State patronage or emolument, to honorary titles or distinction, still we are mulcted to the support of that State in the same proportion as if our incomes were as safe and certain. But I am digressing. Besides the reports referred to, I have to name in particular, the two recent ones, (1850,) that of Dr. Sutherland, "On a General Scheme of Extramural Sepulture," and that "On the Supply of Water to the Metropolis." Both these important publications will do much towards an extension of public hygiène. Both these documents will amply repay an attentive perusal, and the reader will not fail to become, not only instructed, but really interested in these important inquiries. A review of the "Report on Extramural Sepulture," has recently appeared in the *British and Foreign Medico-Chirurgical Review*, which contains some really beautiful writing. A few of the sentences referring to this subject I here introduce, as they struck me forcibly at the time of reading them, and I am sure they are well worth repeating. The reviewer writes:—"A fastidious and sensitive mind might perhaps find something to wound its susceptibility in the mode of conducting the funeral rites of most nations. It might not find any solemnity sufficiently awful—any ceremonial adequately expressive to fulfil its conception, as to how the last duties should be paid to the earth about to return to its kindred elements. It might find something repugnant in the sudden dispersion of the atoms of the frame so lately gifted with vital motion, by the flames of the funeral pile; it might equally object to the mockery of preserving these inanimate atoms as if the art of the embalmer could obliterate the ineffaceable seat of the King of Terrors. But if a curious inquirer should deem it worth his while to glance over the funeral rites of ancient or modern times, he would find that, however, in some points, they may fall short of his conception, such ceremonials have always been conceived in a spirit of grand and solemn poetry. The Greek, crowned with flowers and stretched on his last couch, formed with fragrant and precious woods, as if the flames which were to consume him should spring from no common source;—the Brahmin carried solemnly to the banks of his sacred stream, and then gently committed to the purifying waves;—the Scotch Highlander, buried at night, by the light of the torches of his Clan;—the Red Indian covered with his trophies;—the savage, laid in his solitary forest grave, amid the melancholy sound of the wailing death-song of his tribe, present so many examples of the same spirit of remorse, grief, and humility, which led the early Christian Church to throw around the burial of the dead, that most impressive ceremonial, on which are so marvellously blended—sorrow, pity, and hope for the departed, and warning and admonition for those whose turn must shortly come. Even those nations which we in these days of boasted progress, are accustomed to regard as little better than barbarians (just emerging from the shade of their primitive forests), exhibit for the most part, in their present solemnities, a spirit of which Christian communities could not be ashamed. The shortness of life, the frailty of mortality, the dread mystery of that strange secret, which all men must sometime know, impress the Caffre or the Dyak no less forcibly than the Briton or the German.

The customs of our own country, if they cannot vie in grandeur and impressiveness with the stately ceremonial of the Assyrian and the Greek, are yet

impressive and solemn, and have a more lasting, if not so immediately thrilling, an effect. In order to encourage these devotional feelings still more, the Church, in the eighth century, commenced the practice of allowing the dead to be buried in the vicinity of the churches, so that at once the body might be laid in undisturbed and consecrated ground, and the survivors might associate that holy spot with the place in which they assembled to discharge the rites of religion. In this way, also, as the churches stood generally at some little distance from the mass of dwellings, the resting place of the dead was not disturbed by the harsh and discordant murmurs of the exciting bustle of those who had succeeded at the feverish strife and turmoil of existence. When, indeed, one of the active agents in life's May game turned his footsteps for one moment into the still inclosure, shaded by its funeral boughs, he could not fail to be recalled, by the quiet sanctity of the place, to a recollection of the doom which awaited him, and of the mode of life which ought to be a preparation for that fate.* So also the bodies of the dead were then allowed to resolve themselvs into their original atoms without the living suffering from the inevitable emanations, for as every inch of ground was not, in these days, worth its weight in gold, the cypress and the yew were permitted to plunge their purifying roots into the ground, and to transmute into their own beautiful forms those particles which had ceased to constitute the fleshly temples of immortal souls. Nor were these rites, this ceremonial, these influences in the minds of the survivors, intended for one single class of the community. The Christian Church, knowing no differences of rank on the day when the common lot has rendered such differences impossible, whether poor or rich, there was devised the same farewell for the dead, the same solemn admonition for the living. The rich man might, indeed, sleep in his vault, and the 'rude forefathers of the hamlet,' in their graves of turf, but the same influence sanctified both, and the simple cross over the mound of earth was as sacred as the marble sepulchre, or the heraldic pomp engraved on brass. Knowing, then, the intention of the Church, and consulting the feelings of our nature, by keeping uncontaminated and undisturbed the relics of mortality, how needful was it for the State to interfere in order to prevent the unholy and almost inhuman mode in which interments too often take place in the midst of London and many of our other large cities. If you read the report on Extramural Sepulture and Evidence on Interment in Towns before Parliament, and the praiseworthy reports of Mr. Walker on this subject, the mind feels horror, astonishment, and disgust at the mode in which, in the nineteenth century, and in the centre of the civilized world, funeral obsequies are conducted in the English metropolis, in which 52,000 bodies have annually to be disposed of. During the last 150 years, and particularly in the last half century, London has been literally rising like magic out of the earth. On all sides the suburbs and the open country around have been invaded by its new streets. Churches built even lately, and the name of which often signifies that they stood in fields, now stand almost in the heart of the city; the dwelling-houses are carried up to the churchyard walls. (and this is not confined to London, but is the case in most of our large old cities and towns,) and the habitations of the living, and the abodes of the dead, are in the closest proximity. Thence it comes that the silence of the graveyard is violated by the hum of common life, and the stillness of the tomb is a phrase which has no meaning. The old solemnity of the burial place becomes destroyed, and the steps of men, absorbed in the cares of trade and speculation, cross, without a moment's reflection, the repositories of their departed friends and relatives. The exact state of matters in London has now been so completely laid open and exposed, that common prudence and decency forbid the continuance of intramural interment, and the Board of Health have (thanks to Mr. Walker and others) now proposed to deal boldly with the question, and have brought forward an efficient mode of remedying such a fearful evil; it is, "that every existing graveyard in London is to be closed, no more bodies are to be thrown (for it is nothing more) into them; burial grounds are to be made outside the city, apart from the busy tread of men and the hum of commerce, and these burial places are to be rendered easily accessible even to the poorest. The pauper will be then carried there as solemnly as the peer, and buried with equal decorum; the exhalations of the ground will no longer exert a poisonous influence, and the burial grounds themselves will present the appropriate character of the mausoleum of a great city."

To fulfil these conditions the Board proposes to form a vast cemetery at Erith-on-the-Thames, several miles below London, and to enlarge Kensal Green and the other cemeteries. The advantage of having the principal cemetery at Erith, is its easy access by water, its distance from London, and the existence of a suitable piece of ground. The Board proposes, also, to have receiving houses at convenient distances on the banks of the Thames, to which the relatives may convey the body, afterwards to be placed on board a steamer for conveyance to Erith.

If these measures are carried into effect, along with an adequate supply of pure water to London, "the Board will have accomplished the first of a series of social changes, which will be without parallel in the beneficial effect they will produce in the dense masses of the labouring classes."

If, then, it is found practicable in London, with its population of above two millions, to dispense with intramural interment, and to provide an adequate

* A.D. 740 Cuthred, brother to King Etherard, succeeded him in his Dominions, and was much disquieted by Edilbald, King of Mercia, both by open war and privie practises; but these two Kings coming to a conclusion of peace, joyned both their powers against the over-borne Britaines, and in a bloody battle gave them a great overthrow. In this time saith Beda, the bodies of the dead were permitted to be buryed within the walles of their cities, which thing before was not lawfull, but their corps were interred without in the fields; many of whose tombs are as yet witnesses to us, that daily find them in digging of the grounds adjoyning and reserve them for sight or other necessary use.—*Speed's History of Great Britaine.* Third Edition. 1632. p. 229. (This note was sent me by a medical student.—I.)

supply of water at all hours, for the use of the inhabitants, surely there is no excuse for any town in England remaining behind London in the promotion of such necessary sanitary measures. With regard to a supply of water, we may add, in the words of the *Times*, "that it is now a plain and fundamental maxim of sanitary economy, social policy, and good government that the water we use should be no more an article of trade or taxation than the air we breathe or the light we enjoy." Thanks to the exertions of the sanitary reformers we are now promised light—that boon of Heaven—without paying a tax for the use of it.

[To be continued.]

ON THE

INEFFICACY OF KOUSSO IN SOME CASES OF TÆNIA.

By EDWARDS CRISP, M.D., London.

Read at the Nineteenth Anniversary Meeting, held at Brighton, August, 1851.

Case 1.—On February 20th, 1851, at the Metropolitan Dispensary, I gave this medicine to a boy, aged 6, who I thought had been cured by turpentine some months before. He took in my presence, at different times, three doses, two of two drachms, and one of a drachm and a half, but no portion of the worm was expelled. He now passes joints of the worm frequently.

Case 2.—February 28, 1851.—A girl, aged 12, took two doses of three drachms each, and nine feet of the worm were expelled. She has up to the present time had no return of the complaint. This patient I had also administered turpentine to, and I supposed she was cured by it. The second dose of the medicine produced a great deal of griping pain.

Case 3.—Mrs. T., aged 59, came to the dispensary May 20th, 1851. She has been affected with tapeworm for eight years. Three years ago she had a convulsive fit, and lost the use of her side for three weeks. Has taken no anthelmintic. I gave three drachms of kousso, and in six hours thirty feet of the worm came away; and at present she appears to be cured. This patient had also deafness, palpitation of the heart, and partial loss of sight.

Case 4.—W. R., aged 59, applied at the dispensary May 16th, 1851. Has had tænia for three years. Twelve months since took turpentine; but it produced tenesmus and great pain on micturition. I ordered him half an ounce of kousso, and thirty-three feet of the worm passed after five or six hours. But in this and the other cases the *head was not found*. This man came to the dispensary a fortnight since, and brought several joints of the worm, that had escaped per anum. I have ordered him two doses of the oil of turpentine, but I do not yet know the result.

During the last two years, at the Metropolitan Dispensary, I have prescribed for thirteen cases of tænia, Ten of these patients took turpentine, and seven appeared to be cured. In one no beneficial effect was produced by it; and in two, the worm, although apparently removed after the turpentine, was not all expelled. The latter patients (cases 1 and 2) afterwards took the the kousso. One patient was pregnant, and therefore anthelmintics were not prescribed.

I conclude, from the above evidence, that kousso does not always remove the head of the worm; and that it cannot be considered a specific for tænia; that its action is milder than that of turpentine, and the greater part of the parasite is generally removed *en masse* by it; but it is questionable whether its efficacy in tænia is much superior to that of turpentine, which, when first employed, was also lauded as a specific.

THE LEFT ARM AND HAND OF A CHILD FOUND IN A STATE OF PUTRESCENCE, FROM STRANGULATION, THE FUNIS BEING TIGHTLY BOUND ROUND IT AT THE UPPER PART.

By ALBERT OWEN, Esq., Aylesbury.

On the 3rd of June last I was sent for to a woman, the mother of four children, who was miscarrying in the seventh month of her fifth pregnancy. I found the membranes ruptured, a large discharge of the liquor amnii to have taken place, and the labour pains occurring every fifteen or twenty minutes. There was not any flooding, neither could I, by examination, feel the child. She continued in this condition for another six hours, when the pains ceased, and she went on with her pregnancy to the full period of gestation, without any other inconvenience besides what she termed a constant "dribbling of the waters." On the 27th of July, two months after, I was again hastily summoned, and found the pains strong and regular, the os well dilated, but no portion of the child to be arrived at by manual examination. I, therefore, gave her a dose of the pulverized secale cornutum, which had the effect of increasing the strength of the pains; and in less than half an hour I discovered a hand outside of the vagina, and the head tightly wedged against the brim of the pelvis. All attempts to return the hand, or to pass my own, so as to turn the child, were perfectly useless; and I, therefore, resolved to leave the management of the case for the next half hour to nature, when, much to my satisfaction, as if under some violent and sudden impulse, the uterus discharged the whole of its contents with such force that the fœtus and placenta both came away *en masse*. The child was dead, apparently not many hours, but the entire of the left upper extremity was in a shrivelled, livid, and putrid condition, the funis tightly bound round and imbedded in the upper part of it, just below the insertion of the deltoid; in fact, the limb did not appear much more than half the size of its fellow on the other side. The mother had a good getting up, and seemed none the worse two days afterwards.

Provincial Medical & Surgical Journal.

WEDNESDAY, OCTOBER 15, 1851.

THERE is in the present aspect of medical affairs enough to make any one, who is not thoroughly imbued with confidence that truth and honesty must ever in the end be triumphant, believe that true medical science is destined to be extinguished. Not only is it overlaid by every species of foolery at which a gullible public can be made to gape, but there seems to be a determination even on the part of those who ought to be its supporters, to cover it with contempt and obloquy. Take, for instance, the conduct of those sapient dispensers of public charity—the Poor-Law Guardians. What do we see but the melancholy spectacle of an educated man, and oftentimes a man of refined feelings, subjected to the galling insults of bucolical ignorance. In the Navy, too, the surgeon—the equal in fortitude and chivalrous daring of any officer in the ship, the superior of all in most mental accomplishments, and frequently no mean proficient in nautical science; such a man we see treated as of less consequence than the captain's steward, or at least we did see this, until the Lords of the Admiralty, spurred into a sense of justice by the indignant voice of the profession, have tardily seen to the abolishment of so disgraceful an anomaly. But in the Army some will say—there, at least, the medical officer is subjected to no indignity, nothing occurs there which can grate upon the feelings of a gentleman. Is it so in reality? Let the experience of any army surgeon speak to it. If it has not been so in every instance, the cause is to be sought in the character and qualities of the individual, not in a respect for his position as a member of an enlightened profession. But how can it be otherwise, when everything that can lower him in the eyes of his comrades, as well as of the public at large, is sanctioned by the authorities? Lest we might be thought to exaggerate the indifference which the medical officer meets with at the hands of Government, we transcribe the following circular which has recently been issued from the Horse Guards:—

"*Military Deserters,*"

"Horse Guards, August 19.

"In consequence of the diversity of the practice and insufficiency of the existing methods of marking the deserter with the letter D., and it being found in many instances that the mark has been obliterated in a short time, and even been removed by artificial means, it has been decided that from the first of October, next, this part of the sentence of the Court Martial shall be inflicted, in all cases where practicable, in the military prisons, by the medical officer [!!] attached to each of these establishments, and under special instructions from the Secretary at War.

"G. BROWNE, Adjutant-General."

This disgusting order is indeed the climax of Government insults, and must have the effect of opening the eyes of the blindest medical officer to the position in which he is regarded. It is manifestly impossible that any medical *gentleman* can remain army surgeon after the above date; for although the honourable office of deputy-executioner will only devolve upon the prison surgeon, the stigma will cling equally to every medical officer in the service. A wholesale resignation, unless the disgraceful order be rescinded, is the only method of bringing the Horse Guards to their senses, and we earnestly trust, for the honour of the profession at large, that our brethren in the army will have the spirit in this manner to vindicate their claims to be considered something better than a mere hangman's assistant. If they do not cause this humiliating order to be rescinded, whatever may be thought of him at his own mess-table, the army surgeon may feel assured that in civil life, he will be placed in the same rank as the regimental farrier, and will be allowed to subside for his acquaintances, to a corresponding grade in society.

Since writing the above, the offensive order has been deferred until further notice.

THE manifesto of our Association has fallen like a bomb-shell among the homœopathic quacks; and many of them, we have reason to know, are already turning it over in their minds, whether it will not be more advantageous to them *in the end* to give up their globules and return again to the honourable and more rational practice, which an inordinate covetousness, or a puerile credulity had led them to abandon. Some, too, whose lax consciences have allowed them to consort with these practitioners for *diagnosis sake*, are beginning to feel in their consultation practice, that it is safer to trust for eminence to the support of the profession, than to hang on to the skirts of globulistic professors. All in good time; another year or two will convince most of these parties that their true interest is inseparable from strict professionial probity. The out-and-

out Hahnemannites, however, are not to be frightened, but have published a counter manifesto, which we here reproduce :—

"1. That homœopathy is thoroughly reconcileable with science and common sense, [!!] is in accordance with the experience of some thousands of medical men, and deserves the study of practitioners and the confidence of the public.

"2. That the framers of the hostile resolutions referred to, and other prejudiced opponents are totally ignorant of homœopathy, avowedly refusing to study its principles (in the writings of Hanhemann and others,) and to witness its practice in the homœopathic hospitals and dispensaries, to which they have been repeatedly and cordially invited.

"3. That notwithstanding the difference in their treatment of disease, there can be nothing derogatory in homœopathists and allopathists (equals in education, science, and social position) consulting together at the request of patients and their friends as to the nature of the malady.

"4. That the resolutions of the Provincial Medical and Surgical Association, representing as they do, the opinions of only a small fraction of the allopathic body, are in themselves, and for the reasons given above, utterly valueless.

Wm. Macdonald, M.D., F.R.C.P.E.,
Professor of Civil and Natural History in the University of St. Andrew's.
James Chapman, M.A., Cantab., M.D.
Edward Hamilton, M.D., F.L.S.
David Wilson, L.R.C.S.E.
Thomas Seadam, M.R.C.S.
Robert E. Dudgeon, M.D., Secretary."

We notice a communication in a late number of the *Lancet* without hesitation, as we fully believe that it is an impudent invention of the homœopathic press, and one which the distinguished physicians alluded to will repudiate with honest indignation. Speaking of two prescriptions by these gentlemen, in which belladonna was given for scarlatina, the Editor of the quack journal appends the following comments :—

"Most of our readers are fully aware of the fact that the practitioners of the allopathic school ever and anon resort to remedies given on the homœopathic principle,—*aconite*, *arnica*, and *belladonna*, have been again and again given in this way by many allopathists. *The two eminent physicians mentioned by our correspondent, have distinguished themselves by their gentlemanly forbearance, and their courteous demeanour towards their homœopathic brethren. Neither of them has ever made any difficulty of meeting in consultation, at the request of the patient, any homœopathic practitioner, not for the treatment but for the opinion of disease.* Other eminent men of the 'Faculty' have no less stood aloof from the intolerant bigotry and insolent exclusivism of a certain class of allopathists."

It is but justice to Sir James Clark and Dr. Locock, the gentlemen in question, to state, that their prescriptions were anything but homœopathic as regards dose, a quarter or a fifth of a grain of belladonna being given three times a day. To say that a physician is not to prescribe belladonna in scarlatina because the homœopaths choose to rest its value upon their absurd theory, is too ridiculous; as well might we be forbidden to give quinine in intermittent fever. As to these gentlemen being entitled to the praise which is affectedly bestowed upon them, for meeting the homœopaths for "diagnosis" sake, we do not believe a word of it. Still we respectfully urge upon both Sir James Clark and Dr. Locock, for their own sakes, to deny the imputation upon their character. Rumours, it may be added, are also rife, that a distinguished surgeon does not think it beneath him to attend, chirurgically, to a gouty nobleman's toe, while a homœopathic doctor takes the charge of his stomach. These backslidings do not escape the notice of the profession, which will assuredly make its opinion of such conduct known in a manner not to be mistaken.

Reviews.

Practical Treatise on the Diseases of the Heart and Lungs, including the Principles of Physical Diagnosis. By W. H. Walshe, M.D., &c. London: Taylor and Walton. 1851.

Dr. Walshe's present publication consists of two parts, one devoted to the description of the principles of physical examination of the heart and lungs, the other to the consideration of the diseases incidental to those organs, in the various phases in which they become interesting to the clinical observer. To those who are acquainted with Dr. Walshe's great proficiency in all matters connected with physical examination of thoracic disease, as well as with the unsurpassed field for observation which is at his command in his capacity as Physician to the University College and Brompton Hospitals, it is needless to state that he has here presented the reader with a perfect history of the science and practice of auscultation, as far as it has at present advanced. The only fault that it is possible to find, is that of, as it appears to us, unnecessary minuteness of detail, which is calculated to appal, rather

than to enlighten the student, already sufficiently overwhelmed with the amount of information to be crammed or *ground* into him in the two or three years, which by a pleasant fiction are supposed to qualify him to hold in his hand, humanly speaking, the issues of life and death. This, however, is not so much the fault of the writer, as of the age, an age distinguished by a tendency to dwell upon insignificancies and non-essentials.

When the entire subject, with the exception of the fault alluded to, is so well managed, it is difficult to make selections with reference to pre-eminence, either in accuracy of diction or practical value, but as a specimen of the author's mode of treating this division of his labours, we transcribe the following account of the theory of bronchial respiration:—

"The theory of bronchial and blowing respiration commonly admitted, is, that the murmurs produced by the air moving in the larger bronchi, or (as the lung-movement is excessively diminished, and therefore little air—it may be none—can reach even the medium-sized tubes) the air, moving in the trachea, larynx, and main bronchi of the non-affected organ, is transmitted thence through the hepatized or compressed tissues, with an intensity directly as the conducting power of the lung is increased by consolidation. Three objections occur to me as negativing this explanation:—Pneumonic murmurs habitually differ in quality and pitch from those of the larynx and trachea; they are habitually much stronger than the latter, while in some cases of perfect consolidation, (without obstructed bronchus,) there is dead silence over the hepatized structure. Skoda holds that the laryngo-tracheal murmurs, and those of both main bronchi, consonate in the air contained in the bronchi, permeating the solid parenchyma, and thus produce the phenomenon of bronchial respiration when intense, and of high pitch; whereas weak bronchial respiration of low pitch comes directly without consonance from the lower part of the trachea, the main bronchus, or one of the second order. This essential distinction of the sources of weak and strong bronchial respiration seems artificial, and is not supported by clinical facts; besides, the pitch of metallic pneumonic respiration is irregularly higher than that of the laryngo-tracheal sounds, whereas consonating sounds are always either of the same pitch, or of pitches bearing a certain definite relation to each other."—p. 94.

The mechanism of the *crepitant* rhonchus is still, according to Dr. Walshe, an unsettled question, but he is so far decided as to be satisfied that it is not produced in the interior of the vesicles. The most probable explanation he believes to be, that it is produced in the parenchyma of the lung itself, and that its physical cause is the sudden and forcible expansion of that parenchyma glued together by viscid exudation.

The second portion of this work, although it contains little that is not to be found in other treatises on the pathology of the thoracic organs, must be acknowledged to present to the junior practitioner as valuable a practical guide as any extant. This portion of the work has, moreover, the merit of conciseness. The first subjects mentioned are neuralgia of the lungs, pleurodynia, and intercostal neuralgia. The author then proceeds, *seriatim*, with the ordinary diseases of the lungs, including bronchitis, (acute, chronic, plastic, and syphilitic); acute and chronic pleurisy; pneumonia; gangrene of the lungs; phthisis; asthma, &c. From these pages we shall make a few practical selections.

The treatment of *pneumonia* in Dr. Walshe's hands is active, when the disease is primary and acute. In such cases, bloodletting, within due limits, appears his sheet-anchor, next to which he places most confidence in tartar emetic. Mercury is not held by him in much esteem, he considers it only desirable when antimony is inadmissible. A hint is thrown out that the free administration of alkalies might be useful, by meeting the indications afforded by the large amount of fibrin in the blood.

In secondary and latent pneumonia the treatment is different. General bleeding is rarely admissible, and a judiciously sustaining regimen is advised in preference to the antiphlogistic. In estimating the particular value of any line of treatment in pneumonia, the author points out the importance of a reference to statistics of age in connection with mortality. In the very early and late periods of life, he remarks, that it is difficult to save a patient labouring under sthenic pneumonia; in middle life, with judicious treatment, it is as difficult to lose him.

The chapter on phthisis is, upon the whole, one of the most instructive in the book, containing as it does more particularly, the results of the author's original observations while Physician to the Brompton Hospital. On the subject of diagnosis his remarks are eminently practical, as may be seen in the following quotation:—

"A young adult who has obstinate cough, which commenced without coryza, and without obvious cause—a cough at first dry, and subsequently attended for a time with watery or

mucilaginous expectoration, and who has wandering pains about the chest, is, in all probability, phthisical. If there be hæmoptysis to the amount of a drachm even, the diagnosis becomes, if the patient be a male, and positively free from aneurism and mitral disease, almost positive. If, in addition, there be slight dulness on percussion at one apex, with jerking or divided respiration, while the resonance at the sternal notch is natural, the diagnosis of the first stage of phthisis is next to absolutely certain. * * If there be cough such as described, and permanent weakness and hoarseness of the voice, the chances are very strong (provided he be not syphilitic) that the patient is phthisical. If decidedly harsh respiration exists at the left apex, or at the right apex behind,—if the rhythm of the act be interrupted, and there be dulness, so slight even as to require the dynamic test for its discovery, there can be little doubt of the existence of phthisis. If, with the same combination of circumstances, deep inspiration evokes a few clicks of dry crackling rhonchus, the diagnosis of phthisis, as far as I have observed, is absolutely certain," &c., &c.—p. 394.

In the treatment of phthisis Dr. Walshe fully confirms the general opinion of the value of cod-liver oil, maintaining that its remedial powers are superior to those of any other agent, but admitting at the same time that the degree in which it is able to *cure* the disease is still undetermined.

The latter portion of the volume is devoted to the diseases of the heart and great vessels, but the limits of this notice prevent our doing more than enumerating the subjects discussed. These are :—Functional palpitation, angina pectoris, pericarditis and endocarditis, organic diseases of the parietes and valves of the heart, cyanosis, rupture, aneurism, and polypoid concretions. The diseases of the aorta are :—Aortic pulsations, arteritis, calcification, and aneurism.

In concluding our notice of this volume we have great satisfaction in according to it a high place as a practically useful book. Should a second edition be called for, as it probably will be, some material advantage would, we think, be derived from a condensation of the first part relating to auscultation. A good deal is now admitted which must be regarded as a matter more of scientific curiosity than clinical value, and the suppression of which will, we are sure, be considered as enhancing the usefulness of the treatise as a guide to the student and young practitioner.

Proceedings of Societies.

BIRMINGHAM PATHOLOGICAL SOCIETY.

JULY 3RD, 1851.

T. W. WILLIAMS, ESQ., IN THE CHAIR.

Larynx and Thyroid Cartilage Perforated by Ulceration; the right Lung in an advanced state of Ulcerative Disease, and studded with numerous small Cavities: the left generally affected by Tubercular Deposit. An Old Cicatrix at the top of the Right Lung.—By Dr. FLETCHER.

THE following is an outline of the case :—

Dr. Fletcher was called to attend Joseph Partridge on the 2nd of June, 1851. He had been ill some time, and was much emaciated, and in a very weak state. He was suffering from great constriction of the cavity of the larynx, so as to be threatened with suffocation at any moment; and there was much swelling and redness of the neck in the neighbourhood of the larynx. The voice was a very low and hoarse whisper. On examining the chest it was not remarkably dull upon percussion, and not more so in one part than in another; on auscultation respiration was next to inaudible; the pulse was 120 in the minute, and feeble; tongue white, and coated; great difficulty, and pain upon swallowing; thirst very troublesome; bowels open; urine sufficiently abundant, turbid from lithates, otherwise healthy, specific gravity 1020; his cough was very troublesome, and with great difficulty he spat up thick muco-purulent matter.

He states that he has been thought to be consumptive latterly by his medical attendants. About four years since he consulted Dr. Fletcher; he was then suffering from laryngitis, which from the history was considered to be syphilitic, (as he confessed to having had syphilis in several forms, and had not submitted to any regular treatment,) and was treated by mercurials and iodide of potass, and much improved as to the disease and in his general health; but he did not continue his remedies long; he took a situation as coach-driver, and resumed his habits of drinking and excesses of all kinds, and has within the last twelve months been unable to undertake any occupation. Hirudines iv., regioni laryngis. R. Hydrarg. Chloridi, gr. ss.; Sacch. Albi., gr. ij. M. Ft. Pulv., tertiis horis sumend.—R. Hydrarg. Oxydi, dr. ij. Ft. pulv. pro fumigatione oris.

This treatment was continued, and as the mercurial action became evident in the system, the disease of the larynx became less urgent, the voice became more loud and the breathing more free, the swelling and inflammation of the neck much diminished and subsided altogether, and large quantities of purulent matter were expectorated.

On the fourth he was able to swallow a little medicine, and a tablespoonful of mixture, containing small doses of dilute hydrocyanic acid was recommended to be taken every alternate hour.

On the 12th the half-grain doses of calomel were omitted to be taken every other hour, and the following pill every night given instead, as he complained that his nights were restless, and the mercurial action was sufficiently established: — R. Pulv. Opii, Hydrarg. Chloridi, utrq., gr. j.; Extr. Hyoscyami, gr. ij. M. Fiat Pil. omni nocte sumenda.

On the 16th, he was admitted an in-patient into the General Hospital. He was generally improved. He was directed to continue his remedies, and to take half an ounce of cod-liver oil twice a day.

On the 18th a morphine linctus was directed for the cough. Since the breathing had become better, the physical signs of disease of the lungs became evident; there was pectoriloquy at the upper part of the right side of the chest, and crepitation all over. His strength began to give way, and he rejected beef-tea, wine, arrowroot, and other nourishment which he had latterly taken.

On the 23rd the case was considered perfectly lost; a mixture containing ammonia was ordered and all other remedies stopped.

He died on the 24th.

Post-mortem examination.—Head: Brain healthy. *Chest and neck:* The larynx was considerably ulcerated, the chordæ vocales destroyed, the thyroid cartilage perforated in its middle, and communicated with an abscess in the parietes of the neck anterior to it. The lungs were in the state above described. The heart healthy. Viscera of the abdomen and pelvis healthy.

This case was particularly interesting from its history connecting it so closely with a syphilitic origin, and the obstruction of the passage of air to the lungs by the larynx obliterating so effectually the physical signs of respiration and of the disease of the lungs.

Foreign Department.

Reappearance of the Sweating Sickness.

This terrible malady, which caused such fearful ravages in the middle ages, appears to have visited some parts of France. It is stated in the *Journal de l'Arrondissement De Valognes*, that on a particular Sunday there were seven or eight deaths, and seventy new cases.

New form of Varicose Aneurism.

Two different lesions may follow as a consequence of the simultaneous wound of a contiguous artery and vein. In certain cases the blood passes directly from the artery into the vein; the latter becomes dilated either in the exact locality of the wound, or at some distance between it and the nearest branch. This is *aneurismal varix*.

In other cases a tumour is formed, the size of which is limited by the surrounding cellular tissue, and into which the arterial blood penetrates. The communication of the tumour with the vein gives it some other peculiarities, and it is called *varicose aneurism*.

Writers have generally mentioned the following as the characters of varicose aneurism:—A canal, of greater or less length, runs between the artery and the vein, establishing a communication between the two vessels; at some point there is a sac, bounded by cellular tissue. This lesion, which is more rare than the other, has only been submitted to dissection three or four times, and therefore M. Berard reports the following example (*Memoires de la Societe de Chirurgie*):—

A man, aged 40, who was in the habit of being bled for some cerebral affection, had the artery opened by mistake in 1840; a bandage was placed on the puncture. In the morning after the man complained of a pain in the arm, with the sensation of burning along the course of the vessels. Attributing this to the bandage, he loosened it, when the limb began to swell; the tumefaction reached the shoulder and wrist, the skin becoming at length quite black; soon after pulsation became perceptible in the fold of the elbow and lower part of the arm.

After the tumefaction had subsided, a soft fluctuating tumour was found on the inner side of the tendon of the biceps; its pulsations were distinct and isochronous with those of the arteries. The entry of blood into the tumour was accompanied with a distinct bruit. In addition to this a bruit was propagated along the veins, but of a distinctly different character from that which was heard in the tumour. From these signs the author at once perceived that he had a combined case of varicose aneurism and aneurismal varix. After a variety of treatment he found it necessary to tie the brachial artery.

Compression being made accordingly in the superior two-thirds of the track of the vessel, an incision was made in the bend of the elbow, exposing the anterior portion of the sac; this was likewise opened, giving issue to dark fluid blood, mixed with clots. The upper portion of artery when it entered the sac was then ligatured. It was now found that, although the vessel was tied, blood continued to pour into the sac from below, and the author with great difficulty found the lower opening of the vessel, which was hidden from view by the interposition of the vein; in fact the exact condition of the parts was this:—The artery presented a large transverse wound on its anterior surface; in front of the artery lay the vein, glued to it, and itself pierced beneath by a wound corresponding to that of the artery, and above by another of the same dimensions. Above this was the aneurismal pouch, so that the blood from the artery traversed the vein in reaching it.

The explanation of these lesions given by the author is, that during the venesection the vein was pierced through, and the artery opened; the lower puncture in the vein remained open while the upper cicatrized, and an aneurismal varix ensued. After a time the impulse of the blood upon the upper surface of the vein caused the puncture to reopen, and an aneurismal pouch then formed in the external coat of the vein and cellular tissue.

Treatment of Anæmia in Children by the Extract of Bullock's Blood.

Dr. Mauthner (*Revue Medico-Chirurgicales*) is said to have adopted this mode of treating anæmia for some time. The extract is prepared by straining and evaporating the blood to dryness. The extract is powdered, and given in doses from ten grains to a drachm. The cases in which he has found it especially useful are:— 1. Those in which anæmia has supervened upon protracted diarrhœa. 2. In the anæmia after typhus. 3. In anæmia following profuse suppuration. 4. In the anæmia resulting from albuminuria. He has found it useless in tuberculosis.

Spontaneous Luxation of the Shoulder-Joint.

Spontaneous dislocation of the hip-joint, as a consequence of disease, is a familiar occurrence to surgeons, but it is very rare to meet with a similar lesion in the joint of the shoulder. The following interesting example is recorded by M. Hannon, (*Presse Med. Belge,*) in which the humerus was displaced during the course of an attack of acute arthritis:—

A man, aged 45, of robust constitution, became the subject of rheumatic inflammation of the shoulder-joint. The pain was acute, the tongue furred, skin hot and perspiring, and in fact he had all the symptoms of rheumatic arthritis in its most acute form. The swelling of the shoulder appeared on the second day, and continued to increase until the sixth day, when the patient suddenly felt a sudden tearing pain, which was the induction of the head of the humerus having left its situation. When examined next day the elbow was separated from the trunk, the arm turned outwards, the fore-arm flexed, and held by the other hand; the shoulder was flattened. Passing the fingers under the acromion, a cavity was at once perceived, and the head of the bone was found in the axilla.

The dislocation was reduced, and the bone maintained in its place by proper bandaging, and from this time there was considerable relief to the pain, as well as subsidence of the tumefaction of the joint. A few days after a second partial dislocation occurred, but this was again reduced, after which the patient made a good recovery.

General Retrospect.

ANATOMY AND PHYSIOLOGY.

On the Nerves of the Uterus.—By M. Boulard.

While the discussion on the existence or non-existence of a special uterine nervous system is yet fresh to the memory, it may not be uninstructive to give an outline of the observations of an anatomist unconnected with either disputant. M. Boulard has recently read a memoir to the *Societe de Biologie*, in which he says:— "The results of our dissections have constantly been opposed to those of Dr. Robert Lee, while they have been completely in accordance with those of Mr. Snow Beck." The conclusions of the memoir are as follows:—

1. The nerves of the uterus are derived from the hypogastric plexus of the lower sacral nerves and from the inferior mesenteric plexus, and are distributed in such an inextricable mesh that it is impossible to determine whether they originate in one system or the other. Nevertheless, we have constantly seen on the right side a nerve of considerable size coming out of the lumbo-aortic plexus, and traversing the broad ligament to ramify on the uterus, ligaments, and fallopian tubes, sending also a few filaments to the ovaries. This nerve anastomoses on the sides of the uterus with one or two branches from the hypogastric ganglia or plexus.

2. The uterine nerves are few in number, and of extreme tenuity.

3. These nerves do not increase in size during pregnancy. This the author has ascertained by dissecting, side by side, the uterus of a child of 12 years old, and that of a woman in the last stage of pregnancy. The only difference appears to be in the width of the interspaces between the filaments; there is no difference in the size of the filaments themselves.

4. The neck of the uterus appears to the author not to be entirely deprived of nerves; he thinks that he has traced a filament into the os uteri.

6. He has never discovered an uterine plexus; but regards the appearance, so called, as deceptive, and to be produced by the peculiar interlacement of venules, lymphatic vessels, and muscular fibres. — *Gazette Médicale*, Aout. 16.

PRACTICAL MEDICINE AND PATHOLOGY.

Abscess of the Liver bursting into the Pericardium.— By Dr. Humble.

Instances in which abscess of the liver makes its way through the lungs are sufficiently common, and in many cases terminate favourably, but it seldom occurs to the physician to witness a case similar to the one below related.

A man, aged 36, formerly a soldier, complained of headache, languor, and general uneasiness, with considerable thirst. His tongue red and dry; pulse 112; respiration easy; no cough; skin hot and dry; bowels confined. He was ordered a dose of castor oil, and a diaphoretic mixture. Next day his symptoms were much relieved, but his tongue was still dry, and slightly furred. He was ordered six grains of mercury with chalk at bed-time, and to go on with the mixture. He continued to improve, his febrile symptoms gradually declining, until the 22nd day of August, when he seemed much depressed in spirits, but complained only of debility. His skin was cool; tongue clean and moist; pulse 90, soft and regular; his bowels open. To have wine three times a-day, and full diet.

On the 25th he was sitting up; his appetite was good; he was much more cheerful, and feeling better in all respects, but at eight o'clock next morning he suddenly died. He was examined ten hours after death. The heart was found slightly hypertrophied, and its cavities dilated; all the valves were healthy; the serous surfaces of the pericardium were coated

extensively with coagulable lymph, and its cavity contained a large quantity of pus, derived apparently from a communication through the diaphragm with a cavity in the substance of the liver, which contained purulent matter. This cavity also communicated with the inferior lobe of the right lung, which was hepatized, and contained various sinuses running into each other. The upper lobes of this, and the whole of the left lung, were healthy in structure. The abdominal organs, excepting the liver, were healthy.—*Medical Gazette*, September 13, 1851.

Successful Treatment of Croup by Cauterization of the Larynx.—By Dr. Townshend.

The author was called to a little girl, aged five years and a half, who had been suddenly seized with croupy breathing shortly before. She was treated with Dover's powder repeatedly during the day, and the room was filled with vapour by immersing heated irons occasionally in a tub of hot water. Cauterization with nitrate of silver was practised at noon and in the evening without much relief; at twelve P.M., the croupy respiration increasing, the patient was fast sinking from suffocation; the pulse intermittent; the caustic was more effectually applied. Expectoration of a portion of the membrane, an inch in length, and half an inch wide, followed in fifteen minutes; relief was immediate; ether was also inhaled with a happy effect, producing a pleasant sleep. Several portions of membrane were expectorated during the night and the following day, and the respiration became natural. No patches of lymph upon the tonsils or fauces were discovered. At this time, seven days from the attack, the patient is playful, with a good appetite. Expectoration purulent and bloody. Has had no return of dyspnœa, but still speaks only in a whisper.—*American Journal of the Medical Sciences*, July, 1851.

Treatment of Bright's Disease.—By Dr. Hughes Bennett.

The author observes, in an admirable clinical lecture on this disease, that the main remedies for the fundamental disease are,—general and local depletion, counter-irritation, diaphoretics, diuretics, and astringents. In acute cases general depletion is essential, if there be general reaction. Counter-irritation of the loins is probably too little resorted to. It is improbable that any benefit can be derived from depletion or counter-irritation in stearosis, uncomplicated by inflammatory desquamation. In all cases, acute or chronic, stearotic or inflammatory, diaphoretics are of essential service. The best are Dover's powder, the warm bath, warm clothing, and, for convalescents especially, a moderately warm climate. Diaphoretics have always appeared most serviceable when they are so given as to excite a gentle perspiration during a part of the night. Diuretics are seldom necessary for the fundamental disease; but they are sometimes advisable when the urine becomes very scanty, even although there is no dropsy; and they are undoubtedly the most certain and speedy remedy when the dropsical effusions are considerable. I am convinced that the fears entertained by some of injury being produced by the stimulus of diuretics on the kidneys are visionary. In *one* case only have I ever witnessed any harm, and in numberless cases I have seen dropsy quickly removed by diuretics, not only without increase of the other symptoms and secondary affections, but likewise with manifest improvement in them all. The stimulus caused by diuretics may well be supposed to differ entirely from the peculiar irritation which gives rise to either inflammatory or stearotic desquamation; and in that case the induction of the one may not of necessity tend to induce, keep up, or increase the other. Besides, is there no likelihood of advantage from diuretics sweeping out the tube-casts and other matters obstructing the uriniferous tubes? The best diuretics in the author's experience are, digitalis, squill, and bitartrate of potash, taken simultaneously. Nitrous ether, broom tops, acetate of potash, or oil of juniper, have seldom succeeded in his hands when the other three have failed; but after all these have failed he has seen diuresis speedily established by Holland's gin. He doubts whether astringents, even in chronic cases, are of the benefit we might expect. He has seen a few cases in which the albuminous impregnation ceased under the use of acetate of lead, or under that of gallic acid; but the good effects have not been so frequent as to entitle him to speak positively in their favour.

Speaking of the treatment of secondary diseases, he says, that it "does not materially differ from that which is applied to the same diseases in other circumstances. All of them are more difficult of cure when secondary to Bright's disease. Inflammations must be treated with activity in the usual way. I repeat that, after frequent careful watching, I can find no objection to the use of diuretics for removing dropsy, but quite the reverse. But in this affection we should avoid the cathartic plan, as being apt to excite permanent diarrhœa; and mercury should be shunned as a mercurial, on account of the facility with which, in this disease, it produces excessive action. The best remedy for diarrhœa, which so often proves troublesome, and sometimes dangerous, in Bright's disease, is the Edinburgh lead and opium pill, in the dose of five or ten grains twice, or even thrice, a day, to which may be added, in severe cases, a fatty suppository of muriate of morphia. Vomiting may be sometimes removed by bismuth, but more frequently by morphia, hydrocyanic acid, creosote, pyroxylic spirit (medicinal naphtha), chloroform, or little fragments of ice; and when these fail, a blister over the epigastrium has sometimes succeeded. It is not necessary for me to say anything of the treatment of other secondary diseases. In all cases stimulant liquors should be used with caution; but they are sometimes unavoidable when the exhaustion is great. The diet in the acute form must be low, light, and farinaceous; but in the chronic form a moderate allowance of nutritive easily-digested food, with a moderate use of liquids, has always appeared to me the preferable diet, when the patient can take it."—*Edinburgh Monthly Journal.*

SURGERY.

Opinions regarding Strictures of the Urethra.—By Mr. Guthrie.

1. That a hard and elastic, or an intractable stricture is never permanently cured by dilatation, or

by the application of caustic, although it may be materially relieved by the regular periodical use of a dilating instrument.

2. That the division of an old, hardened, or elastic stricture through the perinæum is not unusually followed by a permanent cure, although it is always attended by immediate relief. The disease being apt to return unless a solid sound or a catheter is occasionally passed to prevent it.

3. That the operation of dividing the perinæum and urethra in such cases is sometimes attended by severe hæmorrhages, by fever, and is occasionally followed by fistulous openings, giving rise to much inconvenience.

4. That such division does, in some instances, effect a permanent cure.

5. That the division of the urethra through the external parts should never be attempted in any portion of it anterior to the bulb, such operation not being necessary; for the narrowest stricture of the pendulous or moveable part may always be divided internally with much less comparative danger than by the external incision, inasmuch as the instrument can be guided through this part by the finger and thumb of the left hand of the surgeon with a certainty almost unerring.

6. That the stricture considered by all surgeons as the most important and difficult of cure—viz., at the termination of the bulbous portion of the urethra—may always be divided, when impassable, by a *straight* instrument, and in general more easily than by a *curved* one; the use of which is founded on the erroneous belief that the stricture is situated in the membranous part of the urethra, instead of being, as it is, anterior to it.

7. That the division of a stricture should, if possible, be effected by an instrument passed through it, and cutting from behind forwards, rather than from before backwards, although a combination of both methods will frequently be necessary to ensure success.

8. That the division of a stricture by these means will not always ensure a permanent cure if more than the mucous membrane is implicated, unless such parts be divided also.

9. That in cases of intractable stricture, the mucous membrane, the inner layer of involuntary muscle, and the elastic tissue external to it, should be divided, when the operation is done from within, but not the outer layer of muscular fibres, which should remain as a barrier between the stream of urine and the common integuments of the external parts—an accuracy of division not always to be attained: whence, perhaps, the difficulty of effecting a permanent cure.

10. That when a permanent cure is effected in these cases, the divided elastic wall of the urethra is not reunited by a structure exactly similar to itself, but by common areolar tissue, rendering the part more dilatable under the pressure of the stream of urine; the formation of which dilatation can be aided during the progress of the cure by pressing on the divided part with the point of a solid instrument passed daily for the purpose of preventing, if possible, that contraction which always takes place during the process of cicatrization; a proceeding which cannot be advantageously adopted when the parts are divided through the perinæum, lest it should encourage the formation of a fistulous opening, to which there is always a tendency.

11. That in cases of intractable stricture accompanied by one or more fistulous openings in the perinæum, in *young persons*, or of middle age, the operation through the external parts, or along the urethra, may be resorted to at the pleasure of the surgeon with an equal chance of success, provided the division of the obstruction or bank preventing the free passage of the urine be effectually divided, the *sine quâ non* of the operation.

12. That the operation within the urethra should always be preferred in *elderly* persons, particularly if somewhat stout or fat, as less likely to create severe constitutional disturbance; and if this operation should fail from any cause, it by no means interferes with the due performance of the other through the perinæum, which in serious cases then becomes imperative, as the last resource capable of giving relief.—*Lancet*, June 7, 1851.

Treatment of Obstinate Ulcers by the Internal Use of Tincture of Cantharides.—By J. Tart, Esq.

In a case of extensive ulceration in a broken constitution, after the failure of various plans of treatment, Mr. Tart gave ten drops of tincture of cantharides three times a day, with marked benefit. In three days from the commencement the sores began to contract, healthy lymph appeared round the edges, and vivid granulations started up. In a fortnight the ulcers were quite healed. On this case the author remarks:—

"Such was the progress and issue of a case that had baffled every previous treatment employed. It affords one of many examples I could bring forward of the great utlity of cantharides in indolent ulceration, dependent either upon atony of the engaged parts, or system generally,

"In 1845, while resident in Burmah, my attention was directed to the treatment of the ulcers met with in that country, and which had long been found difficult to heal by different medical gentlemen stationed upon that coast. I drew up a paper, exhibiting the appearances presented by the different ulcers, and the states of of constitutional derangement with which they were identified, and in which I had employed the tincture of cantharides with marked success. The paper alluded to, backed by several cases treated by different medical friends, was forwarded to the Madras Medical Board, who ordered it to be circulated throughout the medical service of the Madras army.

A few extracts from the paper here referred to will show the characters of the ulcers where I found the tincture of cantharides useful:—

1st. "Where the granulations were exuberant, but pale, weak, and flabby.

2nd. "Where there was deficiency, or total absence of granulations, the ulcers being deep and scooped out, with raised and indurated edges.

3rd. "Where the granulations were not defective, but cicatrizing irregularly, sometimes in the centre, at other times on one side, the lymph which was thrown out and organized one day being absorbed the next.

"It was further remarked that their indolent character was to be referred to morbid states of the system, varying from little perceptible deviation from health to the different grades of anæmia. It was difficult at first to assign the cause of this indisposition to heal, in sores which presented themselves in subjects where the

general health was little impaired, and this was increased on finding that they did not yield to the exhibition of remedies known to exercise a beneficial influence upon such ulcers. It was from observing the ineffective attempts at reparation, which I occasionally witnessed in the different cases that came before me, that suggested the belief of the primary derangement to be owing to deranged circulation of the affected part, and the blood being deficient of, or not elaborating, plastic lymph of sufficient quantity or quality necessary for the healthy granulating process."

Tracheotomy in Croup; Chloloform used.—By Henry Smith, Esq., F.R.C.S.

The chief value of the case narrated by Mr. Smith, consists in its being the only instance in which chloroform has been used in the operation of tracheotomy. The case was one of inflammatory or exudative croup occurring in a child aged four years. By the use of chloroform anæsthesia was safely induced, and it was observed that the breathing became more free and tranquil. Whilst insensible, Mr. Smith opened the trachea, on which mucus and false membrane were expelled. The child appeared to be going on favourably for some hours, but next day it became gradually comatose and so died.

On examination, the fauces were found covered with exudation, and the trachea lined with false membrane, which extended even to the larger ramifications of the bronchial tubes.

Dr. Snow's reasons for not refusing to use chloroform in this and similar cases are so sound, that we transcribe them. In a letter to Mr. Smith, he says:—"I believe that many medical men would have objected to the employment of chloroform during tracheotomy, or a case in which extreme difficulty of breathing existed, but the following are the reasons which induced me to recommend it, when you asked my opinion on the subject:—1st. Chloroform in moderate quantities does not diminish the strength of the respiratory movements. 2nd. I have ascertained by experiments on animals, that a larger quantity of air is not required to support life under the influence of chloroform and other narcotics than in ordinary circumstances; but, on the contrary, that they can actually subsist on less air than in the normal state. And 3rd, the struggles of the child that would be occasioned by pain and fright, if the operation were performed in the conscious state, would cause an increased demand for breath, and be a real source of danger.—*Medical Gazette*, August 29.

MIDWIFERY.

Cæsarean Operation; Successful to Mother and Child. By Mr. Poland.

The patient was a woman who had borne five children, but who subsequently to her last confinement appears to have become the subject of carcinoma uteri. She was admitted into Guy's Hospital, under Dr. Oldham, being in the seventh month of pregnancy. On the 2nd of July labour pains became manifest, and examination being made, no os uteri could be felt. The pains continued without the least effect upon the uterine orifice, which was insurmountably closed by malignant growths; and under these circumstances the Cæsarean operation was suggested by Dr. Oldham, and performed in the usual manner by Mr. Poland, chloroform having been previously administered. The child was extracted living, and the mother expressed herself as having been entirely unconscious of the operation.

On the ninth day the sutures were removed; and two months after the operation the patient is reported as in a satisfactory state. The child is thriving.—*Lancet*, September 5.

On Bandaging the Abdomen after Delivery. By Mr. Kesteven.

One of the commonest practices, and in general medical opinion one of the most useful, is that of bandaging the abdomen after delivery. The author, however, believes that it is "not only unnecessary, but in many cases absolutely injurious; its utility being quite other than is usually stated, while any advantage which it offers are to be gained by its employment at a later period than is generally directed."

The objects alleged to be gained by the application of the roller are:—1. To promote the contraction of the uterus. 2. To lessen the severity of the after-pains. 3. To prevent hæmorrhage. 4. To prevent syncope. Lastly, to protect the patient against the consequences of sudden alteration of the balance of circulation, by which syncope, inactivity of the uterus, and hæmorrhage, have been produced.

In examining these reasons, the author concludes that all the ends proposed may be accomplished without the roller, and that the custom is "more honoured in the breach than in the observance." He does not, however, altogether discountenance bandaging the abdomen, but restricts its use to a later period than is generally advised. The proper period is, he thinks, when the uterus has firmly contracted, and the patient is got comfortably "to bed." Before this he considers it an useless encumbrance.—*Medical Gazette*, Sept. 12, 1851.

NOTICE OF THE LATE JONAH WILSON, ESQ., OF HUNTINGDON.

The following biographical notice of the late Mr. Wilson, by M. Foster, Esq., of Huntingdon, by whom it has been forwarded to us for insertion in the *Journal*, and we have much pleasure in acceding to the wish of our respected Associate:—

Mr. Wilson was born at Oswaldkirk, Yorkshire; was apprenticed to his maternal uncle, Mr. Wass, of Thirsk, in the same county, who appears to have been a person of great energy of character, and a very respectable practitioner of medicine; Mr. Wilson always spoke of him with emotions of pleasure and grateful satisfaction. For a short time he studied at the Borough Hospitals, and for three months at Edinburgh, and soon began practice at St. Neot's, Huntingdonshire, but he found his deficiencies so great, and his confidence in himself so slight, that in the course of a few months he resolved to return to hospital practice. He became an assistant apothecary under the late Mr. Stocker, of Guy's, and

prosector to the late Sir Astley Cooper. For five years he studied and laboured with the most unwearied diligence and perseverance, at the expiration of which period he commenced practice at Huntingdon, entering into partnership with Mr. Desborough, whose health had so much declined as to induce him to relinquish the profession. Mr. Wilson rapidly rose in public estimation; his accurate acquaintance with anatomy and surgery, acquired in that celebrated school under Sir Astley Cooper, when in the full vigour of his splendid career; his thorough knowledge of pharmacy, as evinced in his work "Pharmacopœia Chirurgica," which he committed to the press soon after his arrival at Huntingdon, and his keen powers of observation, retentive memory, and masculine understanding, render it no marvel, that in the then low state of medical and surgical knowledge, particularly the latter in the provinces, he should the first year have trebled the amount of returns, and in the course of a few years attained the highest eminence, and for many years commanded the most lucrative practice in the neighbourhood, both in general practice and in consultations with all his medical friends around. About 20 years since, the premature death of his eldest son, intended for the profession, gave so powerful a shock to his system, that it was with difficulty he could command his attention, hitherto unremitting, to his professional duties. Attacks partaking of the gouty diathesis, frequently disabled him altogether, and in a few years he gradually withdrew from the arduous engagements of his profession. Three years ago he left Huntingdon to reside with his affectionate son, and ended his days in peace, on the 13th of June, 1851, in the 73rd year of his age.

Mr. Wilson's intimate knowledge of the materia medica, combined with his ardent attachment to classical, medical, and general literature, gave him great facility in prescribing. For elegance of diction, exact, and dignified design of each element, together with a comprehensive grasp of the combined and main action of the whole, his prescriptions were considered *models* well worthy of notice and imitation, being as free from the multitudinous complexity of the ancient school, as from the raw simplicity of the modern. Amongst our medical classics, Mr. Wilson was particularly partial to "Gregory's Conspectus Medicinæ Theoreticæ," generally reading it through once in the course of the year; "Heberden's Commentaries" was scarcely ever out of his sight; Von Swieten and Sydenham also were much admired by him. Of English authors, his great favourite was Fordyce on Fevers, a work he was ever lavish in praising. He thought the more modern authors far below them in the closeness of their observations, always excepting "Copland's Dictionary," a work he, alas! lived not to see completed—which is a lot, apparently, likely to befall many of us.

Mr. Wilson, ever ready to perform an operation when absolutely necessary, even more fondly admired and relied upon nature's great powers; he was remarkbly successful in the medical treatment of surgical cases; his knowledge of midwifery, in all its mechanical forms and vital powers, was complete; few men of his day were his equal. The first edition of his "Pharmacopœia Chirurgica," was dedicated to Sir Astley Cooper, and was published November 2nd, 1809; the second edition March 2, 1811. It soon passed through the third, and now, for many years, has been out of print; it was highly esteemed at the time of publication, and for a long time was a text book for the practitioner of surgery. I have had the testimony of the most eminent men of our profession, that the "Pharmacopœia Chirurgica" was always on their study table—a book of constant reference. Mr. Wilson, like the "Sexagenarian," correspondent of this *Journal*, was no diplomatist. It is true the degree of M.D. at Aberdeen was offered to him, but he perseveringly refused to accept it. He was not a member of the Royal College of Surgeons; in his early days that honour was not much sought after, and writhing under the pangs of "res augusta domi," and with the advice of his warm-hearted friend, Sir Astley Cooper, he launched forth on his career of success and usefulness *without* that now imperatively necessary and valuable qualification.

Huntingdon, July 14, 1851.

Correspondence.

NECROSIS FROM LUCIFER MATCHES.

To the Editors of the Provincial Medical and Surgical Journal.

Gentlemen,—The Provincial Medical and Surgical Association affords a valuable means of concentrating into a focus the information scattered through the provinces on any subject which may engage the attention of its members. It further may serve to unite the exertions of the profession, in carrying out any measures which may be conducive to the public good. In both these ways the Association may become an important sanitary organ, and as such well deserve the respect and consideration of the nation. On many subjects the information derived from the manufacturing districts is pre-eminently valuable, and the medical men who reside in these places can alone represent the wants and necessities of a large class of the community. There is, perhaps, no more important study in respect to the *etiology* of the diseases found in public hospitals, than that of the influence of the trades. They who will carefully inquire into these matters, and be at the trouble of repeatedly watching the artisan at his work, will be able to trace the sources of many obscure complaints, and will be led to abandon that routine manner of accounting for diseases which contents itself with vague phrases and surmises. They will also not rest satisfied with the *mere treatment* of a disease, which must return as soon as the patient resumes his employment.

My present object is to direct the attention of the Provincial Association to the evils arising from the manufacture of lucifer matches, and request from that body such information as its members may have to afford. I do not presume to ask the lengthened detail of cases, as this would involve considerable trouble, but simply for brief replies to the following questions:—

1. Whether any case or cases of necrosis, from this cause, have come under the notice of any member?

2. After what period of employment?

3. Whether immediately arising from such employment, or after any and what cessation from it?

4. At what manufactory they occurred?

5. The result of the case?

6. Age of the patient and peculiarities of his condition; whether scrofulous, or having carious teeth?

7. If any preventive measures are taken at the manufactory, and what?

My reason for proposing the third question is, that the necrosis produced by phosphoric fumes may arise at a considerable period after removal from the cause. A case is related by Dr. Strohl, of a young woman who had consulted him in June, 1845, who had been employed five years in a manufactory of lucifer matches; she had been accustomed to dip the matches in the preparation, and during all that period she had experienced no inconvenience. She then left the establishment and undertook another employment. *In three months afterwards* she experienced pain in the upper jaw, which was succeeded by swelling and abscess of the gums. Eight teeth in succession became rapidly carious and were removed. When first seen by Dr. S. she had been eighteen months away from the manufactory. In many other cases the patients have left their occupation apparently suffering from a trifling pain in the face, though afterwards they have had extensive disease of the bones. In another case related by Dr. Strohl, a female, aged 22, who had been employed in the same manufactory as that last mentioned, continued for two years in good health, and until two months previous to her quitting the occupation. Afterwards the teeth became carious, and a fœtid suppuration arose.

The fourth question is important because the cases which have occurred have mostly arisen from particular manufactories; and consequently it is to be supposed that deficient ventilation may have an important influence. Hence the necessity of the supervision of such manufactories, on which subject I have addressed a letter to a distinguished philanthropist, the Earl of Shaftesbury.

It seems that the Austrian Government have not thought this subject unworthy of consideration, but have ordained the observance of certain precautions which have been recommended by a medical commission. The health of artisans has been singularly neglected in England, where benevolent schemes are generally supported with equal zeal and munificence. Perhaps it may be that the profession itself has been wanting in alacrity to make known the baneful results of some forms of employment, or has been deterred by a fear of giving offence, where patronage was concerned. Such fears, I need not say, are altogether beneath the consideration of an honourable and humane profession.

For the use of those who have not already paid attention to the necrosis which arises from phosphoric fumes, I may briefly notice some of the authorities which may be consulted. Mr. Stanley, in his work "On Diseases of the Bones," alludes to this affection; Mr. Taylor in his work "On Poisons;" the *American Journal of Medical Science* for 1846, p. 525; *Chamber's Edinburgh Journal*, July, 1846; the *Lancet*, for 1847, vol. 53, p. 203; the *Lancet*, for 1849, [two papers, see the index]; *La Nouvelle Encyclographie*, Aout., 1850, p. 219. I believe there are various German pamphlets on the subject, and some memoirs on it have also been addressed to the French Royal Academy of Sciences; one by M. Roussel, in February, 1846, and another by M. Sedillot, of Strasbourg, in March, 1846.

I have the honour to be, Gentlemen,

Your obedient servant,

JAMES BOWER HARRISON.

Higher Broughton, Manchester.

ON THE

EXTERNAL USE OF NITRATE OF LEAD.

To the Editor of the Provincial Medical and Surgical Journal.

Sir,—As I am not aware that the nitrate of lead has ever been brought under the notice of the profession, except as a disinfectant, I venture to send you the following account of some of its applications to other purposes, in some of which it has supplied a desideratum, and in all has succeeded to the fullest extent.

Two years ago, when, in consequence of the approach of the cholera, the attention of the public was directed to the removal and destruction of noxious gases and odours, a number of so-called disinfecting agents was brought forward for this purpose, and among them the nitrate of lead.

Finding, from numerous trials, that it fully bore out all the encomia that were given it for correcting bad smells, and far exceeded the preparations of chlorine, in utility, for these purposes, by the advantage it possessed of being perfectly inodorous, I was induced to try it as an antiseptic for the preservation of recent morbid preparations. I perceived, however, that though the nitrate of lead, in solution, effectually checked decomposition and removed all fœtor, yet it became deposited upon the substance in the form of a white precipitate, that penetrated the surface and combined with the tissue of the preparation, thus spoiling its appearance, and destroying its utility as a representation of the effects of disease. Reasoning, therefore, on this property of the nitrate to combine with and harden the tissues with which it is brought in contact, it occurred to me that it would form an excellent lotion for the cure of fœtid discharges, not only by removing the smell, but by checking the secretion by its astringency.

The first case in which I used it with this intention was that of a lady, whose lochia were so offensive as to scent the whole house, and nauseate even the nurse. It was used as an injection, and the third application effected the complete removal of the fœtor.

I have also used it with success as a lotion for sore legs when in a sloughy and indolent condition, and I find that it soon restores them to a healthy state, inducing a proper secretion of pus, with firm granulations on the surface of the ulcer.

I have not yet used the nitrate in acute gonorrhœa, but it acts admirably as an astringent in gleety discharges, as well as in those of cancer uteri, whether sanious or purulent. In short, as a lotion it is as extensively useful as the diacetate of lead, while it is superior to that preparation by its disinfecting property.

I have not, however, ventured to use it as a collyrium, for fear of the deposit of lead affecting the transparency of the cornea.

In chronic cutaneous diseases, the most remarkable instance of its efficacy has been afforded in a case of eruption, of a kind of rupia or impetigo of five years' standing. The complaint broke out on the vertex of a woman, aged 50, and, leaving its original site, it has gradually crept down over the forehead, nose, and cheeks, to the level of the mouth. The primary form of the eruption consists of inflamed flattened pustules slightly elevated above the surrounding skin, which discharging their contents, form thick, rough, yellowish crusts, or scabs, fissured in all directions, like those of crusta lactea, which, firmly adhering and growing from their base, like rupia, for a longer or shorter time, fall off at last, leaving cicatrices of various shapes, exactly like the seams and pits of small-pox. The patient came under my care some months ago, when I tried many remedies, both internal and external, in vain, quinine being the only one that produced any good effect, and this not permanently. As the skin around the sores and where they had healed seemed in a state of hypertrophy, the papillæ projecting in many places as in elephantiasis, it occurred to me that the best way to check the progress of the disease would be to apply some penetrating astringent to the surface; and with this view I ordered a lotion of the nitrate of lead, with quinine internally. In the course of a few days the eruption ceased to make any progress, the crusts began to fall off, and the skin to lose its redness and swelling; and in a fortnight every sore was healed, though the face and forehead remained still seamed with scars. There has been no fresh breaking out for some weeks, though, as the nose is still red and swelled, I have ordered the continuance of the lotion.

The formula I generally use is the following:—R. Plumbi. Carb., scr. j.; Acid. Nitr. dil. q. s. ad. solvendum; Aquæ. dist., lb. j., M. Fiat. Lotio bis terve indies assidu utenda.

In the above case the lead was increased to half a drachm. The best test for the degree of strength of the lotion is the production of a *slight* smarting, which soon subsides. In the hope that the merits of this preparation will become readily known to, and fully tested by the members of our Association, I request the favour of the insertion of the above-mentioned particulars in the *Provincial Medical and Surgical Journal*, and remain, Sir,

Your obedient Servant,
T. OGIER WARD.

Kensington, Sept. 18, 1851.

THE RECENT OUTBREAK OF CHOLERA.

To the Editor of the Provincial Medical and Surgical Journal.

Sir,—In one of the daily papers some little time ago, (about the middle of August), I saw a paragraph copied from a Birmingham paper, containing an account of reported cholera in that town, calculated to give rise to unnecessary alarm. About the period alluded to, I had the charge of a district of the Greenwich Union for about three weeks, the weather for a few days was unusually depressing, and several cases of aggravated "English cholera" came under my notice. Some assuming many of the characters of the epidemic of 1849, and which I dare say were closely allied to the cases reported at Birmingham. One night, in particular, I was called to two cases, in a very filthy locality. I found both parties suffering with the following symptoms:—Constant diarrhœa; vomiting; cramp of the abdomen and lower extremities; pulse scarcely perceptible at the wrist; skin cold; voice husky; and thin watery evacuations, with scarcely any odour. These symptoms soon subsided under the treatment of calomel and opium, brandy, astringents, and hot applications.

During the epidemic of 1849, I had the charge of a district of the West London Union, where cholera raged as badly, or I may say worse, than in any part of the city. I believe I witnessed nearly 1,000 cases, a considerable number of the most aggravated form; but I must confess I did not see the disease *cut short* in one instance after it had assumed the symptoms above described. At that period, too, I had the advantage of the advice of several leading physicians connected with the hospitals; all were desirous of testing their favourite remedies, but I am not yet persuaded that the sufferers were much benefitted by the various means resorted to. It appeared to me if the patients' constitution was pretty good, and the locality favourable, there was some fain hope that he might "weather it," to use a familiar expression. It is my opinion that the disease recognized in this country as cholera, or "English cholera," has assumed, since the epidemic of 1849, *many symptoms closely allied to the Asiatic*, but that the disease widely differs in severity, real character, and result.

I am, Sir, your obedient Servant,
EDWIN BISHOP.

September 8, 1851.

UNRESTRICTED SALE OF LAUDANUM.

To the Editor of the Provincial Medical and Surgical Journal.

Sir,—If the subject I am about to mention appears to you of sufficient importance to be inserted in the *Journal*, I shall feel much obliged by your bringing it in that way under the notice of the Association, or in any way you think proper.

The use of *opium* for its intoxicating effects, is becoming daily more general among the humble but useful classes of society, and the ease with which it is obtained from the retailing chemist and druggists, tends to propagate the mischief. Only two days ago my attention was directed to one among very many instances that have occurred to me, by my good neighbour Mr. Sweet, (a member of our Association,) who showed me a *pint* of laudanum, with the name of the chemist from whom it had been purchased, at Birmingham, for two shillings and eightpence. It is true, "poison" was marked on the label, but this frightful quantity was

sold to a single individual, non-medical, and to whom the vendor was a stranger.

Mr. Sweet accidentally met with it, where it had been brought as a present to a poor person, just as brandy or tea would be brought, and with as little precaution; and he wisely and kindly prevented further mischief by his timely interference.

Whether the Legislature, with a due regard to the "salus populi," should be called upon for some further enactment, after what has been done in regard to arsenic, the Association, (the members of which constitute the best judges of the evils arising from the indiscriminate use of laudanum,) can decide. No better court of appeal in such a case could be found than that to which these remarks are now submitted.

A. W. DAVIS, M.D.

Tenbury, July 23, 1851.

ON MENTAL ALIENATION.

To the Editor of the Provincial Medical and Surgical Journal.

Sir,—Mental alienation has been defined by Esquirol as a cerebral affection, ordinarily chronic, characterized by disorders of sensibility, of intelligence, and of the will. It is to this form that I more particularly submit my remarks.

It has been said, like wine, to develope the private feelings, sentiments, and disguised ideas of its subject—in fact, to unlock the closet of the human mind; it is undoubtedly true, that in many instances, the moving springs of conduct, and the probable reason which led to the outbreak of the malady, can be traced.

It is true that, in a large establishment, an epitome of the world can be found—the same ideas, the same envies, the same passions, the same mixture of misery and happiness! But here the effects are more decidedly marked, because there is none, or but little restraint placed upon actions, as the passions have become stronger than the reason. Even in the limited number of a small private establishment, marked differences occur; all the shades of human desires and aspirations are discernable; very frequently, though, a more guarded mode of conduct may be maintained, the result, as I apprehend, of the facility afforded of stricter observation This will seldom deceive the experienced eye.

I am not writing an essay; and it is by no means my intention to go through the symptoms of mental alienation; generally speaking, there is some defect in one, two, or all, of the external senses, but almost invariably egotism. The inmates pay very little attention to one another,—their own wants, wishes, condition, and comforts must be immediately attended to; and often jealousies arise from what may be considered a preference shown to another.

In regulating all this, in endeavouring to bring better sentiments into play—to restore to reason distorted intellect, how often is the manager of a private establishment disturbed and prevented by the interference and conversation of injudicious friends, and by the wrongly-timed observation and directions of those who doubtless consider they are moving in their path of duty, but who appear to reason from general principles on individual cases. Who can so well observe the bearings of a patient's mental infirmity as one who sees frequently, and writes down regularly, the different phases of the disease.

Again, it is seldom that a patient is placed under private care at the first outbreak; most frequently an attendant is procured, and medical means are resorted to. This may occasionally answer in violent cases, and in some first instances, but it is more generally attended with false hopes, much anxiety, and increased expense. At length a private establishment is chosen. By this time the mental affection has taken deep root, and the bodily condition of the patient not improved by various modes of treatment. In difficult cases it is probable that some time must elapse before the key-note of the mind can be obtained. Upon many subjects the patient may talk well and compare justly; and a mistaken notion emanates as to any actual insanity prevailing. Of this, frequent examples are enumerated in all books treating upon the subject. Nevertheless, I consider this form of the disease is frequently lost sight of, and that present appearances are not unfrequently admitted as the standard of mental health.

Many suicides have been committed in consequence of this error.

I remain, yours obediently,

E. B.

Medical Intelligence.

HOMŒOPATHY AND THE ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

The following requisition to the Council of the Royal Medical and Chirurgical Society is in course of being signed. We understand that it will be presented at the commencement of the Session in November :—

"We, the undersigned Fellows of the Royal Medical and Chirurgical Society, being convinced that the doctrines of homœopathy and mesmerism are utterly fallacious, and inconsistent with the facts of medical science, hold that they are unworthy to be professed, or in any way countenanced by members of this Society, the object of which is the promotion of a sound knowledge of medicine and surgery. We therefore request the Council to take this subject into consideration, with the view to prepare regulations whereby all homœopathic, mesmeric, and similar irregular practitioners shall be excluded from the Fellowship of this Chartered Corporation. And we hereby request the Council, with as little delay as possible, to summon a special general meeting of the Fellows to resolve on the same."

THE HOMŒOPATHS.

We understand that a motion was brought forward at the Medical Society of University College, to expel certain members who practise homœopathy.

THE SALE OF ARSENIC.

Mr. Sefton, druggist, of Accrington, has been prosecuted for not strictly obeying Lord Carlisle's Act. He sold the arsenic in the presence of a man who signed a book as witness; but he did not colour the mineral with indigo or soot, and the purchaser was under age. Mr. Sefton pleaded that he did not know it was necessary to colour the arsenic, and he thought the purchaser was of age. The Magistrates fined him £5 only, the full penalty being £20.

A NEW QUACKERY.

In Naumberg a man named Mahner is preaching the necessity of a new regeneration, not in the spiritual, but physical sense. He warns a sickly race that it must return to the lost state of "primitive health," or *Urgesundheit*, as the means of more fully enjoying life, and attaining a patriarchal old age. It is to be secured by a diet of bread and water, going barefoot, and letting the hair and beard grow; in short, making a nearer approach to man's original state in costume than the decencies or prejudices of modern society will altogether permit. On this topic he has been lecturing to a chosen few, but his doctrines do not seem to take, bread and water not being tempting, even with four-score years promised as the prize of self-denial. It is also said that the apostle does not fully act up to his own precepts, preferring a well-spread table and every variety of wine or beer to the pure element; but this may be a calumny of the hotel keepers. The German journals are perpetually turning up some eccentricity of this sort; to prepare or preserve health, the oddest "cures" are resorted to. A section of the public seems determined to escape the hands of the faculty, and die by some irregular process, rather than with the aid of medicine. In a single advertising sheet could recently be counted up a water cure, a grape cure, a milk cure, and a hunger cure; to these must be added another just getting into vogue—some of the former having had their day—it is the cure by muscular exercise, by which cripples from rheumatism are put through a course of gymnastics; and dancing is prescribed for the gout. These, however, are all merely cures or remedies; the "primitive health" theory is founded on a system of living which would literally make "man's life as cheap as beasts," without much prolonging it. As far as hair and beard go, many of the Berliners are meeting the Naumberg preacher more than half way.—*Lancet.*

QUEEN'S COLLEGE, BIRMINGHAM.

An influential meeting of the friends and supporters of the Queen's College, Birmingham, was held in the Town Hall of that town, on Tuesday, the 7th instant, on the occasion of the presentation by the Queen of Her Majesty's portrait to the institution, and the distribution of annual prizes to the students. In the absence of Lord Lyttelton, the Principal of the College, the Rev. Chancellor Law, Vice-Principal, presided. The following prizes were then distributed to the successful students by the respective professors of the several classes:—

Warneford Medals, Banks, Franks; Warneford Scholarships, Waller, Webb; Governors' Gold Medals, Russell, Rowland; Warden's Senior Theological Prize, Oakes; Medal in Anatomy, Russell; Certificate ditto, Coleman; Medal in Surgery, Webb; Certificate ditto, Russell; Certificate Practice of Physic, Banks, John Smith, æquales; Medal in Forensic Medicine, Franks; Medal in Midwifery Class, Webb; Second Medal ditto, Perry; Certificate of Honour, Stillman; Medal in Materia Medica, Harris; Certificate ditto, Franks; Medal—Botany, Harris; Medals in Chemistry, Franks, Wilkinson, æquales; Certificate, Cantrell; Book—Demonstrations, Franks; Law Professor's Prize, Suckling.

PRELIMINARY EXAMINATION AT APOTHECARIES' HALL.

We are happy to observe that the remarks which were made some months since in the *Lancet*, upon the propriety of the junior members of our profession presenting themselves for the preliminary examination in classics and mathematics at Apothecaries' Hall, have been so warmly responded to. We are informed that nearly one hundred candidates have entered their names for this trial; and, as will be perceived, the Examiners have found it necessary to commence their duties three hours earlier than was originally intended. As it will be utterly impossible to conclude the examinations in one day, the proceedings are to be resumed on the Monday and Tuesday following.

It has been intimated to us that the Greek part of the examination will, upon the present occasion, be limited to the Gospel of St. Luke; but that, if any candidate should object, upon religious or other grounds, to the New Testament, he may be examined in the first book of Xenophon's Anabasis, if he prefer it.—*Lancet*

APPOINTMENTS.

Military.—83rd Foot: Assistant-Surgeon Edwd. Touch, M.D., from the staff, to be Assistant-Surgeon, *vice* Innes, who exchanges. Hospital Staff: Assistant-Surgeon John Henry Kerr Innes, from the 83rd Foot, to be Assistant-Surgeon to the forces, vice Touch, who exchanges.

Naval.—Surgeon, Thomas R. H. Thompson, M.D. (1851), to be Surgeon-Superintendent of the *Marion*, convict ship. Surgeon, Frederick W. Le Grand (1839) to be Surgeon-Superintendent of the *Marion*, convict ship, in the room of Thomas R. H. Thomson.

ROYAL COLLEGE OF PHYSICIANS.

The following gentlemen were admitted members on Tuesday, the 30th ultimo:—Dr. Barron, St. Thomas's Street, Southwark; Dr. Habershon, Finsbury Circus; Dr. Parker, London Hospital. Also Dr. Thornton, Norwich, was admitted an extra-licentiate.

ST. GEORGE'S HOSPITAL.

The annual distribution of prizes took place in the Board-room of the hospital—the Right. Hon. Sir F. Pollock, Lord Chief Baron of the Court of Exchequer, presiding.

In addition to the scholarships, the following prizes and certificates were presented by the Lord Chief Baron, with some appropriate remarks with each:—

Anatomy, Senior Class: Prize, Mr. George Nayler; certificate, Mr. W. J. Williams. Junior Class: Prize, Mr. Oscar Byrne; certificates, Mr. G. Y. Hunter and Mr. J. Penny.—*Physiology:* Prize, Mr. J. R. Davern; certificate, Mr. J. S. Dodd.—*Botany:* Prize, Mr. W. R. Cornish; additional prize, Mr. J. Penny.—*Chemistry:* Prizes, Mr. W. R. Cornish and Mr. J. Penny.—*Practical Chemistry:* Prize, Mr. Wyndowe; additional prize, Mr. C. Royston; certificates, Mr. W. Jane and Mr. Jeckell.—*Materia Medica:* Prize, Mr. J. Penny: certificates, Mr. W. R. Cornish and Mr. G. Y. Hunter.—*Medical Jurisprudence:* Prize, Mr. Bolton; certificate, Mr. Firth.—*Midwifery:* Prize, Mr. W. B. Harrison; certificate, Mr. C. Royston.—*Practice of Physic:* Prize, Mr. W. B. Stephens; certificates, Mr. H. V. Carter and Mr. Francis Day.—*Surgery:* Prize, Mr. H. V. Carter; certificates, Mr. Francis Day and Mr. W. B. Stephens.

ROYAL COLLEGE OF SURGEONS.

The following gentlemen were admitted members on the 3rd inst.:—Charles Thompson Abbott, Nenagh, county Tipperary; Charles Coates, Leeds; Edward John Complin, Charterhouse Square; John Davies, Brecon; George Graham, Cootehill, county Cavan; Henry Joseph Herschel Griesbach, Millington, Yorkshire; Henry Hanks, Malmsbury, Wiltshire; Thomas Le Gay Holthouse, Australia; Thos. S. Hollingsworth, Leicester Square; Lawrence Francis Mahony, Bedford Square, East; Thomas Whitefield, Millman Street; Joseph Coleman Wright, Dublin.

SOCIETY OF APOTHECARIES.

Gentlemen admitted on Thursday, September 25th:—James Black, Chesterfield, Derby; Henry Walter Bucknill, Rugby, Warwick; William Hill Clarkson, Ledbury, Hereford; George Jonathan Mitchinson, Carrington, Boston.

Gentlemen admitted on Thursday, October 2nd:—Leonard George Boor, London; Charles William Chaldecott, Dorking, Surrey; William Henry Cutts, Chesterfield; James Harnett Dowling, Cerne Abbas; Henry Gramshaw, Gravesend; John Grabham, Rochford, Essex; Francis Nuttall, Bury, Lancashire; James Parkinson Scowcroft, Bolton-le-Moors; John Joseph Whiting, Lynn Regis.

OBITUARY.

On the 2nd inst., at St. Margaret's Terrace, Cheltenham, John Baron, M.D., F.R.S.

BOOKS RECEIVED FOR REVIEW.

On the Pathological Anatomy of Bronchitis. By W. T. Gairdner, M.D., &c. Edinburgh: Sutherland and Knox. 1851.

The Journal of Psychological Medicine. October, 1851.

Monthly Journal of Medical Science. October, 1851.

London Journal of Medicine. October, 1851.

PROVINCIAL MEDICAL AND SURGICAL ASSOCIATION.

SUFFOLK BRANCH.

Mr. C. R. Bree, of Stowmarket, having resigned his office of local Secretary to the above Branch, all letters in connection with the Suffolk Branch must be addressed to Dr. Kirkman, of Melton, Suffolk, who has been appointed his successor; it is therefore requested that all those gentlemen, (members of the Suffolk Branch), who have not yet paid their subscriptions for the current year, will be good enough to forward the same to Dr. Kirkman.

YORKSHIRE BRANCH.

Mr. W. Matterson, of York, has succeeded Mr. W. D. Husband as local Secretary to the above Branch; all letters and communications in connection with the Yorkshire Branch must be addressed to Mr. W. Matterson, and all members of that Branch who have not yet paid their subscriptions for the current year, are requested to transmit them to Mr. Matterson.

SHROPSHIRE BRANCH.

Mr. Humphreys, of Shrewsbury, has been associated with Dr. Drury, of that place, as joint local Secretary. All communications in connection with the Shropshire Branch may be addressed to either of those gentlemen, and by whom subscriptions and arrears will be received.

NOTICE TO MEMBERS.

Gentlemen who have not yet paid their subscriptions for the current year, or who are in arrears, are requested to forward the amount due either to the Secretary of the district in which they reside, or to the Treasurer or Secretary of the Association at Worcester.

It is also particularly requested that all post-office orders should be sent either to the Treasurer or Secretary, who alone have the power of giving receipts.

JAMES P. SHEPPARD, Secretary.

Worcester, September, 1851.

TO CORRESPONDENTS.

We have received several communications relative to the proposed prizes for "Hospital Reports," and in answer to these inquiries we beg to state, that the reports must be sent in to the Editors of the *Journal* during the year specified, but they may relate to cases of any previous year. They may also be sent in separately, or not, as most convenient, and with or without remarks. The hospitals in which they occur must be specified in the report, and also the name of the surgeon or physician in attendance.

Communications have been received from Mr. Humphry, Mr. Collett, Mr. Richardson, Dr. Cullen, Dr. Watts, Mr. Soloman, Dr. Whitton, W. E., Birmingham Pathological Society, Mr. Bainbrigge, An M.D. out of Practice, Mr. Wills, and Mr. Foster.

It is requested that all letters and communications connected with the *Editorial department* be sent to J. H. Walsh, Esq., Foregate Street, Worcester. Parcels and books for review may be addressed to the care of Mr. Churchill, Princes Street, Soho. But all communications respecting the routine business of the Association should be forwarded to James P. Sheppard, Esq., the Secretary of the Association.

LECTURE

ON THE

DISEASES OF CHILDREN.

DELIVERED IN THE

Chatham Street School of Medicine, Manchester,

BY DR. MEREI,

Fellow of the Hungarian Academy, late Professor of the History of Medicine at the University of Pesth, Clinical Professor of the Diseases of Children, and Director of the Children's Hospital at Pesth; Fellow of the Imperial Society of Medicine at Vienna, etc.

LECTURE VI.

THE PULSE; COMPLEXION AND HABITUS; POSITIONS OF THE BODY; MOVEMENTS; TEMPER AND HABITUDES.

THE *pulse* is much more variable in children than in adults, and naturally more frequent. I have frequently found the pulse 120 in infants, without any notable disturbance of the health; and it may happen that the same infants, at a different period of that day, will offer only 75 or 80 pulsations. The intermittent pulse occurred in my practice frequently, without any bad signification, in particular during the recovery from a severe and exhausting fever. Delicate children, and those disposed to convulsions, present also, occasionally, an intermittent pulse. A *slow and rare pulse*, below 60, almost always indicates a transudation in the head. Irregular and intermittent pulse is frequently connected with the preceding, and in similar circumstances.

Complexion and habitus.— The proportional development and relation of single parts to each other, or to the whole body,—certain forms and points which they present—impart to the whole a determined feature, which constitutes the *habitus* connected with a certain temperament and disposition to certain maladies. Before the sixth month we are frequently at a loss in distinguishing any special kinds of *habitus* of an infant; but after one year there are, very commonly, the essential marks of them. Allow me to bring before you those pictures of *habitus* which I have taken from nature, and found suitable to the purposes of practice:—

1. The *normal habitus* needs not, I think, to be described. There is a regularity in the whole frame, and a harmonious proportion between all its single parts.

2. *Nervous habitus.*—A delicate, slender, but proportional complexion, with a fine forehead; during the first years of life, frequently a large skull, but no notable abnormity in the ossification; very commonly light hair, thick and fine; skin delicate, with the veins transparent, in particular on the temples; much sensibility and vivacity, and eminent intellectual gift. It is more expressed and frequent in females, with a disposition to convulsions and spasms; eclampsy frequent about the first dentition, and fatal without inflammatory changes of the brain; between the eighth and the twelfth year frequently attacked by chorea. If this habit is strongly expressed, cold lotions of the head and the spine are recommendable.

3. *Scrofulo-phthisic.*—Much like the former, but rather a small chest and prominent scapulæ; long and thick eyelashes. We might call it also scrofulo-nervous *habitus*. About the dentition much subject to pure nervous convulsions, less to hydrocephalus; this latter affection more frequent above the third year. Between the fourth and twelfth year much disposed to catarrhal affections, in particular of the bronchi and the eyes, with slight superficial erosions on the sclerotic and cornea, with a little swelling of the glandulæ meibomiæ. About puberty, frequent tubercolosis in the texture of the lungs. It is difficult to counteract this disposition by hygiènic means. Gradual strengthening of the body by exercise promises most.

4. *Scrofulo-impetiginous.*—Large skull, sometimes angular; face of different proportions, if very small in comparison to the skull, it is the worse; long and thick eyelashes, thick lips, abdomen bloated, and flabby legs; retarded ossification and locomotive power; hair of different colors, seldom very dense; coarse skin; voracity for farinaceous substances; frequently nocturnal head sweats. Disposed to eczema, impetigo, and achor on face and head; to glandular tuberculosis, to hypertrophy of the brain, to hydrocephalus, to caries of the joints and vertebræ. The greatest danger and mortality between the first and third year. Hygiène:—The most convenient articles of food are animal flesh and greens; no farinaceous things, much open air and exercise. Luke-warm salt baths, and cold lotions, with friction after it. Iodine is the most powerful remedy against the scrofulo-impetiginous dyscracy.

5. *Scrofulo-rachitic.*—Large skull, with too protuberant frontal tuberosities, proportions of the face different, frequently large and bloated, very long and thick eyelashes, a semicircular furrow beneath the lower eyelids; dense hair, commonly dark and growing even over the upper part of the front; a very visible down over the whole surface, in particular on the front, the outside of the arms and legs; the articulations in a somewhat enlarged state. Thick lips, bloated abdomen, and thin flabby extremities, coarse skin; voracity of farinaceous substances; much retarded ossification and locomotive power; pigeon breast, and laterally excavated narrowed chest; disposition to rickets. Hygiène: animal food, some little of a good wine, dry open air, cold spiritous lotions, and frictions of the whole body. No warm baths.

6. *Bilious habit.*—Seldom clearly recognizable, and even seldom developed in the first years of life; proportional development of the body, with the exception of some prevalence of the hypochondria; dark hair; the colour of the skin rather impure, sometimes with dark red flushed cheeks; disposition to acute diseases and bilious affections. Vegetable food, in particular greens; luke warm baths.

7. *Sanguine* not distinguishable in little children from the regular habit. In general healthy and cheerful children, always in good spirits, with the same vivacity which we have pointed out as one of the properties of

the nervous habit, but without that excessive degree of sensibility which characterizes the latter, may be regarded as in possession of the sanguine habitus.

Besides these portraits of habitus and dispositions, we meet with infinite gradations of mixtures of them.

If we compare the nervous with the scrofulo-phthisical habit, as described, we shall find the most obvious the mixture of both in one individual; taken physically, these habituses, as they present themselves before our eyes, and according to great many analogies which we find between both, we must recognize an intimate relation between them. I am not able nor willing to trace tubercles of the lungs to the superabundant nervosity as a source; I state only the fact, as I observed it very frequently.

The same relation and affinity we find between that habitus which I described as the scrofulo-impetiginous and the rachitic. There is a condition of the body, very frequent between the 9th and the 18th month, with a large skull, large abdomen, flabbiness and weakness of the limbs, which either develops fully into rickets, or into impetiginous scrofula.

The *position* of the body of the child, in bed as well as in the arms of the nurse, is frequently indicative of the quality or local seat of disease. It is a long time since this was observed and regarded as a matter of significance by clever practitioners. I limit myself to mentioning the dorsal position as almost exclusive in transudations in the head, in typhus, in acute carditis and pericarditis, and acute peritonitis or enteritis. Dorsal, but with more or less lateral inclination, in acute affections of one of the lungs; we observe even, that in acute lobar hepatization the child keeps almost constantly the position on the affected side, and is prevented from laying on the healthy side by cough and dyspnœa. The position of pleurisy, however, is inconstant. I observed frequently the lateral position on that side which is opposite the one affected. In large transudations, on the contrary, I observed frequently a dorsal position, or inclined, over the healthy side. The most unsteady position we find in gastric disorder, or chronic abdominal affections; in abdominal glandular disease they lay frequently on the belly.

There are some very significative positions. If we find a child in the dorsal position, the head hanging backwards, with opened mouth, the lower extremities flexed in the knee, and negligently thrown outwards, the hands, or one of them, touching the genital organs; we may suspect a transudation in the brain.

The *movements* of single parts, automatic or convulsive, or weakness, or pain in moving them, or impeded movement by pain or contracture of that part, should not escape our attention. In young infants severe fits of eclampsy commence frequently with slight convulsive movements of the muscles of the eyes, or of the cheeks and mouth, by which the infant seems to smile, and causes, by this appearance, pleasure to the mother, who soon will be subjected to a dreadful deception. In children from seven years upwards, chorea commences, with slight irregular movements of the head and the extremities, generally attributed in that stage of the disease merely to bad habit.

Temper, habitudes, and inclination.—The temper of the little patient must be valued, in any circumstance that we find the child fretful, or much inclined to cry. We mentioned, however, already, that the biliary habit is very seldom developed in infancy and early childhood, at least I regard this case as a rare exception before the eighteenth month. Consequently, if a little child is fretful, and cries frequently, we must closely inquire into the cause.

The habitudes of children depend much upon the method of their usual management, with which we must never neglect to make ourselves acquainted. Sudden changes in the regular habitudes, pleasures, or affections of the child, or some constant salient abnormities in habitudes and affections, enable us sometimes to conclude upon the commencement or presence of certain affections.

I mentioned already, and bring it once more under your consideration, that none of all those objective symptoms of which I have given a short review, taken alone, has a constant and absolutely inherent diagnostical signification. I find it very useful to make that sort of analysis of single phenomena, but the art of diagnosis accomplishes its difficult task by clever comparison and synthetical composition, after the premised analysis of them.

CASE OF

POPLITEAL ANEURISM,

CURED BY PRESSURE UPON THE FEMORAL ARTERY.

By G. M. HUMPHRY, Esq.,

SURGEON TO ADDENBROOKE'S HOSPITAL, CAMBRIDGE.

Read at the Branch Meeting of the Association, at Ely, June 17, 1851.

William Mitchell, aged 24, from Wisbeach, admitted into Addenbrooke's Hospital, August 1st, 1849: in ill health, with anxious pained expression, sallow complexion, pulse 104.

The ham and lower-third of the inside of the right thigh occupied by a firm swelling, giving a circular measurement of eighteen inches and a half; the left limb, in a corresponding situation, giving only thirteen inches and a half. The swelling was most prominent a little above the internal condyle, and at the middle of the ham, uniformly firm, but communicating an indistinct sense of fluctuation. Its outline could not be clearly ascertained in consequence of an œdematous condition of the subcutaneous tissues. The integuments were natural, with the exception of a faint blush in places, and a few white starry spots, like cicatrices, which he said had appeared within the last few days. There was effusion into the knee-joint, raising the patella and still further distorting the limb. The part was exceedingly tender, and he suffered great pain in

the swelling, and agonizing pains shooting down the limb; the skin of the leg and foot feeling, to use his expression, as if it were being burnt in a fire. He was restless, incessantly turning about to find a more easy position. The limb below the knee was œdematous, rather cold, and devoid of sensation below the middle of the leg; he could not move the foot or toes. The femoral artery could be traced to the lower-third of the thigh, where the swelling began. No pulsation could be felt in the anterior or posterior tibial arteries. No pulsation whatever could be felt in any part of the swelling, nor was his severe pain in the slighest degree relieved, or the size of the swelling diminished by pressure upon the artery at the groin, though it was continued for several minutes, so as to prevent the passage of blood. A distinct bruit was audible over the tumour; and there was also a bruit, synchronous with the first sound of the heart, heard over the commencement of the aorta.

He was a sailor. Seventeen weeks before his admission he had been compelled to leave his ship in consequence of an attack of rheumatic fever, which continued severe for about five weeks. During the whole of that time he suffered a good deal of pain about the right knee, more particularly in the neighbourhood of the inner condyle of the femur. When the pain subsided in other parts it continued unabated in the knee. About this time he first observed the swelling, which began on the inside of the ham; it increased quickly and was attended with distinct beating, which he could see and could feel with his fingers. He was very clear upon this point, and said that several surgeons had examined the swelling and had perceived the beating within the last few days. It seemed probable, therefore, that the cessation of the pulsation was dependent upon some inflammatory changes in the aneurism or the surrounding parts caused by the journey to Cambridge.

He suffered acute pain all night in spite of fomentations and opium, and on the 2nd was still in great agony. The œdema had rather increased. No bruit or pulsation could be perceived in the swelling. Twelve leeches and fomentation applied, and a grain of morphia given at night.

3rd.—Less pain; swelling rather less tense; the bruit had returned; still no pulsation.

4th.—A further diminution of pain. The swelling softer and fluctuation more evident. Pulsation could now be distinctly seen and felt; but it was limited to the course of the popliteal artery, not being perceptible in any other part of the swelling.

7th.—The pulsation of the whole tumour being to-day quite decided and the bruit audible, there remained no longer any doubt as to the nature of the case; so we determined at once to commence treatment by pressure. The arch tourniquet (Santorini's) was applied a little above the middle of the thigh, and the common torniquet at the groin; the latter being retained in place by a strap round the pelvis and another round the upper part of the thigh. Great pains were taken to stop completely the pulsation in the artery, and in the tumour, and it required considerable pressure to do this. However, the tourniquets being used alternately, the object was attained continuously for several hours without much inconvenience to the patient; and after fifteen hours of effective treatment, the pulsation in the tumour had entirely ceased. Constant pressure was kept up for two days longer; afterwards the tourniquets were applied only at intervals. In three or four days, when the swelling had begun to diminish, he was greatly troubled with pains in the feet and toes. This was probably dependent on some change going on in the nerve consequent on the partial remission of pressure upon it as the aneurism decreased in size, for on August 30th the pain had nearly ceased. Still there was no sensation below the middle of the leg, and no power to move the foot and toes.

September 4th.—No pulsation or bruit. The size of the tumour decreases slowly. The movements of the knee are much more free

October 4th.—Has for sometime moved about the ward on crutches, swinging the right leg. Moves the knee boldly though not quite freely. The size of the swelling diminishes very slowly, the circular measurement being still 17 inches. It is soft and indistinctly fluctuating. Sensation exists over a greater space than it did, but he cannot move the foot and toes, which remain swollen. The femoral artery may be traced to the lower-third of the thigh. There is no pulsation perceptible in the tumour or in the tibial arteries. The œdema of the foot might prevent its being felt in the latter. Returned to his home.

In the course of the following winter he was again in the hospital for several weeks, on account of the paralytic condition of the foot, which continued, although the aneurismal tumour was smaller and soft, and pulsation had entirely ceased. Electricity was used, with some benefit, and he again went home. Some months afterwards he was attacked with inflammation of the chest, and died. Mr. Burnam, who attended him at Wisbeach, wrote me word that he had recovered the use of the limb, and that the swelling in the ham had almost disappeared before his death.

In this case the origin of the disease in the popliteal artery was clearly traceable to rheumatism. It is very seldom that such a cause can be assigned for the commencement of aneurisms in the extremities; the disease being usually attributed to an injury, a sprain, or to free movement of the part. Even in the thorax the diseases of the arterial coats that give rise to aneurism, are more generally dependent upon age or intemperance than rheumatism.

The extent to which the characteristic symptoms of aneurism were, on the patient's admission, masked by a tense inflammatory condition of the surrounding tissues deserves particular attention. At one time both pulsation and bruit were entirely absent, and pressure upon the femoral artery failed to produce any alteration in the swelling; indeed the swelling then resembled an abscess more than an aneurism, and it is certainly no wonder that mistakes in diagnosis should, under similar circumstances, have, in more than one case, led to

serious mistakes in treatment. As the inflammation and tension diminished, first the bruit and then the pulsation returned.

The cure by pressure upon the artery above the aneurism was effected in a shorter space of time than in any other case of which I have seen an account; all pulsation in the tumour having ceased fifteen hours after the treatment was commenced, and it never returned. A case is related in Dr. Bellingham's "Observations on Aneurism," treated at the Royal Military Infirmary, Dublin, in which pulsation ceased after ten hours of compression, maintained by two instruments alternately relaxed, (the pressure upon the artery being sufficient to check completely the pulsation in the tumour,) and it did not return. In this case, however, it is to be observed, that pressure had previously been applied to the artery in the groin by a weight, and had, it was supposed, caused some deposition of fibrin in the aneurismal sac. Not long ago a case was related at the Medico-Chirurgical Society, by Dr. Bellingham, in which the pulsation had ceased twenty-three hours after compression had been commenced. In the greater number of cases of which reports have been published, weeks, and even months, of patient endurance and constant attention have been required to bring about a successful issue. Indeed the great, perhaps the only, valid objection to the treatment of aneurisms by compression of the artery above the tumour, is founded on the tediousness of the process, and the pain to which the patient is subjected by the long-continued pressure of the tourniquet. In all other respects there can, I think, be no question that preference is due to the treatment by compression in comparison with that by ligature. Its general efficacy has now been proved in a sufficient number of cases. Of thirty-six cases treated in this way, in Dublin, we are informed that twenty-nine have been cured. If properly conducted, the procedure is almost entirely devoid of danger, either to the limb or to the patient; and, if it fails to effect a cure, the patient has not been placed in a more unfavourable position for the treatment by ligature. In cases where it has been necessary to operate under such circumstances, or where an opportunity has been afforded of dissecting the parts after compression, it has been found, with one or two exceptions, that neither the artery nor its investing cellular tissue, have been subjected to any material alteration at the part pressed upon, so as to increase the difficulty of the operation, or to modify its results.*

From the history of cases, and the dissections that have been made, it appears almost certain that the cure of aneurism, whether the means used be compression or ligature, takes place in much the same manner, viz., by the formation of coagulum in the cavity, and the subsequent absorption of that coagulum and contraction of the sac. The formation of the coagulum appears, in most instances, to be the primary and essential part of the process, and the treatment is likely to be effectual and speedy, in proportion to the degree in which it favours the coagulation of the blood in the sac, by placing it at rest. It is by no means necessary that the artery should be obliterated at any part of its course. True, it commonly is obliterated in the vicinity of the aneurism; but in all the instances of dissection after cure by compression that I have met with, the artery has remained pervious above the aneurism; and even where ligature has been employed, it has not unfrequently remained pervious between the ligature and the aneurism. It is not even necessary that the circulation through the artery should be completely arrested, a mere retardation of the current of blood being sufficient to permit the deposition of fibrin in the sac, which is already favoured by inequalities in the surface of the sac and other causes. Nevertheless it must be borne in mind, that the more completely the current is suspended, the more quickly will coagulation take place in the sac, and the more speedy, as well as more certain, will be the cure. I do not think that this point has been sufficiently attended to in the treatment of aneurism by compression. So much has been said about its being requisite only to moderate the force of the arterial stream, that surgeons have been content in many cases with applying very slight pressure, have thus prolonged the treatment over an unnecessary period, and have sometimes failed to produce the desired result altogether. This at least has, I believe, been the case in most instances where so much time has been required to effect a cure; or, what amounts to the same thing, the instruments have been clumsy and insufficient, or the patient intolerant of pain.* Surely more numerous and more speedy cures would be obtained, and the new treatment would lose some of the reproach which now attaches to it, if the attempt were made in each case to carry it out more vigorously and effectively. In doing this, great care and great attention is required. Two, or even three, tourniquets should be used, so as to distribute the pressure over a greater surface, and to permit of a variation in the points at which it is applied. The instruments should be well adapted, and the surgeon should visit the patient frequently to adjust the apparatus, and regulate the pressure. If it can be done, without giving much pain, the pressure upon the artery should be maintained with such force as completely to stop the pulsation in the tumour; and great pains

* In a recent discussion at the Medico-Chirurgical Society, Mr. Cock is reported to have said, that he "had experienced some difficulty in applying the ligature after compression had been used, in one case, from thickening and absorbent inflammation over the sheath." I do not find any mention of this difficulty having been encountered in other cases of the same kind. Mr. Hewett has, in two instances, made most careful dissection, without discovering any thickening in the sheath or cellular tissue surrounding the vessels. In one case dissected by Dr. Bellingham, where pressure had been applied for twenty days, when the patient died suddenly from disease of heart, there was "some slight thickening of the cellular tissue around the vessel, at the situation where the pressure had been made, but no alteration whatever in the vessel itself." In two other cases there was nothing to indicate the points at which compression had been made; and in a fourth, the artery above and below the aneurismal sac is said to have been healthy.

* Doubtless, as Mr. Paget suggests in his remarks upon a case lately published in the *Medical Gazette*, the particular form of aneurism, whether it be "saccular" or "tubular," must have great influence on the facility with which coagulation of its contents will be brought about; the uniformity of the dilatation in tubular aneurism being very unfavourable to such a process. But this is not sufficient to explain the lengthy periods consumed in the treatment of popliteal aneurism by compression in so many cases, because the "tubular" form of aneurism is very rare in the ham.

should be taken to effect this. If that cannot be done, we should endeavour to effect this, as nearly as possible, by maintaining as much pressure as the patient is able to bear. In a great number of the recorded cases no mention is made of the amount of pressure employed; but so far as I have been able to gather, the cures have been far the most expeditious, and on the whole the least painful, where the surgeon has made it his object not merely to *moderate*, but to *stop* the pulsation of the aneurism.

CASE OF

RUPTURE OE THE BLADDER FROM EXTERNAL PRESSURE.

By Dr. TOMKINS, Yeovil.

During the spring of 1847, when the railway works were in progress near this town, an excavator, in undermining some earth in a deep cutting, was thrown from a height of more than twenty feet; the ladder on which he was standing was knocked from under him by the sudden fall of an almost solid portion of earth, weighing several tons. The man fell on his back, and the pickaxe with which he was working, together with the ladder, were thrown several feet behind him. The main bulk of earth descended on his abdomen, and it required the united efforts of nine or ten men to lift it from his body. He was conveyed home, and visited by my son, Mr. W. F. Tomkins, surgeon, who found the abdominal integuments much contused, and an extensive lacerated wound in the perineum, through which three fingers could be passed with ease, and which enabled him at once to discover that the bladder was ruptured.

My son sent for me to visit the case with him; and on my arrival I found the man almost pulseless. There was considerable hæmorrhage from the wound, which was three or four inches in extent, laying open the posterior portion of the urethra. I passed my finger through the wound, and found the bladder extensively ruptured, and at the same time introduced a catheter by the urethra, and brought it readily through the rent in the perineum. When reaction took place, the patient suffered most intolerable pain, accompanied with sickness and vomiting, for which a grain of opium was given every hour or two, with the best effect.

It is unnecessary to detail the symptoms and treatment of the case from day to day. Considerable sloughing of the integument of the abdomen took place. Fomentations and poultices were applied; the bowels were kept open by the aid of injections and castor oil; his strength was kept up; and opium given freely to soothe his pain, to the extent of from eight to sixteen grains a day. The wound soon began to assume a healthy aspect. A catheter was passed from day to day, and occasionally kept in the bladder a few hours at a time. At the expiration of two months the wound had healed, leaving the course of the urethra rather tortuous; but at the end of another month, when the man left the town, the bladder was so far restored as to enable him to retain from eight to twelve ounces of urine.

Remarks.—This is an important case in surgery, proving that rupture of the bladder is not, as has been supposed, *necessarily a fatal injury*, and points out to us the necessity, in the event of such an accident, of our immediately making an external opening to give vent to the urine, which otherwise must be retained in the peritoneal cavity, and occasion death.

By such an operation we merely place a patient in the same position that he would be in after the lateral operation for stone with the gorget; for the wound in the perineum and urethra was as clean as if it had been cut with a scalpel; and here comes the question as to how the wound was produced. It is certain it was not from the entrance of any extraneous substance from without, for the man had on a pair of new corduroy trousers, suspended by his braces, and there was not the slightest rent about them. It is, therefore, evident that the weight and pressure of the earth compressed the bladder so completely within the pelvis that the urine was sent forward with such force as to tear the urethra and perineum in the manner described; and this tends to point out to us the utter impossibility of deciding, in many cases, the precise mode in which wounds are inflicted, or the weapons or missiles by which they have been caused.

CASE OF

RUPTURE OF THE FALLOPIAN TUBE.

By CALEB WHITTON, M.D., Llangollen.

During the course of this month Mr. Cotton, surgeon, Northampton, was requested to see a poor woman, aged 26, the wife of a shoemaker. She complained of severe pain in the abdomen, some vomiting, and had rather a feeble pulse. This was in the afternoon, and she had been taken ill about mid-day. Some purgative pills with opium were prescribed. In the evening he asked me to see her with him, as I was staying a few days in Northampton. We found the pain somewhat less, slightly increased by pressure; pulse extremely feeble, and the patient apparently sinking; we both considered there was some serious lesion of the abdominal viscera, but of what nature we could not pretend to determine. She considered herself three months advanced in pregnancy. Early on the following morning she died. A *post-mortem* examination discovered the effusion of about three pints of blood into the abdominal cavity; a large ulcerated rupture in the left fallopian tube, about its middle; a fœtus of about two months amongst the extravasated blood, and two small hydatids on the left ovary. She had been in her usual health in the morning, and whilst out had stumbled over a stone.

Llangollen, September 30, 1851.

OBSERVATIONS

ON NITRATE OF SILVER STAINS OF THE CONJUNCTIVA.

CASE OF ABSOLUTE BLACKNESS.

By JAMES VOSE SOLOMON, Esq., M.R.C.S.,

Surgeon to the Birmingham Eye Infirmary.

The application of a solution of nitrate of silver, if long and injudiciously applied to the conjunctiva of the eye, produces a discolouration which is indelible. The sclerotic conjunctiva becomes of a dusky brown, or of an olive colour; the palpebral linings, more particularly of the lower lid, assume a brownish or livid hue, or, as will be presently shown, may become black; the sulcus between the inferior lid and globe is more deeply dyed than the other parts. In the majority of cases which have come under my notice, the conjunctiva of the superior lid retains its natural colour. In a few rare instances the salt becomes incorporated with ulcers of the cornea, forms a subchloride of silver, and perpetuates one or more black lines in their cicatrices.

A still more uncommon, and I believe hitherto unrecorded change of colour, consists in absolute blackness of the conjunctiva, an instance of which, the only one that has ever come under my notice, is probably of sufficient interest for publication in the *Journal*.

Case.—A young woman, aged 29, came from a small town in Radnorshire to consult me for a dimness of vision. Both cornea were extensively covered by opacities, which were irregularly streaked with black lines. The caruncula lachrymalis and tarsal borders were of a jet black colour, giving the appearance, at a cursory glance, of soot or dirt settled on those parts. The palpebral conjunctiva was smooth, and in colour not quite so black as the margins; the sclerotic conjunctiva was of a deep olive colour. I found on inquiry, that she had at one time suffered from strumous ophthalmia, for the cure of which a strong ointment and some drops had been prescribed and freely used; these applications were continued for three or four months.

The black streaks which traversed the opacities of the cornea and the olive sclerotic conjunctiva, decisively indicated the nature of the other discolorations. There is a much greater susceptibility to these stains in some individuals than in others. They are more common to adults than children; possibly because ophthalmic disease among the latter is for the most part either of the strumous or purulent kind, in both of which the surface of the eye and its appendages are continually bathed in secretion.

If we excise a portion of discoloured sclerotic conjunctiva, a white cicatrix is formed, indicating that the fibrous membrane retains its natural colour.

As we are at present unacquainted with any means for removing the stains under consideration, our obvious duty is to prevent their occurrence by vigilant attention and care, which may be accomplished by prescribing the preparations of nitrate of silver, in short and intermitting courses, and by frequently noting the condition of the lining membrane of the inferior palbebra. In public ophthalmic practice, it would be well if the solution were not dispensed in larger quantities than two drachms at one time.

Since writing the above, a man, 60 years of age, who has been all his life a martyr to rheumatism, has become my patient at the Eye Infirmary. The right globe is collapsed; the left eye retains some vision, it has been repeatedly inflamed; the iris is of a dull leaden colour, and convex towards the cornea; the pupil is puckered, adherent to the lens, and filled within a third of its area by opaque lymph (artesia iridis imperfecta); near the centre of the cornea is a leucoma.

Fifteen or eighteen months ago, he for the first time consulted a surgeon, who prescribed caustic drops, which he has ever since applied. The conjunctiva of the inferior palbebral sinus is of a greenish black colour. The inner surface of the surperior lid has lost somewhat of its natural polish; a few black dots assume an aborescent shape near the superior punctum; a light brown and well-defined narrow stripe extends along the concave aspect of its tarsal cartilage.

I have cited this case to show the impropriety of allowing patients to use the preparations of lunar caustic *ad libitum*; and as an interesting example of how well the superior lid escapes serious change of colour, even in the very worst and most neglected cases. It also illustrates the destructive character of uncontrolled rheumatic ophthalmia.

ON

MEDICAL DELUSIONS & CHARLATANIC PRACTICES.

By BENJAMIN W. RICHARDSON, Esq.,

Licentiate of the Faculty of Physicians and Surgeons, Glasg.

I. Homœopathy.

Of the thousand popular medical delusions, that have at various times been brought forward, there are few that have taken so firm a hold upon the public mind, as the one known under the name of homœopathy. This arises mainly from the fact, that the science of legitimate medicine, during the last century, has advanced so much, and the information of medical men has become so great, that the public generally are lost in attempting to follow the scientific physician; but being at the same time anxious not to feel ignorant, in a matter that so greatly concerns themselves, they are ready to turn their attention to any system which they think they can comprehend, however backward or however dangerous that system may be.

Now, the homœopathic system answers this purpose: it falls back upon the medical knowledge and the medical ideas of the people; it also makes use of plausible arguments, and works upon that powerful element of the human mind—the love of the marvellous.

In the days of the famous Greek physician, Alexander (Trallanius), there practised at Constantinople another physician, called Uranius, a man so far behind his scientific friends in information, that they justly laughed at him and treated him as a buffoon. This man went with the Ambassador Arebindus, to Persia, where, by artfully concealing his deficiencies and assuming the gravity of a philosopher, he so pleased Chosroes, the Persian King, that the Magi were assembled to consult with him on questions of natural philosophy. Uranius, though ignorant of these matters, by his *confidence*, supported his reputation, having this advantage over his adversaries, that if he knew little on the subject, those he disputed with knew much less; and the king was so charmed with him, that he pledged him at table, and declared, that of all the philosophers he had seen, (and the most famous had visited his court,) Uranius was the most acute and accomplished. "The reason," (for this admiration of the King) says the sensible old writer from whom the account is borrowed,* "is plain and natural, which is, that we have a great inclination to everything that resembles us, and an aversion to whatever is above us. It must be owned that Chosroes had all the qualifications necessary to form a great captain, but for what relates to learning, it must be confessed that he could attain to no greater height than what a scholar of Uranius could arrive at."

Now, the non-professional part of the public hold just the same relation to medical science as Chosroes did to natural philosophy. They may be great captains, learned in law, giants in theology, admirable historians or politicians, and skilled in other branches of learning; but of medical science they can know nothing without spending their whole lives in the study of its principles. Hence, to the public, the reasonings of a medical Uranius are logic itself; it seems to them that by comprehending these reasonings, they have attained suddenly to a perfect knowledge of what they before considered a mysteriously intricate science, and many of them prefer the new plan to all others, because it adapts itself to their capacity.

One can almost imagine that there exists a kind of balance in the world of knowledge, as in the world of nature. It would seem that men must progress, *en masse*, not in sections. This man represents a body of men, and has advanced too far, and if he continues to progress at his own rate, his comrades will not be able to follow him or appreciate the benefit of his services. The event is foreseen with the evil of it. So a clog is attached to the man. He is galled by it; as indeed, well he may be, for he knows he is acting rightly, and sees the clog to be in itself a very foolish thing—an idiot pulling at his skirts. But bear it he must; and the good will follow. His friends will in time march to their proper position; he will then be allowed to go on unimpeded, and will feel none the less safe, in not being too far ahead. Now, of all sciences, medicine is the one most commonly clogged from this cause; the people are very much concerned by it, and they will have it at something like an understandable distance from them, so that if it dares to advance beyond a certain limit, some visionary system springing up behind it is sure to meet with great patronage. In this manner a Morison rises, and assuming to himself the character of a medical Saviour, mixes at random a powerfully dangerous nostrum, and holds it up for sale. The trick succeeds: Morison's pills are bought as fast as green peas in June; and the innocent babe at the breast has thrust down its throat a dose of medicine strong enough for a middle-aged elephant. But by-and-by this delusion goes the way of all fallacies; and now, by a strange exhibition in the rule of contrary, there rises another fashionable system—the homœopathic, by listening to the doctrines of which, full grown persons are induced to swallow a dose of medicine so small, that the same dose suspended in the throat of a gnat, would show a proportion similar to a pin's head suspended in the dome of St. Pauls.

The object then, of these papers, is to show, in simple language, and by an appeal to common sense, the absurdity of this last variety of popular medical delusion —homœopathy.

For this purpose, several of the most prominent homœopathic assumptions are first noted down and then discussed. The assumptions are all to be found in the numerous books put forth by homœopathic writers.

Concerning the sincerity of homœopathic practitioners no mention will be found in the following papers. They are written against the system, not the men. Neither does it form any part of their object to recal such practitioners into the pale of legitimate medicine, because it is believed that all who *heartily* practise homœopathy as a profession, are past all recal, even though a Plato should reason; while for others, if others there be, who practise the system for lucre's sake only, believing it not, these stand at so low a figure in the moral barometer, that the dignity of any man would be sullied even by thinking of them. Finally, while the attention of the public is respectfully directed to what follows, it is deeply regretted that in this enlightened day, any writer should have the occasion allowed him of fighting with a shadow, and that too, in defence of science, reason, and truth.

The Homœopathic Assumptions.

The assumptions of homœopaths about to be considered, are six in number; many more might be added, it is true, but these will be found to embody all the leading doctrines of the Hahnemannic system, together with the most popular arguments used by homœopathic writers. The assumptions are:—

1st. That diseases arise from two sets of agents, viz., natural agents and medicinal. Thus, the disease ague, as it arises from marsh miasmata, is a natural disease. Salivation, as it arises from the effects of mercury, is a medicinal disease. And that this distinction of diseases was first made by Hahnemann, the founder of homœopathy.

2nd. That three plans are followed by medical men in the application of medicines for the treatment of diseases:—

* Dr. Friend's History of Physic.—p. 130.

(*a.*) *The antipathic*, in which the axiom *contraria, contrariis curantur*, is acted upon, which translated implies, that in disease contraries are cured by contraries. Thus a patient suffers from constipation, and a medicine is given which, in health, would produce the opposite of constipation—relaxation.

(*b.*) *The allopathic*, in which *one disease is tried to be cured by setting up another*. Thus, a man suffers from what is called determination of blood to the head, and a seton is inserted into the nape of the neck; the allopath, says the homœopathists, hoping by this means to set up a new disease in the neck, and so to cure that in the head.

(*c.*) *The homœopathic*, in which the axiom *similia similibus curantur* is followed, meaning, that similar diseases are cured by similar, which axiom is combined with a second, *that no two similar diseases can exist in a state of intensity in the same body, at the same time*. Therefore, if the lungs suffer from inflammation, a remedy is given which would, in health, produce inflammation of the lungs. Or, if the nose suffer from bleeding, a remedy is applied that in health would produce such bleeding, (a smart tap on the organ for instance;) or the bowels are constipated, and a remedy is given that in health would produce constipation.

3rd. That Hahnemann, the founder of homœopathy, and his followers, have, by experiments on themselves and others in a state of health, discovered that for every natural disease a similar disease is capable of being excited by a medicinal agent. Thus, Peruvian bark is said to possess the power of producing a disease similar to ague, nux vomica of producing a kind of palsy, and so on; therefore, on the strength of the last assumption, these experimentalists have discovered the means of cure for the same diseases.

4th. That in prescribing medicine, the more minute the dose administered the better, and the more safely will it act, so that medicines may be divided into doses consisting of the millionth, trillionth, or decillionth part of a grain, and yet retain their efficacy.

5th. That to homœopathists is due the credit of first calling particular attention to diet, cleanliness, and exercise, as curative means in the treatment of various diseases.

6th. That the practice of homœopathy is safe and effectual; that it places medicine amongst the fixed sciences; and that it is destined to become the practice of all truly scientific men.

The Correctness of the Assumptions.

The first assumption treats of diseases as arising from natural or morbific, and from medicinal causes.

Of the correctness of the doctrine, that certain morbific agents are capable of producing certain diseases, no doubt can be entertained. Marsh miasm produces ague; scarlet fever contagion produces scarlet fever, &c. Nor can it at all be doubted, that medicines carried to an excess in their administration, produce sometimes a powerful effect on the body, a disease in fact; therefore the division of diseases into natural and medicinal is a proper one. But let no one conclude that homœopathists were the first to make the division here spoken of. The division has been known and used for nearly two thousand years. Thus Hippocrates, the father of medicine, who lived more than 400 years before the birth of Christ, spoke of the effects of impure states of the air as productive of disease, and also of the classes of symptoms, that is to say of the diseases induced by remedial agents, and in this he has been followed by all other writers; indeed the study of the diseases produced by medicinal agents was, without doubt, almost the first step made in medical science, and has ever held a distinct and important position. At the present day there is not a school of medicine existing that does not possess one teacher at least whose only office it is to give instructions on the natural causes of disease, and another teacher to give instructions on the effects or diseases that may be induced by medicinal agents.

This first homœopathic assumption, therefore, is utterly at variance with truth, in so far as it speaks of Hahnemann as being the first person who divided diseases into natural and medicinal, and of the followers of Hahnemann as being the only persons who use such a division.

Mortlake, Surrey.

[To be continued.]

ON THE PROGRESS OF PUBLIC HYGIÈNE AND SANITARY LEGISLATION IN ENGLAND,

AND THE ADVANTAGES TO BE DERIVED FROM THEIR FURTHER EXTENSION.*

By J. INGHAM IKIN, Esq.,

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Read before the Leeds Philosophical Society, March, 1851.

A recent enterprising proceeding, which will tend strongly to advance the cause of hygiène, as well as to benefit the public generally, is the "Inquiry of the Analytical Sanitary Commission," and the publication of its results in the *Lancet;* the Editor deserves our best thanks for such exertions. Their utility is already being felt in London and elsewhere. This Commission furnishes information as to the quality, composition, and adulteration of the various articles of food in common use, as well as that of the water; and it promises to examine wine, spirits, drugs, &c. It appears from these reports that ground coffee, so called, is very rarely, indeed, to be procured pure, and that it is adulterated not only with chicory but with many other substances not near so harmless; for chicory is adulterated with carrot, parsnip, mangel-wurzel, beans, roasted corn, biscuit powder, burnt sugar, red earth,

* Concluded from page 573.

oak bark tan, tan known as "croats," mahogany sawdust, baked horse's and bullock's liver, Hamburgh powder, Venetian red, &c.—a tolerable list sufficient to show what rascality is committed by some men, though calling themselves honest tradesmen.* With regard to sugar, its impurities and adulterations are equally startling. The "Acarus Sacchari," or sugar mite, abounds in the low-priced impure, moist, brown sugar, so no wonder the grocer's itch existing. In these sugars, also are found fungi sporules, starch, wood lime, lead and iron, stone sand or grit. Flour, potato-starch, and gum, are also used to adulterate sugar, but these are comparatively harmless. Lump sugar is recommended to be much more generally used, as being comparatively little exposed to these impurities and adulterations. The flour in London is found to be very pure and genuine; occasionally we have known cases of adulteration. In this town such has been the case to a somewhat large extent, but exposure ensued, and it is to be hoped the crime and fraud of adulterating flour is now rare. Chalk, bone-dust, plaster of Paris, and white clay, have been found in flour. The act of mixing by the miller is perhaps justifiable, I mean only that of mixing different qualities of the same grain; but meal is constantly adulterated with barley-meal. Bread, as is well known, often gets adulterated; and agents are employed to render it light, and of a good colour. Such agents should not be allowed, they injure the bread, and are not wholesome. The substances employed are—alum, sulphate of copper, (of course, in minute quantities, but sufficient to affect the health, especially of the delicate and young;) and the great majority of persons in the country accustomed to eat home-made bread, cannot take baker's bread, or London bread, without some annoying, if not dangerous symptoms. Rice-flour, boiled and mashed potatoes, are also found mixed with bread. Unsound flour, I need not add, should be avoided as much as possible; the flour mite soon makes its appearance when the sample is unsound; and diseases are apt to attack, to a formidable extent, the cereals, especially in wet and unfavourable harvests. "Bunt, smut, rust, mildew, ear-cockle, wheat-midge, are well known to the corn grower.

With regard to mustard, it is constantly found to be adulterated with radish-seed, rape-seed, wheaten flour, turmeric powder, and capsicum pepper; in fact, like arrowroot, it is very rarely to be procured pure, genuine Maranta arrowroot being scarcely ever sold. Pepper is adulterated with linseed, mustard-seed, wheat flour, pea flour, sago meal, pepper dust, husks and factitious pepper berries. Cocoa is constantly mixed and adulterated, not only with sugar and starch, but with other matters of an injurious nature. The farinaceous foods—ervalenta, revalenta Arabica, &c.—are spurious compounds, and the health of invalids has been often rendered much worse by taking them they mainly consist of lentil powder, resembling in colour, structure, and taste, the pea-meal, and, like both peas and beans, contain a large amount of nitrogenized matter, in the form of legumine. When lentils are taken as an article of diet, they are found indigestible, often occasioning distension and flatulency.

The profit derived from these farinaceous foods, such as Dr. Barry's Revalenta, &c., is enormous, the cost of the ingredients in a packet of 2s. 9d. would not amount to 6d. In this manner the inquiry of the Analytical Commission is now proceeding, and is likely to be always attended with most useful practical effects, by the exposure of the frauds to which the purchasers of articles like the above are subject.

It is to be hoped the whole class of foods and drinks will be investigated in the same accurate manner. The effect will be, it is to be hoped, that such adulterations will become much more rare, and that our food will be rendered more wholesome. All honest tradesmen dealing in genuine articles, should unite to expose and prevent the fraudulent dealer, then the public would have no excuse (with such facts proving the deception and roguery,) for encouraging cheap shops, falsely so called, but would be content, and prefer to pay a remunerative price for a genuine article.

A recent hygiènic measure of some importance, and one that the fearful extension of the crime of secret poisoning had called for, is the Act of Parliament regulating the sale of arsenic. The main provisions of this bill are as follows:—On every sale of arsenic the particulars of the sale are to be entered by the seller. No person shall sell less than ten pounds weight of arsenic

* *Tea and its adulterations.*—The *Lancet*, in three of its late numbers, has devoted a portion of its space to an exposure of the adulterations to which green tea is subjected before it reaches the hands, or rather the tea-pots of the consumer, a topic, it is to be feared, on which the "greenness" of the public is in proportion to its want of precise facts and information. The disclosures made by the "sanitary commission" of the Journal will be anything but gratifying to those who prefer "hyson," "young hyson," and "gunpowder," to congou or souchong; for while the principal black teas are declared to arrive in this country in a genuine state, every sample of green tea subjected to the microscopical test was found to be adulterated—that is to say, glazed with colouring matters of different kinds, which are employed to give a "facing" to the tea, and consist in general of Prussian blue, turmeric powder, and China clay. Not the least curious conclusion arrived at by the commission is, that in this country there is really no such thing as green tea—that is, one which possesses the natural green hue considered to characterise that kind of tea, that colour being invariably artificially produced by the materials above mentioned. Out of thirty samples to which chemical and microscopical tests were applied, not one was found possessed of the natural green colour; whereas, out of several samples of Assam teas, of British and Dutch growth and manufacture, and unquestionably genuine and entirely free from any "facing" whatever, the teas were of a dull yellowish colour, without the slightest tinge of green—resembling, in fact, the leaves of the adulterated samples of green tea imported from China, when deprived of the colouring so much patronised and admired. We are further informed that the British fabricators of spurious tea are but little behind them in the manufacture of imitation green tea, which they prepare from exhausted tea leaves, or from any other leaves which may be picked up by the hedge side, or in the wood, faced with ingredients of a still more poisonous description than are used by the Chinese themselves, the home adulterators thus contriving to "better the instruction" derived from the example of the foreign manufacturer. Directing their attention next from green tea as imported, to the same article as commonly sold, the commission state that of 20 samples purchased of various tea dealers in different parts of the metropolis, all were found to be adulterated. Whether any genuine green tea exists in China is held to admit of some doubt; but there is none at all as to the artificial colouring of all that is imported into this country, and consequently of all that is sold. We speak now of the respectable dealers, for it appears that those of the unscrupulous class are in the habit of mixing what is termed "lie tea" (an article most fitly named) with the choice "gunpowder" they retail to the public, and which is thus made to undergo a further deterioration after leaving the honest hands of the Chinese. The "lie tea" in question is a compound of sand, tea-dust, and clay, and is worth, exclusive of duty, only 6d. or 3d. a-pound, and, therefore, offers the temptation of large profits to those who are unprincipled enough to employ it for the adulteration of the superior kinds of tea.

at any one time, to any person who is unknown to the person selling, unless the sale be made in the presence of a witness known to the party selling, and to whom the purchaser is known, and who signs his name, together with his place of abode, to such entries, before the delivery of the arsenic to the purchaser; and no person shall sell less than ten pounds weight of arsenic to any person under age. Arsenic, before sold, to be mixed with soot or indigo, in the proportion of one ounce of soot or half an ounce of indigo to one pound of arsenic. The penalty of offending against the act is £20. It will not, however, interfere with the sale of Arsenic in medicine, under a medicinal prescription. The bill proposed for the regulation of the practice of chemists and druggists will, it is to be hoped, check the indiscriminate sale of laudanum, Prussic acid, &c. In order to extend and reap the benefits of the numerous recommendations contained in the Parliamentary and other publications referred to in this paper, and in order to promote the health and happiness of the community, and reduce the heavy mortality of our large towns, the public must not rest satisfied with calmly looking on or indifferently waiting for the adoption of measures from which they must derive the greatest benefit, but, they must co-operate with their advisers, and be willing to pay for such measures, as in all cases prevention is better than cure. Prudent expenditure in the promotion of sanitary measures will never have to be regretted, for the good effects, if not immediate, will be permanent, and our large towns will, by degrees, become healthier, cleaner, and improved in moral condition as well; for we know, from the highest authority, how closely akin cleanliness and Godliness are to each other. To promote this improved condition, we must have pure air, plenty of light, (now, fortunately, to be had without paying for,) and this light we must not lose the benefit of, as we are apt to do, by the inroads of smoke and dirt upon our glass windows. Smoke must be consumed much more generally than it is at present, for the practicability of its consumption is now admitted. A good supply of water must be had at any price, and all the poorer classes of cottages should be supplied free of cost by the landlord. All streets, passages, courts, &c., should be furnished with pipes and taps, for the purpose of cleansing the pathways, and jets of gutta percha tubing employed for washing the fronts of houses and windows, &c. The dismal, dingy, dirty appearance of our streets and houses might thus be to some extent removed. Adequate drainage and sewerage for all towns, are of course amongst the first grand measures to be adopted, and these must be done before any other improvements can be effectual. Public baths should be more generally supported in different localities; public washhouses for the poor, are found in London to be very convenient and useful, as well, I believe, as profitable; they should be erected in all our large towns and populous places. As to public parks, gardens, walks, and promenades, we are a century behind our continental neighbours; they are beneficial not only to the health, but they conduce to good feeling and social intercourse as well; our rigid habits of domestic privacy amongst the middle classes are often carried into extreme, and really at times prove injurious to health and mental vigour. Public dinners tend to promote good feeling, and as a nation we have the credit of enjoying them, and there is no reason why the public promenade, or rooms for well-ordered public amusements, should not be much more frequently resorted to, and found connected with every city and town in the kingdom. Manly exercises, games and pastimes, and innocent amusements, should be more generally encouraged. Timid mothers should be taught that cricket and other healthy games are more beneficial than injurious, and that the boisterous plays and exercises of boys at our large schools are infinitely superior to what may be considered as the more refined amusments at home; and after all, it would be doubtful policy to supersede or shun the national sports of old England, though they may, and often do, directly or indirectly, lead to folly, intemperance and gambling, but they are not so *abused* by those who really seek to *enjoy* them for the sake of the sport itself; and because parties are foolish enough to *abuse* them, that is no reason why they should be totally avoided; the fine manly character of the British yeoman would soon disappear, if their amusements had always to be sought in towns or at some insipid watering place. On the subject of the education and recreation of the physical powers, I have read papers here and elsewhere on previous occasions. Public opinion is now more alive to the importance of this question, and we are now beginning to adopt several salutary regulations in this respect; the shortening of the hours of business in our offices, warehouses, shops, and mills, is a step in the right direction.

The free admission to public museums and their establishment at the public expense, and the opening of cheap reading-rooms and libraries will in the course of time become much more general throughout the country, and thus the inducements to frequent the haunts of vice and intemperance will be less. These institutions cannot exist long without producing their good effects, and accompanying them, we shall find the public taste rapidly improving, our streets, squares, and houses will be constructed in better taste, and with more uniformity and architectural beauty. Our public buildings will be of a superior class to what they are at present, the close unhealthy courts removed, our common lodging houses much improved in accordance with the views of Lord Shaftesbury's bill, which arose from the able report of Mr. Grainger, "On the present state of certain parts of the metropolis, and on the model lodging houses of London." According to his Lordship's statement in the House of Lords, "The operation of the bill would, in the first instance, be limited to boroughs and parishes not having less than a population of 10,000 persons; and it was provided that the Council of any borough might adopt the Act, the expense to be charged on the borough fund; that, on the requisition of ten ratepayers, churchwardens might convene a vestry to determine whether the Act should be adopted; but the resolutions were not to be

deemed carried unless two-thirds voted for them; that, when the Act was adopted, the vestry should appoint Commissioners for carrying the same into effect, and that the overseers should levy, as part of the poor-rate, such sums as the vestry should deem necessary; that vestries of two or more parishes might concur; that Town Councils and Commissioners might erect lodging-houses, or adapt buildings, or purchase existing houses; that if lodging-houses were considered unnecessary, or too expensive, they might be sold with the approval of the Treasury; that the Council and Commissioners might make bye-laws, subject to the approval of the Secretary of State. Then came a provision which was necessary to prevent abuse, and it was to the effect that no person receiving parochial relief should be a tenant of these lodging-houses, except the relief was given on account of accident or temporary illness. The bill was guarded in every respect against the probability of jobbing, and against its being converted into eleemosynary uses, which would entirely destroy the object in view. A too rapid and too general adoption of the bill was also guarded against; and it had this advantage—that if faulty it could not be widely spread, as one or two failures would utterly check its operation. The bill violated no principle, but merely enabled a locality to provide what a labouring man could not provide for himself. There were reasons why this undertaking should not be left to private speculators. First of all, they shrank very much from it, because it required a great deal more care and supervision than any private individual was inclined to bestow on it, and, moreover, private speculators had a tendency to have recourse to small, narrow, and confined houses; for there was no doubt that such houses, without having any arrangements for decency and comfort, gave a much larger profit than constructions on the plan such as he proposed, and such as were, in his opinion, indispensable for the comfort and decency of the population. In proof of the enormous profits yielded by very small houses, he mentioned an instance of a house belonging to a society with which he was connected, and which they now kept as a mere curiosity. That house, notwithstanding every means of comfort and decency were afforded in it, compared with other houses of the same size, returned thirty per cent. on the outlay. What, then, must be the profit made by those who, having a large number of these small houses, took from the inmates the same amount of rent without giving anything like the same accommodation as the society he belonged to? There were at present a vast number of schemes for the improvement of the working classes, and he felt assured that those classes would, if the opportunity was afforded them, also improve themselves. The concurrent testimony of all persons conversant with the habits of the people went to show that the improvement of their domiciliary condition reversed all those frightful pictures which he had felt it his duty to present to their Lordships. On this subject also he might bring to bear the testimony of foreign nations. He knew no one subject which had so much excited the interest of foreign nations as that of the erection and management of lodging-houses for the people. Their Lordships would be surprised to hear of the amount of correspondence which had proceeded from all parts of Europe—from Paris, Germany, Spain, Italy, and also from the United States—asking for plans. He could assure their Lordships that not a few of the foreigners who arrived here to see the Crystal Palace came to him desiring to be taken round to those establishments formed for the benefit of the working classes, and they expressed their opinion that nothing was more satisfactory or more full of promise for the wellbeing of this country than the efforts made for the advantage of the working people, more particularly in that particular direction to which he now called their Lordships' attention. The present really was a measure by which they would give to the working man that which he had a right to possess—a full and free opportunity for the development of his energies."

Prince Albert's model lodging-houses are models in their way, and we have now an establishment in Leeds of the kind provided at the expense of Mr. E. B. Dennison. I append a short account of Prince Albert's model house, erected by His Royal Highness near the Cavalry Barracks, Hyde Park:—"The subject is one of great importance, and a visit to the building, which is now completed, will be found very instructive. For some time past a lively interest has been taken in this matter by the most philanthropic men of the age, for both in town and country the sanitary defects of the dwellings of the poor were felt to be a reproach upon our civilization. There were obstacles, however, in the way which it was found extremely difficult to overcome. In the first place the question of expense presented itself. Cottages were erected very pretty to look at, and a vast improvement in their internal arrangements on the old forms of dwellings in use, but when they were completed it was found that the cost, as compared with the ordinary rates of wages, precluded the idea of their extensive adoption, and that as trade speculations they would not answer. Considerate landlords have, nevertheless, provided in many instances convenient and comfortable accommodation for their work-people, actuated by a lauable desire to see them comfortable; and the Society for Improving the Condition of the Labouring Classes has erected model lodging-houses in different parts of the metropolis, which, being constructed on a large scale, have returned a fair profit on the money invested in them. So far success has been achieved, but it was necessary to carry the experiments made much further before any permanent or extensive effect could be produced in the objects contemplated. It was requisite to show that at a cost, if not smaller certainly not larger than that at present incurred for building the very inadequate houses which workmen and their families inhabit, houses could be erected giving them the benefit of sanitary arrangements, and providing for their increased comfort, cleanliness, and domestic decency. The rate of wages in this country, whether in the rural or town districts, leaves but a small margin over, after the purchase of food and clothing, for rent and the other expenses

attached to it. This sets limits to the outlay in building labourers' tenements which cannot be transgressed, and the consequence has hitherto been that they have been compelled to live in abodes totally unfit for human habitation, and which have led to an immense amount of preventible mortality among them. Damp walls and floors did one part of the work of destruction, and overcrowded rooms, where cleanliness, decency, and comfort were impossible, the rest. At this stage in the sanitary movements it is superfluous to say more on these subjects, as their evil influences are admitted on all hands. The question remained,—How were they to be dealt with? how was the working man to be provided with a suitable home at a rent which his wages permitted him to pay? It was found that the inferior bricks of which his humble tenement was constructed held water like a sponge, and that from one of them as much as a pint of moisture could be extracted. He and his family, therefore, were constantly undergoing, night and day, a species of hydropathic treatment which doomed them to inhale damp air, wear damp clothes, sleep in damp beds, and suffer all the complicated miseries which arise from walls streaming with water, and absorbing the rain from without, and the heat of the fire from within. That was one great difficulty to be overcome, and it has been accomplished in a very successful and ingenious manner. The bricks used in the construction of the Prince's model houses are hollow, whereby their strength is preserved, at the same time that the necessity for lath and plaster is removed, and perfect dryness secured. Their form renders them applicable, not only for side and partition walls, but for floors and roofing, and by glazing their surfaces the most ample facilities are given for cleanliness. Each room can be washed out as thoroughly when thus constructed as an earthenware dish, and fuel is not uselessly expended in warming a solid mass of material saturated with moisture. By this species of wall ventilation, which, singularly enough, appears to have been practised among the ancient Romans, the close fœted smell so offensively present in apartments that have been overcrowded for some time after they are vacated is entirely got rid of. Other advantages also present themselves, for buildings thus constructed obviously become fireproof, and hollow bricks are found to be excellent non-conductors of sound. In small confined tenements there is no greater source of discomfort than that which arises from the manner in which the slightest noise penetrates through partitions and floorings, and a simple inexpensive arrangement, which protects the quiet and privacy of the poor man's family, is a boon of immense value to him. The use of hollow bricks is thus recommended by a variety of considerations, but the chief benefit which it confers remain to be stated. By it a saving of at least one-third is effected in the expense of ordinary construction, and quite as much in fuel and annual repairs and insurance. We shall revert to this point again, and in the meantime proceed to other matters worthy of special notice in the arrangements of the model houses. One peculiarity which strikes the visitor is the avoidance of expensive woodwork and the employment of few and cheap materials to do all that is required. The plasterer and the carpenter are almost entirely dispensed with, and mineral manufactures, in one shape or other, are resorted to. Everything is of durable material, and little liable to go out of repair. There are some obvious improvements which might be made in the construction, and some economies that might be effected, for the building is, of course, experimental in its character, and does not claim perfection, being undertaken by His Royal Highness principally to stimulate the efforts of those whose position and circumstances enable them to carry out similar undertakings. Viewing it as a whole, however, the visitor will not fail to observe that it is a good working model, not a mere prettiness expensively got up and inapplicable to practice, but a sincere, honest, and sensible attempt to supply a design for the style of architecture suitable to the labouring classes and within their means to command and pay for. It is adapted for the occupation of four families of the class of manufacturing or mechanical operatives residing in town or near it. Each tenement is arranged on precisely the same plan, having a well-lighted lobby or porch, a living room, a scullery, a watercloset, and three sleeping apartments, all simply but effectually provided with convenient fittings for domestic comfort. The separation of the sexes and of parent and child is complete. Closets, dust-bins, sinks, safes, shelves, &c., are included in the plan. The ventilation is carefully attended to, and, above all, the water-supply is not neglected. Some varieties exist in the manner of finishing the different rooms, and the public will form a better conception of the care with which the whole has been got up when we mention that nearly a dozen well-known manufacturers and makers have been laid under contribution for suitable materials. We now come to the questions of expense and profit, from rent, upon which, of course, the success of the experiment turns. The calculation on this subject is, that a building of the kind can be erected for £400, or about £100 for each tenement, and that a payment of 1s. per week for each room, or about 3s. by each family, would pay 7 per cent., and cover all contingencies. Now, any one who knows what the house-rent of the labouring classes in London is must regard this as a very successful result. In Church Lane, St. Giles's, 3s., 4s., and 5s. per week are paid for single rooms of the same size; and in these abodes of vice and misery malignant fevers, and every form of epidemic disease, are constantly at work, doing frightful havoc. Let any one who wishes to understand, in its true siguificance, the importance of that movement for improving the condition of the labouring classes, over which Prince Albert so appropriately presides, after paying a visit to the model houses at the Knightsford barracks, go direct to Carrier Street, or Church Lane, or Kennedy Court, St. Giles's, and he will learn an instructive lesson from the contrast thus presented to him. He will be moved with compassion at the spectacle of such squalid misery, and with gratitude that at the Great Exhibition of the world's industry the hard lot

of those who toil in the lowest grades of labour is not forgotten. At present the model houses are only accessible by order,* but we trust soon to see them unreservedly thrown open to all comers. It is only in that way that those whose comfort they chiefly provide for can see them properly, and until the humbler classes themselves enter into the schemes and plans for their social improvement, entertained by those above them in station, little real progress can be made."

As to infant schools, they are very useful, and should be planted in different localities ; but as to the suggestions of public nurseries, the plan, to my mind, is objectionable, and would withdraw tender infants too much from their natural guardians, who, it is to be regretted, are now too much in the habit of leaving them, (often, it is true,) to procure a maintenance for them by working in mills, hence the temptation to dose their infants with anodynes to keep them still during their absence.

Another important improvement in a sanitary point of view, is providing, as much as possible, our new houses with adequate areas and spaces, both front and back, in order to procure due ventilation. Cottages of the working classes should be built with some respect to the health of the inmates, and should be liable to inspection by the public authorities, and never erected upon undrained plots of ground. Cellar-kitchens, perhaps, cannot be altogether dispensed with, but they are objectionable. Mills, manfactories, butchers' and chandlers' shops should not be allowed to abut upon, or be continuous with, the main streets, as they are sources of nuisance, and great eye-sores as well. Cattle markets, shambles, fish-markets, and slaughter-houses, should be isolated, and never seen or allowed in the thoroughfares of a town. London, at last, is to be freed from the nuisance of its cattle market in Smithfield, the existence of which so long in the midst of a great city, has been a standing disgrace to it. Paris and other continental cities, though behind us in many sanitary regulations, have long had their cattle markets and slaughter yards at a distance from the heart of the city. Public waiting rooms are also at last to be established in London, the want of them has long been felt by all strangers. The lighting of our towns might be much improved, as well as the modes of paving the streets ; the use of ashes might easily be dispensed with, and gravel substituted. To carry these and similar improvements into practice, the public mind must be constantly stimulated and roused, and the local authorities having the power to carry these into effect, supported and aided in every possible way, as we know how tardy we all are individually to cast away old habits, and so we find public bodies loath to adopt improvements, until compelled from circumstances or the force of public opinion to do so. The officers of health to be appointed under the Health of Towns' Bill should be men of standing and acquirements, able to write reports and suggest remedies, and thus have some influence over the public mind. Many of the improvements now alluded to are proposed to be effected by the carrying out of the Health of Towns' Bill, but as yet this Bill is comparatively a dead letter, and few towns have availed themselves of its powers, and fewer still placed themselves in the position to render its operation useless or unnecessary.* Towns having their own improvement Acts, move slowly on with sanitary measures, though when an epidemic happens to appear, a great talk and stir is made at the time about the want of them. We should act the sure and prudent part of adopting preventive measures whilst we have the leisure and opportunity for so doing. No longer contenting ourselves with hearing of such improvements being desirable, but carry them efficiently into operation by using the scientific researches placed at our disposal, and benefitting by, and carrying into practice, the recommendations of the eminent men whose labours I have had occasion thus imperfectly to bring before your notice.

My trouble in preparing this paper will be amply repaid, if I shall have succeeded in advancing one iota, or given the slightest impetus to, the progress and extension of preventive or hygiènic science. In seeking to use the means, and enjoy the blessings and advantages a kind Providence has so abundantly placed at our disposal, in marching forward in the path of improvement—mental, moral, and physical—by improving the habits and condition, as well as cultivating the minds, of the masses, and lagging not behind in this age of enterprise, invention, and competition, we shall not fail to reap the advantage in our own times, but we shall hand down the benefits to a grateful posterity.

* Afterwards they were thrown open, and were so when I visited them.—I.

* *Board of Health.*—Some returns were presented before Parliament, from which it appears that the number of towns from which petitions have been received for the application of the Public Health Act since it has passed is 215. The total number of towns in relation to which examinations and reports have been made by inspectors, and provisional orders have been applied with the sanction of Parliament, is 46, and by order in Council, 52. That the total number of places in relation to which reports and examinations have been made by inspectors is 34, for orders in Council 12, and towns or places awaiting second inquiries or not yet reported upon to the Board is 55, and places in which the application of the Act is suspended is 12. The average expense of the local examination, the printing and publication of the reports (of which 342 copies is the average number of copies locally circulated), and of the application of the Act by provisional order, is £121, and by order in Council, £83. The average expense of passing Towns' Improvement Acts during the years 1849 and 1850 was £2,042 each Act. The total number of applications made to the General Board of Health for assistance under the Diseases Prevention Act was 1,925; of special complaints as to public nuisances, 1,279; of letters received, 18,581: of letters transmitted, from September, 1848 to May, 1851, 56,742; of Board meetings, 617; of claims to compensation examined and awarded under the Metropolitan Interments' Act, 169 parishes.

Hospital Reports.

MARYLEBONE INSTITUTION FOR DISEASES OF WOMEN.

CASES UNDER THE CARE OF DR. S. EDWARDS, ACCOUCHEUR TO THE ABOVE INSTITUTION, AND LATELY PHYSICIAN TO THE EASTERN DISPENSARY OF BATH, ETC., ETC.

Case I.—*Dysmenorrhœa from Mechanical Obstruction of a Tumour.*

S. Parkes, aged 34, unmarried, a maid-servant, was admitted May 21st, 1851. Is of dark complexion and bilious temperament; has been declining in health for

the past twelve months, having suffered much pain from leucorrhœa and menorrhagia, which was accompanied with very great pain, gradually increasing with each returning period. Up to the month of April 1850, she enjoyed excellent health, having lived in various situations since the age of 19, in her capacity of domestic servant. At the commencement of her 17th year, she first menstruated and continued healthy and "regular" to the period just named, when pains commenced the day previously to, and continued during, the first day of its flow. This was associated with much bearing down, and from this date a slight leucorrhœa made its appearance. Previous to the time of her admission she was so weakened from the menorrhagia, the dysmenorrhœa, and leucorrhœa, that she was obliged to give up her service. She has now a considerable aching pain over the sacrum, and a "bearing down," especially on standing. The menstrual flow is very profuse and accompanied with pains of a violent forcing character, which a fortnight before compelled her to keep her bed. In the intervals she has leucorrhœal discharge of a yellowish colour, occasionally quite white. She complains of dyspeptic symptoms, *e. g.*, pain after eating, flatulence, and occasional sickness. The appetite is defective. The pulse quick (96,) small, and weak. Bowels usually a little sluggish. Has been several times under medical treatment with but a slight and transient relief. The dyspeptic symptoms were subdued for a few days, as also the leucorrhœa, to return again, however, on leaving off medicines and vaginal lotions. Presuming as she had been under the care of very respectable practitioners, that all had been done for her that general remedies were likely to effect in the absence of local ones, I proposed examining the womb with the speculum. On passing up the instrument I found the cervix considerably larger than in the ordinary virgin state, and the "os," which was stretched, blocked up by a tumour of a very firm texture, of the size of a hazel nut, a portion of which projected, glans-like, beyond the lips of the "os." On passing a probe around the growth, it was found to be attached to the inside of the uterine neck, about a quarter of an inch up, by a narrow pedicle. Believing that the irritation and various symptoms were occasioned by this morbid body, it was drawn down by means of a pair of forceps and immediately excised; blood flowed to some two or three ounces, which was encouraged, hoping it might somewhat relieve the congested condition of the cervix; caustic was then applied to the divided surface and she was recommended the employment of a lotion, composed of the oxyde of lead, powder of opium, and compound tragacanth powder. Also to take an ounce of the following mixture twice daily:—R. Ferri Sulphatis, gr. xviij; Magnes. Sulphatis, dr. ij.,; Acid. Sulph. Dil., dr. iss. Infusi. Gent. Co., oz. xij. M. Fiat mistura.

24th.—There has been no bleeding worth speaking of, little more than a bare show. The leucorrhœa, under the use of the lotion, has diminished. She states that she feels better, and that the mixture improves her appetite. To continue the remedies.

28th.—Being unable to attend from a country professional engagement, my friend Dr. Wardell saw her. Some caustic was again applied to the injured surface. She is much better, and feels stronger, and is in better spirits. The lotion was directed to be continued, and powders of calumba, tartrate of soda and ginger substituted for the mixture.

June 18th.—During this interval she has very much improved in general health; she has continued the use of the powders and lotion, excepting at her "period," which came on at the usual time with diminished flow, and with the most trifling amount of uneasiness. The cervix is softer, and considerably diminished in size, and the "os" has returned to its, (I should consider,) normal diameter. There is still leucorrhœa, but to a considerably decreased amount. She complains of feeling nervous, and occasionally hysterical. To take the mixture as previously prescribed, with the addition of ten drops of the tincture of sumbul to each dose. An injection of alum, sulphate of zinc, and tannin, to be substituted for the oxyde of lead and opium.

August 20th.—She has been seen once or twice since last report, and was continuing to improve. To-day she informs me that she menstruated on the last occasion without pain, that the leucorrhœa had left, and in fact she considered herself well, and was about to enter a situation that evening. A cold-water injection was recommended her, and frequent ablutions with the same to the genitals. Discharged cured.

Remarks.—The above case presents a good illustration of dysmenorrhœa arising from mechanical obstruction. The affection had been coming on for upwards of a twelvemonth, imperfectly at first, but increasing as the uterine mischief would seem to have progressed, and, as it was immediately relieved by the removal of the tumour, there is no other legitimate inference than that it was the cause of the dysmenorrhœa. I have also elsewhere related two cases of a similar character, one of which occurred in the private practice of Dr. Wardell, and in each of which the pains disappeared with the removal of the tumour.

On looking at the case of S. Parkes I am induced to believe that something also may be attributed to the congestion and irritation of the lining membrane of the uterine body and neck. The dyspeptic and other reflex symptoms showed an amount quite compatible with this view.

That the above was a fair example of the value of physical examination, no one will doubt who will peruse its history. She had previously been under, I have reason to believe, judicious *general* medical treatment, but with scarcely a diminution in her symptoms, in fact she gradually lost flesh and strength, and was compelled to give up her ordinary avocation. The nature of her case was one that could only be dealt with successfully by manual interference, and had it been allowed to go on, and simply treated as one of menorrhagia, with dysmenorrhœa, it is probable that life would have been sacrificed by the repeated bleedings, from a prejudicial feeling towards a most invaluable mode of investigation. What the stethoscope is to the chest, the speculum

undoubtedly is to the womb; not, however, that I would uphold local, to the exclusion of general, treatment, in the diseases of the womb, for I believe that very many of the diseases of that organ are produced by a morbid condition of the general system, and should be met equally by general as by local means.

The obstruction was a small, pediculated, fibrous tumour, or polypus, of a somewhat firm texture, and of the ordinary character. It had not fully emerged from the uterine passage, but blocked up the "os," stretching this latter tightly over it. Had it been otherwise, in all probability there would have been no menstrual pains, as in a case of polypus which lately came under my notice, wherein it was suspended in the vagina by a small and thin pedicle to the lining membrane of the uterine neck; but as this case will form the subject of another communication, I shall reserve any remarks upon these tumours until then.

It will be seen that on one occasion the tincture of sumbul was had recourse to; and this opportunity is taken of stating, after very extensive trials, that I have formed a very favourable opinion of it in several of those affections in which it has been recommended. In amenorrhœa, however, I have not found it of much benefit; but in several nervous and hysterical affections, as also in atonic dyspepsia, I have several times prescribed it with very great success, after a fruitless and lengthened trial with several of the ordinary well-known remedies.

7, Upper George Street,
Bryanston Square, London.

Provincial Medical & Surgical Journal.

WEDNESDAY, OCTOBER 29, 1851.

In the discussion which is now so common in all circles on the subject of the "Bloomer" costume, the opinion of medical men is constantly asked by those who come in contact with them. It is therefore, desirable that we should all carefully consider the question in its bearings on the health of our female patients, before we commit ourselves by a decided opinion; which, of course, would naturally influence our patients and their respective friends.

The advocates for the new costume contend that it is advantageous from the absence of stays, from its covering more completely the lower limbs, and from its superior cleanliness in walking through dirty or dusty roads. With the first of these arguments we have nothing to do, as there is no more necessity for stays in the one mode of dress than in the other; besides, we are inclined to believe that tight girdles, without stays, are more injurious than the more even pressure afforded by a well-made corset: and we know that if a small waist is accounted a beauty, it will be attained by pressure of some kind or other by those who are anxious to appear in a more sylph-like form than nature has assigned to them.

With regard to the better covering of the lower limbs, we certainly can see no advantage in the "Bloomer" trouser over the ordinary drawers used by the ladies of all European countries. But in the matter of superior cleanliness, we acknowledge that Mrs. Bloomer and her fair proselytes have a decided advantage. There can be no doubt that the long sweeping skirt of our modern belles is a very dirty appendage, and we should rejoice to find it replaced by the short petticoat in fashion fifteen years ago.

Against this solitary advantage we have to adduce its unfitness for the peculiar infirmities of the sex. All the secretions in the female require a different management of dress from that of the male, in order to prevent the soiling of the material of which that dress is composed; and we are strongly of opinion that for this reason alone the "Bloomer" costume will never become general among those who value personal cleanliness and delicacy. We need not descend to particulars in order to render this clear to any one who will consider the difference between the cut of the "Bloomer" trouser and the ordinary drawers of our ladies. These latter articles would certainly be hardly compatible with the short petticoat proposed by Mrs. Bloomer, for in a high wind a considerable exposure of the person would inevitably take place; whilst the trouser if cut in such a way as to suit a short petticoat would interfere with the cleanly passing of the excretions, as we before remarked.

In addition to these reasons we may adduce the unsightliness of the frock and trouser in a state of pregnancy. We should recollect that the Turkish costume, from which Amelia Bloomer has taken her pattern, is adopted in a country where the females are secluded in the harem, and where a pregnant woman is rarely submitted to the public gaze. In Europe, on the contrary, air and exercise are in that interesting state considered more than usually necessary; and we confess that we have no wish to see our ladies perambulating the streets when about to become mothers in the dress now

proposed for them. The petticoat open in front would certainly not then be becoming, nor would it suit the portly dowager of fifty.

For these reasons we should hesitate before we advised our female friends to change the pattern of their habiliments. There is no doubt that many of them, in vulgar parlance, would like "to wear the breeches;" but we think that those of them who have sense enough to consider the subject properly, will come to the conclusion that the attempt at masculine dress is as unfitted to their bodily weaknesses as are the habits and thoughts of the male sex to the mental peculiarities of their fairer and better halves.

Reviews.

On Excision of the Enlarged Tonsil, and its Consequences, in cases of Deafness; with Remarks on Diseases of the Throat. By WILLIAM HARVEY, M.R.C.S., Eng., Surgeon to the Royal Dispensary for Diseases of the Ear, &c.

IT has often been our lot to hear complaints that the medical officers of hospitals and dispensaries (of the latter especially) are not sufficiently communicative to the profession at large, with regard to their experience and clinical observations. And this has been alleged with considerable show of justice against certain dispensaries of the special character, which from their peculiar position present rare opportunities for the advancement of medical or surgical science. We have no intention at present of naming any particular dispensary which has thus virtually closed its portals against professional inquiries, but at all events Mr. Harvey has, in the volume before us, vindicated the propriety of his appointment to the Royal Dispensary for Diseases of the Ear, by giving to the profession the results of his experience on a subject of great practical importance, viz., the treatment of deafness by excision of the enlarged tonsils as the supposed cause of the infirmity.

Mr. Harvey denies that deafness ever presents a justifiable occasion to remove the tonsil glands. To demonstrate this proposition appears to be the main object of this publication. He tells us that his experience has led him to the following conclusions:—

"1. That the enlarged tonsil, or elongated uvula, does not, *per se*, give rise to imperfect hearing.

"2. That the extirpation of the tonsil does not only not remove deafness, but on some occasions causes it.

"3. That in cases wherein the tonsil is enlarged, the disease is in the mucous membrane generally, and that its morbid condition, when remediable, is so only by means of judiciously-regulated constitutional treatment.

"4. That the tonsils are not merely secreting organs, but play a further and most important part in the animal economy, holding as they do most intimate sympathies with important, though distant organs.

"5. That extirpation of the tonsils in the young has led to pernicious results, such as giving rise to bronchial and pulmonary disease, with other mischiefs, to be mentioned in this work; and notwithstanding high authorities in favour of extirpating the tonsils or uvula for the relief of deafness, the operation has almost uniformly proved a failure."

He then proceeds to establish these conclusions by detailing several cases, which certainly bear very strongly on the various points at issue. On the connexion between the tonsils and the sexual organs in both sexes, and the disregard of this important physiological fact by thoughtless operators, Mr. Harvey makes some very pertinent and important observations. The loss of the tonsils appears to have created wasting of the testicles in the male subject, and an equally atrophied condition of the mammæ of females who have been thus mutilated. The sympathy existing between the parts about the pharynx and the generative organs has not wholly escaped the notice of physiologists, but we believe Mr. Harvey was the first who brought it forward as a practical objection to removing the tonsils.* And it occurs to us as a confirmation of the existence of this sympathy, that a French author observed in a late number of the *Gazette Médicale*, that the bromide of potassium, which, given in small doses, possesses the power of inducing a state of insensibility of the palate and fauces, has also the power of inducing torpidity of the genital organs.

That the enlarged tonsil does not, *per se*, give rise to imperfect hearing, the author proves by quoting three cases in which the tonsils were considerably enlarged, in two of them from childhood, without in either case being accompanied with deafness in any degree. And he adds another case in which the left tonsil only was enlarged, and the hearing was perfect in the left ear, though defective in the right. Every practitioner must have met with many cases of tumid tonsils in which the hearing was unaffected.

* Dr. Laycock has given his attention to this subject, and furnished some important observations, of which Mr. Harvey appears to have fully availed himself.

Kramer (quoted by Mr. Harvey) altogether denies that the Eustachian tube can be closed by enlargement of the tonsils. That the extirpation of the tonsils sometimes occasions deafness, is not less evident, and the author has not failed in producing cases in proof of this. He proceeds to show also that the voice often suffers materially from the loss of the tonsils, an important consideration truly, especially in the case of public speakers or singers.

Our space will not allow us to accompany the author further. We recommend our readers to examine well his views, and not to remove, without urgent occasion, organs, or even parts of organs, which are not, as he observes, merely lumps of flesh which may appear in the way, not *merely* salivary glands, but organs which are charged with most important functions and sympathies, of which the entire economy is not yet well enough understood to justify inconsiderate mutilation.

Although it is evident, from the occasional marks of careless composition, and the absence of nice methodical arrangement, that our author is no hacknied book-maker, yet he has given us (what is much more valuable than a well-cooked hash) a very sound and instructive treatise, evidently founded on ample observation, and abounding with valuable illustrations of the physiology and pathology of the organs on which he writes.

Proceedings of Societies.

BIRMINGHAM PATHOLOGICAL SOCIETY.

JULY 3RD, 1851.

JAMES RUSSELL, ESQ., IN THE CHAIR.

Aneurism of the Left Ventricle of the Heart, bursting by a large Rupture.—By Mr. HILL.

A FEMALE, aged 26, who had been a prostitute, but not intemperate, and who had for the last six weeks gained her living by shoe-binding, had felt herself poorly, and been under the care of a surgeon, but for what I could not learn. She was taking tea, had the cup to her mouth, when she suddenly dropped it, fell to the floor, and died. I could not learn that she had suffered from symptoms of heart disease.

Post-mortem.—The pericardium was full of blood. On the left ventricle of the heart there was a large aneurism, the walls of which were thin, and had burst. There was a rather copious deposit of fat around the base of the heart and over the right ventricle, but none upon the aneurism. The aneurism was about one inch and three quarters in diameter; at its base somewhat conical in shape. It projected close to the base of the heart, was quite free from fat or adhesion, and stood out clearly, so that at first it was mistaken for a collapsed auricle. The rent by which it had burst passed across the most prominent part, and was an inch long; it formed somewhat of a flap. The walls of the aneurism were thin, and by the microscope destitute of any muscular fibres; they contained small patches of ecchymosis. The opening into the aneurism from the interior of the heart was from the upper part of the left ventricle to the left of the aortic opening, and rather on a lower level; it was separated from the aortic opening by a prominent muscular bundle, at the upper part of which, and close to the septum, was a second pouch, capable of containing a good sized pea, lined by the serous membrane, and leading towards the posterior aspect of the pulmonary artery. The opening into the aneurism was circular, rather less than the diameter of a threepenny piece, perfectly smooth and regular, and had just the appearance of the aortic orifice without the valves. The lining membrane of the heart at the place was clear and healthy; no cessation of muscular tissue could be *seen* at the opening, but a prominent ring, sensible to the finger, indicated that the muscular fibres ceased at the opening. The cavities of the heart were large, chiefly the auricles and the left ventricle. The lining membrane and valves quite healthy. A thick *tâche blanche* was on the exterior of the right ventricle. The ascending aorta natural, and free from atheroma. Coronary arteries healthy.

By the microscope. By Dr. Russell.—The muscular tissue was quite free from fat *in the sheath of the ultimate fascicles*, though there were numerous globules of fat lying *loosely* among the tissue in the neighbourhood of the aneurism, but not at a distance from that place. The transverse striæ of the fascicles were generally distinct and natural; the tissue of the fascicles seemed less clear and distinct near the aneurism than elsewhere, but as the specimen had been preserved in a fluid for some time, a positive opinion could not be given on this subject.

The preparation has been presented to the Museum of the Sydenham College, Birmingham.

Large Fibrous Tumour from the Dura Mater embedded in the Brain; Sudden Death. No preceding Cerebral Symptoms.—By Mr. DAVIS.

Mr. Davis was not called in during the woman's life. It was an inquest case. The only history which he could learn was from the daughter of the deceased. The patient was 45 years of age, (by name Sanders.) She had enjoyed a tolerably fair share of good health. Within four days of death she had walked from Bloomsbury to Camp Hill. She had not been in the habit of complaining of any head symptoms. On the night preceding her death she complained of vertigo, accompanied with sickness, which the daughter mistook for a bilious attack. When her daughter awoke, at 4 A.M., she

heard a rattling in her mother's throat; thinking she was only sick, she got up, procured a light, and on proceeding towards her mother found her dead.

The *post-mortem* examination revealed the presence of a tumour resting in a hollow of the right hemisphere of the brain. The brain itself was absorbed to the extent of the inside of an *ordinary egg cup*, and lined by a membrane on which the tumour rested. The tumour was not adherent to the brain matter, but grew from the inner layer of the dura mater. The other organs were not inspected in consequence of extreme decomposition. There was an increased amount of serum found.

Interstitial Absorption of the Neck of the Femur.—By Mr. Moore.

The subject of this disease was a man about sixty years of age, admitted into the Queen's Hospital, under Professor Cox, for an affection of the hip. The limb was found shortened one inch and a half, and the great trochanter was nearer the anterior superior process of the ilium than its fellow. The toes were turned outwards, and there was but little motion of the joint. He had little or no pain, and managed to hobble about with the aid of a stick. Whilst in the hospital he had an attack of sthenic bronchitis, which terminated fatally. The preparation is a good specimen of absorption of the neck, and it is remarkable that the patient did not attribute its origin to any blow or other injury. There were no bony deposits externally to the joints.

Fracture of the Neck of the Femur within the Capsule. By Mr. Moore.

This preparation exhibits a fracture of the neck of the femur internal to the capsule. The fractured portions were united by ligament which has been lost during maceration. The position of the limb was similar to that of the former case, the toes being turned outwards and shortening being present. From the history of the case it appeared he had met with an injury some ten months back, but had not been treated for fracture, having applied to some quack for relief. The cause of his death was an attack of acute apoplexy. His age was 53.

Caries of Vertebræ; Lumbar Abscess.—By Mr. Moore.

This preparation which exhibits the ravages of scrofulous disease of the spine was taken from a patient of Professor Parker's who was admitted into the Queen's Hospital, with a large open lumbar abscess. He died from the irritative fever, consequent on the disease. The bodies of the seventh and eighth dorsal vertebræ are almost entirely gone, and the spinal membranes are exposed; the ligaments, however, still enabled the man to retain the upright posture, and consequently, there was but little curve and no paralysis during life. He was 38 years of age, and of an eminently scrofulous diathesis.

CREWKERNE AND YEOVIL MEDICAL ASSOCIATION.

In the *Journal* of the 1st of October inst., we inserted a short notice of the proceedings of this Society at their second general meeting, at which Dr. Tomkins, of Yeovil, presided. We have now received the very excellent address delivered on the occasion, and we have great pleasure in laying it before the members of the Association and our readers generally. Dr. Tomkins addressed the meeting as follows:—

Gentlemen,—On meeting you at this our first anniversary, allow me to congratulate you (or rather—you will agree with me in saying—our Honorary Secretary) on the success which has crowned his efforts in forming this Association. It is usual at meetings like the present to bring various professional topics before the members; and if, in opening the business of this Association, I advert briefly to some subjects which it appears to me may require our consideration, you will, I trust, pardon me, should I fail in the attempt to place them before you in their proper light.

1st. As regards the question of Medical Reform. More than a quarter of a century has passed since I had the pleasure of delivering my views on this subject to a very large meeting of medical men, assembled at the George Inn, Crewkerne, to consider the best means of promoting and securing some *speedy and efficient measure of Medical Reform*. It was held in the summer of 1824 or 25, and on that occasion I wholly differed from the majority, who thought that the petitions to the different Colleges and the Legislature, would secure to them the object they had in view. I believed they would never gain their point by such a course, and, at the expiration of a quarter of a century, find that my prediction was not far from right, as we at this moment stand much in the same position, in respect to the measure, as we did at that time. You will therefore naturally inquire, what plan I proposed to effect our object? and I will tell you in one word—"agitation," for by that means I have seen many important measures carried since that period; whether right or wrong I am not here to declare, but by its means the Dissenters got the Test and Corporation Acts repealed; the Catholics obtained Emancipation; the Reform Bill was carried; and the Corn-Law-League got quit of the restrictions which were laid on the staff of life.

At that time I proposed a *medical league*, suggesting that each county should form a society for the purpose of raising funds to secure the return of some members of our profession to the House of Commons, who were perfectly conversant with the laws, the bye-laws, and charters of our different Corporations, in order that they might explain them to the House, and show the Legislature our true position. I also urged upon the meeting the necessity of using their individual interest with their friends and patients, to obtain their votes for securing the return of members who would oppose any Government that may chance to be in power, until they granted our just claims, and declared that the time was come when our profession, from its numbers, importance, and standing, was as fairly entitled to some

representation in the Legislature as the Church or the Law, the former claiming the whole bench of bishops and the members for the Universities, and the latter the law officers of the Crown to watch over their separate interests. These were my suggestions, and from that moment to the present I have not written or spoken one word on the much-vexed question of "Medical Reform," but I am even now disposed to think that our position might have been different, had my views been carried out. I think we might have stood in a better position as regards the Government; we might have had more influence with that *imperium in imperio*. The Poor-law Commission, whose motto has ever been "Cheap Physic," and who in my own knowledge have, in many instances, fulfilled the old adage of "penny wise and pound foolish," having myself seen two instances of strangulated hernia, where patients sunk from sphacelated intestines, when timely operations might have saved them, and where the Boards of Guardians were most perfectly satisfied with the medical returns, which stated that the patients had died from "obstruction of the bowels," and where, no doubt, they passed a vote of thanks to Mr. So-and-so for his very kind and humane attention, for in each case the patients were visited regularly, at least twice a day, though in neither instance was the real nature of the disease discovered in time to rescue the unfortunate sufferer from destruction, leaving their wives and families as legacies to the parish. I could mention many fearful instances, but will content myself with three others only, two of which occurred in the practice of one union medical officer, and to both of which I was called in the space of a short time.

In the first, a man had received a fracture of the frontal bone, and a spiculum was driven through the dura mater into the brain; of this the union surgeon was apprised by a respectable practitioner, who was near and saw the patient directly after the accident; he, however, contented himself by applying a poultice, and giving a dose of cathartic medicine, for forty-eight hours, when the bone was removed, and the patient, as I had predicted, died of inflammation and ulceration of the brain.

In the second instance a man had been ill for nine days with what the medical officer was pleased to inform the Board was "galloping consumption complicated with bowel affection;" for I happened to see the report. When I was called in the man appeared in articulo mortis; but on examining his abdomen I found his bladder enormously distended; and on inquiry ascertained he had passed no urine for four nights and days. I sent for my son to bring a catheter, and on introducing it, drew off seven pints of highly fœtid urine. I need scarcely add that the poor fellow died from the absorption of urea into the system. Each of these patients also left their wives and families chargeable to their respective parishes.

The other case was that of a female, who had been in labour three days and nights, and I found on my arrival that the head had been in the pelvis, and resting on the perineum thirty-six hours. The bladder and rectum were both much distended. The catheter was introduced, and some warm water thrown up the rectum, which directly acted; a few minutes after which I delivered the woman with the vectis; but so great and long-continued had been the pressure of the head that extensive sloughing took place, opening the rectum into the vagina, and leaving—of all cases the most horrid—a recto-vaginal fistula for life.

In the second place I deem it right to notice the great encouragement that is given to empiricism and irregular practice of every kind; and here let me compare our situation with that of the Church and Law. In the former, no man can officiate unless he has received a regular Collegiate education, (except with the dread of the Spiritual Court before his eyes,) and been ordained; in the latter no man will be suffered to draw a deed or execute a conveyance, for five shillings' worth of property, till he has been articled and admitted according to law, or the law will trounce him severely: but show me one town in this country, and, I might almost add, one village, that is not blessed with its "quack doctor;" or point out one newspaper that does not parade the most barefaced and impudent falsehoods in the shape of advertisements, backed, too, by the names of many of the nobility, bishops, and clergy, as passports to their nostrums, and, moreover, emblazoned with a Government stamp. Now, gentlemen, this is poaching—smuggling, for I like to call things by their proper names; and I would simply ask our Legislature, whilst they are filling our gaols with prisoners for offences against the excise and game-laws—incarcerating a man for having secured an unfortunate hare or pheasant, that they would deign to look upon suffering humanity, and protect the public from those maurauders who are daily and hourly laying their nets for the unwary, and poaching on the grounds of qualified members of the profession, so much so that I am reminded of the remarks of a celebrated Frenchman and philosopher, who, after he had spent some time in this country, made this pertinent observation,—"Do you ever die in England? If so, you must be very foolish people, for I see a safe and certain cure for all diseases posted at every corner of your streets, and its truth vouched for by many great men of your country."

I could say much more on quackery in general; but it is now right to call your attention more particularly to one of the popular delusions of the day, namely, homœopathy.

And, first of all, let us examine the names of those who descend to the practice of this craft, and we shall find the majority of them are men who have been unable to succeed in the legitimate practice of their profession, and have just wit enough to know how to impose on the ignorance and credulity of the age. But I might be told that the higher classes of society patronize their system; indeed this is their boast; let me, however, ask you if there is any species of folly or humbug, which they do not patronize. I am old enough to remember when the chapel of Irving was not spacious enough to hold the nobility and other branches of our famed aristocracy, who went to be edified by by hearing him preach in the unknown tongue;—when many high and mighty ones of the land, together with many clergymen, firmly believed in the cast off fortune-teller of Exeter, "Joanna Southcote," and were in devout expectation of her promised Messiah, sending their goodly gifts to her treasury, and actually sub-

scribing for and preparing a silver cradle and swaddling clothes. Can you have forgotton that villanous quack, St. John Long, of back-rubbing notoriety, whose house was literally beset with carriages of the aristocracy, till his conviction for manslaughter? And tell me, moreover, are not numbers of them faithful disciples of Prince Hohenloe; neither has any long period elapsed since the baronial hall was considered incomplete without its tureen of "brandy and salt," which was to cure every ill, from a corn to the cholera. Have you not read of the "Black Death," and the dancing mania of the middle ages, which hurried myriads of its victims to their untimely graves? And have we not seen in this—our own day, thousands of individuals who, *were esteemed persons of foresight and sound understanding*, infected with a disease which soon relieved the plethora of their pockets, and in numerous instances reduced them to beggary—namely, the *railway mania*, when any one who could tell that two and two made four, must have known that the capital of the country was inadequate to carry out all the lines to which Parliament had given their consent and *vouched* for by the *investigations of* their committees Is not, therefore, credulity an incurable disease?

The fact is, we are living in a day, when common things are despised or thought of little worth, and hence it is that many great people of high taste and refinement have discarded "*common sense*," as a commodity suited only for vulgar capacities. Now, if a millioneth part of a grain of belladonna or aconite will arrest the course of active disease, I hold that the millioneth part of a pint of brandy, mingled with a due portion of water, ought to produce intoxication; and that, to say the least of it, and surprise Mr. Malthus, one thousandth part of our ordinarily daily allowance of food ought, upon the same principle, to support our bodies and make us grow fat. It is truly said, that weak minds are amused with trifles. The homœopaths, however, tell us that they act upon principle and conviction, and I for one should be disposed to give them some credit, *if their charges were based on the same principle*, and they took a millioneth, or even a hundredth part of an ordinary fee for their services; their *true principle*, however, is to take all they can, and give but little away. The ancient quacks in this country used to collect their dupes in the market places with drum and fife. The modern homœopaths have lately chosen the pulpit, from whence their Reverend *vice* President boldly declared to *his dupes*, "that the mission of Christ was incomplete till Hahnemann came, for till the body was cleansed of its physical evils by the help of homœopathic globules, the moral evil of sin could not be eradicated." Now, depend upon it, whenever religion is prostituted to such vile purposes, there is something at the bottom of the matter not seen on the surface, and it is fair to conclude that those who pin their faith upon the efficacy of these globules, may soon become the believers of the real presence, in the consecrated wafer; and you plainly saw the endeavour of this preacher to enforce the necessity of placing the practice of medicine in the hands of the priesthood. It is a consolation to me that although frequently requested to meet homœopaths in consultation, I have never condescended to do so, and I trust no member of this Association ever will submit to such a degradation, but that we shall, one and all, join in calling on the Colleges at once to exclude all irregular practitioners from their lists; for if the study of medicine and surgery for the last 2000 years, by thousands of the most learned men in the world, aided by their great discoveries in anatomy and pathology, by the aid of the microscope,—in physiology, chemistry, botany, and materia medica—has not enabled us to ascertain the nature of disease, and to treat it with tolerable accuracy, then let us "throw physic to the dogs;" but if, on the other hand, we are satisfied that our profession still holds its true position, and is worthy to be upheld as a scientific, liberal, and honourable calling, let us all place our shoulders to support its pedestal in that conspicuous niche in the Temple of Fame which it has so long and so worthily occupied.

Foreign Department.

PROCEEDINGS OF THE FRENCH ACADEMIES.

ACADEMIE DE MEDECINE.

The recent meetings of this Academy have been almost entirely occupied with the discussions of two important subjects,—one "On Congenital Syphilis and its Manifestations," the other "On the Treatment of Tuberculosis of the Testicle."

We have already given some account of a memoir by M. Depaul, in which he describes a peculiar condition of the lungs as a sign of congenital syphilitic contamination. This condition consists, according to him, sometimes in a single tubercular cavity, in others of several abscesses resulting from partial inflammation. M. Cazeaux, who reported on the memoir, has examined into the question,—Whether such appearances in newborn children, are so unequivocally syphilitic, as to justify the submission of the mother to anti-venereal treatment? He inquires:—1. Whether those purulent accumulations may not have another origin than that of syphilis; and he concludes in the affirmative, believing in fact, that they are the result of simple lobular pneumonia. 2. He asks whether M. Depaul's reasons for considering these abscesses syphilitic, are sufficiently conclusive? M. Depaul's opinion rests chiefly on the fact that these abscesses have been found coincidently with eruptions of pemphigus, but M. Cazeaux refuses to admit the syphilitic nature of the latter when congenital, inasmuch as true syphilitic phenomenon do not display themselves in an infant until three or four weeks after birth.

In the discussion which ensued, M. Paul Dubois coincided in the main with the author of the memoir, in regarding abscess of the thymus, and more particularly a pemphigoid eruption at birth, as significative of syphilitic degeneration. He stated that in almost all such cases he has been able to ascertain undeniably, the prior existence of syphilis in the parents; in addition to which, the infants have frequently presented other syphilitic phenomena, such as more or less deep elliptic ulcerations, and caries of the nasal bones.

M. Ricord also took the part of the author. He stated that he had found syphilitic lesions not only in the muscles, but in the brain, liver, and lungs. That a disease which produced a specific variety of all other cutaneous maladies, should also produce pemphigus, he thought highly probable. He also entertained no doubt of the syphilitic origin of the pulmonary lesions described by M. Depaul. In reference to the treatment of the parents of infants born with the above symptoms, M. Ricord expressed himself strongly as to the advantage of submitting parents to an anti-syphilitic regimen, where the infants were repeatedly still-born or aborted, even though the parents did not exhibit any overt signs of contamination. This repeated blighting of the fœtus he considered in itself a sufficient reason for advising the treatment alluded to.

M. Cazeaux defended his report by denying that he absolutely refused to admit the syphilitic nature of the pulmonary and cutaneous lesions alluded to, in all cases. With respect to pemphigus more particularly, he showed that there was no novelty in the supposition that it was of venereal origin. A similar opinion was maintained in the last century, by Wickman and Duges. All he contended for was, that pemphigus was the expression of a cachexia, not necessarily, though possibly, syphilitic. Similar appearances might be produced in the progeny of parents debilitated by any cause, or by scrofula, and even by misery and privation. M. Cazeaux concluded his remarks by the following propositions, many of which will meet the approval of British syphilologists:—1. In an immense majority of instances congenital syphilis does not declare itself until the lapse of several weeks after birth. 2. The exceeding rarity of an incontestable syphilitic phenomena at birth should induce great reserve as to the diagnosis of eruptions at this early period. 3. Nevertheless, the coincidence of known syphilitic contamination in the parents, with such phenomena in the infant, is a sufficient ground for considering the two phenomena as cause and effect. 4. Even though pemphigus and pulmonary abscesses may occasionally be syphilitic, they have frequently other origin. 5. The parents should not be submitted to anti-syhilitic treatment, if the signs of syphilis in the infant are doubtful.

The second subject of discussion was the "*Treatment of Tubercular Ulcers of the Testicle.*" M. Malgaigne, the author of the essay, admits two forms of tubercular ulcer; one in which the ulcer is large and completely exposed, with projecting fungosities, such as is treated of by Cooper, Laurence, Curling, Syme, and others. This fungus is, however, he observes, distinguished by the fact that it is not of the same consistence throughout, but that it has many fistulous tracks, which perforate its substance, and give issue to the ill-formed pus of scrofulous suppuration. In the other form of tubercular ulcer the disease is covered by the scrotal integuments, except in one or more spots, where a fistulous opening exists, with puckered edges.

In the treatment of the first variety, with projecting fungus, six principal modes have been established; these are—compression, astringents, escharotics, ligature, excision, and, lastly, autoplasty,—that is, covering the diseased surface by the integuments of the scrotum. In the second form—the fistulous ulcer, little treatment is required when it is disposed to heal; but in obstinate cases surgeons are at issue as to the best proceedings to adopt—whether it should be stimulating injections, cauterization, seton, division of the fistulous tracks, or castration. It is in such cases that the author propounds a new operation as a substitute for castration, namely, to excise at once the diseased integuments and so much of the glands as is involved. The only objection to this is one which the author admits,—namely, that where the disease exists in the epididymis the vas defrens may be destroyed, and the testicle thus be rendered useless; but he considers that, as regards the feelings of the patient, it is better to leave him even with an useless testicle than to remove it altogether.

In reply to M. Malgaigne, M. Roux objected that he had in his memoir confounded two different lesions; one, the fungous testicle, a disease of doubtful character; the other, a well-known affection of tuberculous origin. He also reminded M. Malgaigne that in proposing his operation of partial excision, he quite overlooked the fact, that in tuberculous testicle the entire gland is deprived of its functions, and therefore that no good can accrue from its preservation. Similar views are entertained by MM. Velpeau and Robert, with the exception that Velpeau is against all operative measures in tuberculous testicle, inasmuch as it is a disease which does not compromise life, and frequently gets well spontaneously.

M. Amussat reported an additional instance of the *cure of aneurism by electro-puncture;* and an interesting memoir was read by M. Personne, "On the *Impregnation of the Milk of Animals with Mercury.*"

Gymnastic Exercises at the Hospital for Sick Children in Paris.

An interesting experiment has been for some time in progress at this hospital, in reference to the effect of gymnastic exercises on the diseases and depraved constitutions of the patients. The result, according to the statements of the *Archives Générales*, has been most gratifying. The report observes, "that a singular improvement was soon perceptible; the complexion became brighter, the muscles more firm, the voice gained power, and at the same time many local affections commenced to be cured. Thus, glandular swellings disappeared and old fistulæ closed. In two cases anchylosis of the elbow-joint was completely cured. Chorea also yielded to gymnastic exercises only."

[Although these details are full of interest, they contain nothing which might not be expected; air and exercise being well known as the most effective curative agents in scrofulous affections generally. The hint afforded by our continental neighbours will, we trust, not be lost on the originators of the Children's Hospital in London.—Ed.]

General Retrospect.

PRACTICAL MEDICINE.

Ulceration of the Internal Jugular Vein, occurring after Scarlatina.—By W. Sedgewick, Esq.

The following is an instance of one of the more rare and fatal sequelæ of scarlatina :—A child, aged four years and a half, scrofulous, had scarlet fever severely, with great tumefaction of both parotid regions, especially the left. This enlargement on the left side continued to increase, and fluctuation was detected on the 1st of September, but the matter lay deep. Poultices were applied, and continued till the 3rd inst., when a small incision was made into it, and about seven or eight drachms of pale, straw-coloured pus escaped, followed immediately by a discharge of dark blood. The edges of the wound were at once closed with adhesive plaster, and a compress, secured by a bandage, seemed to arrest the hæmorrhage. In the evening the hæmorrhage recommenced. A friend visited the patient for me, and succeeded in arresting the flow of blood by pressure with a compress and bandage carried round the head and under the shoulders, forming a double figure of 8. The bleeding broke out twice afterwards at intervals of two and ten hours respectively. On the last occasion a narrow strip of lint, steeped in Tinct. Ferri Sesquichlor. was passed between the lips of the incision, and compresses saturated with the same were secured over it by bandages as before. The hæmorrhage was now completely stopped externally; but it was evident, at my next visit in the afternoon of the same day, that it was going on internally, and the cavity of the abscess was becoming filled and distended with blood. The child was in a very exhausted state from the loss of blood and the extensive suppuration which had taken place,—collections of matter having formed on the left side of the throat immediately below the angle of the jaw, and likewise over the left clavicle, to the inner side of the acromion process, and partly extending over it: this last abscess was very prominent, and about the size of a large walnut. On the following day the abscess was greatly distended, and the surgeon determined to lay it freely open, and search for the cause of the bleeding. This was done ineffectually, and the child speedily sank. After death, the abscess was found to be very extensive, the digastric and stylo-hyoid muscles with the blood vessels, being as it were dissected out by the suppuration. The jugular vein lay at the bottom, and in its coats was a large ragged opening, which sufficiently accounted for the fatal hæmorrhage.—*Medical Gazette*, Oct. 1st.

On the Prevention of Pitting in Small-pox.—By Dr. Marks, (U.S.)

Dr. Marks, in commenting upon the best methods of preventing deformity in small-pox, remarks that the success will mainly depend upon the stage of the eruption at which they are employed. The certainty of benefit is much less after the papular stage has passed than before it, and in severe confluent than in discrete cases. The fundamental principle in every case is to abort the eruption by arresting its progress. Of all remedies for this purpose the author places most confidence in mercurial ointment. A good formula is a plaster of equal parts of this ointment and litharge, which is put over the entire face, openings being left for the eyes, nose, and mouth. The ointment may also be applied simply, being rendered of greater consistence by a mixture of starch. A preparation made by incorporating twenty-five parts of mercurial ointment, ten parts of yellow wax, and six of black pitch, is much used in France. It may be feared that the constitutional effects of mercury may be induced; but this fear is considered by the author to be imaginary.—*The Stethoscope and Virginia Medical Gazette*, July, 1851.

Treatment of Typhus by Large Doses of Quinine.—By Dr. Robert Dundas.

Impressed with the idea that the intermittent and remittent fevers of hot climates are identical with the typhus of Europe, the author has for some time treated the latter as the former, by large doses of quinine, and commonly with the happiest results. The success is in proportion to its early administration. The doses should be ten grains, given at intervals not greater than two hours. Three or four doses are generally sufficient to exert the specific influence of the medicine, which is displayed by giddiness and tinnitus. If no amendment follows the fourth dose, and the above symptoms are induced, the author advises the substitution of an emetic, after which a lapse of twenty-four hours is allowed before a repetition of the quinine. He states, however, that in most cases of uncomplicated typhus, taken at the commencement, complete and rapid success may be calculated on; but in all stages the large doses may be safely resorted to.

In confirmation of the value of this treatment the author gives the testimony of Mr. Eddomes, the House-Surgeon of the Liverpool Fever Hospital, who states "that it either cuts the fever short or prevents the accession or increase of the more formidable symptoms."—*Medical Times*, Oct. 4.

Galium Aparine in Lepra.

Dr. Winn relates the case of a gentleman who, after many years' trial of the usual treatment for lepra, found a remedy in the galium aparine, or goose grass. On making inquiries, he found that three other persons had been similarly cured, one of whom had been discharged from a London hospital as incurable.—*Medical Gazette*, Oct. 4th.

SURGERY.

On the Operation for Vesico-Vaginal Fistula.—By Dr. Hayward.

[Any information which can facilitate the performance of this delicate and difficult operation, cannot fail to be of use. We therefore give the following details of the author's plan of proceeding, by which he has been more than ordinarily successful.]

The patient being thoroughly etherized, the bladder is to be brought down by introducing a large sized

bougie (one made of whalebone, highly polished, is to be preferred) into the urethra, to the very fundus of the bladder, and carrying the other end up to the pubis. In this way the fistula is readily brought in sight. Its edges can be pared with the scissors or a knife, though usually both these instruments are required; and this part of the operation is much facilitated by holding the edges by means of a double hook. It is not difficult to dissect up the outer covering from the mucous coat of the bladder to the distance of two or three lines. The needles are then to be passed through the outer covering only, and as many stitches must be introduced as may be found necessary to bring the edges of the fistula in close contact.

Since his first operation the author has used a short needle with the eye near the point, made to fit to a long handle. The instrument, when the two parts are together, looks not much unlike a tenaculum, though not so much curved, and considerably broader near the point.

As soon as the needle is passed through one side of the fistula, it is immediately seized by a forceps, the handle is withdrawn, and the needle is then carried through. It is to be then again fitted to the handle, and carried through to the other side in the same way. As many stitches as may be thought necessary to bring the parts into close contact can in this way be taken with great ease. One thread of each stitch is to be cut off; it is convenient to leave the other, as it enables the operator and patient to know when the ligatures have separated from the bladder.

A large-sized female catheter is then to be introduced into the bladder, and secured there by means of a T bandage. The patient should be laid on her side, with the upper part of the body somewhat raised, so as to facilitate the flow of water through the catheter. This should be removed at least once in every twenty-four hours, as it is very likely to be obstructed by mucus, coagula of blood, and by occasionally calculous concretions. In three days it is safe to remove it altogether, but then it should be introduced at least once every three hours, for ten or twelve days more, so as to prevent any accumulation of urine in the bladder, and consequent strain on that organ.

The diet should consist entirely of liquid, mucilaginous food; such as an infusion of slippery elm, gum Arabic and water, flaxseed tea, arrowroot, and milk and water, This diet in the author's opinion, should be continued till the ligatures come away.

The bowels should be opened by some mild laxative a few hours before the operation; but it is desirable that they should not be moved again till some days after.

The author states that he has never had any troublesome hæmorrhage from the operation, nor any alarming symptoms after it. In some cases the pain has been severe for two or three days, and once or twice it has run down the limb, apparently in the course of the sciatic nerve. When performed in the way that he has recommended, he believes it to be attended with very little if any danger, as the bladder is not subjected to any considerable degree of violence, nor any part injured to a great extent.—*Boston Medical and Surgical Journal.*

On Fracture of the Os Hyoides.—By Dr. Grunder.

The following case proves that this affection is not always so easy of recognition as it is usually considered to be. A labourer, aged 63, fell from a waggon on his face, and discharged a large quantity of blood by the mouth. He found he could not swallow, and when seen twelve hours afterwards complained of severe pain in the neck and nape, with inability to turn his head, though no injury of the vertebræ could be detected. His voice was hoarse and difficult. On attempting to drink, the fluid was rejected with violent coughing, the patient declaring he felt it as if entering the air passages. An examination of the fauces led to no explanation of this condition. The epiglottis did not, however, appear to completely close the larynx, or to be in its exact position. The tongue was moveable in all directions, and pressing it down with a spatula caused no inconvenience. The hyoid seemed to possess its continuity. No crepitation or abnormal moveability could be perceived, and no pain at the root of the tongue occurred on attempting to swallow. After repeated examination, the case was concluded to be one in which the functions of the nervus vagus had undergone great disturbance, or the muscles of the larynx had become torn or paralyzed. Medicine and food were administered by means of an elastic tube. The patient had a good appetite and slept well, the pain of the neck was lost, and its motion recovered; a hectic cough, from which he had long suffered, alone remaining. After continuing, however, to go on thus well for six days, the cough increased, the appetite failed, strength was lost, the voice was scarcely audible, and in five more days the patient died exhausted. At the autopsy, a fracture of the os hyoides was found. One of the large cornua was broken, and had become firmly imbedded between the epiglottis and rima glottidis, inducing the raised position of the epiglottis, loss of voice, and difficulty in swallowing. The fracture was probably produced by muscular action, a cause first assigned in a case occurring to Ollivier d'Angers.—*Schmidt's Jahrbuch*, vol. lxviii. p. 215, and *British and Foreign Medico-Chirurgical Review*, Oct. 1851.

Impaction of a large Screw in the Wrist Joint.

The following remarkable case occurred in the hospital practice of Mr. Curling:—

W. M., aged 37, was admitted into the London Hospital in consequence of a large screw which was fixed firmly in the right wrist-joint. It appears that while working at his trade as a lucifer match maker he was cutting matches with the aid of a machine worked by steam. His hand getting accidentally entangled, the large screw, which was part of the apparatus, was forced through the wrist, where it remained, and the machine being stopped, the screw was filed through, the major portion remaining in the limb. On examination, about half an inch of the screw presented itself on the dorsal aspect of the wrist. On the palmar side a wound was seen, in which was imbedded the hexagonal head of the screw, having a diameter of three quarters of an inch.

The wound was dilated with a scalpel, and after the use of some force the screw was extracted, a discharge

of synovial fluid following its removal. The limb was placed in a straight splint and dressed with water dressing. Great inflammation ensued, as might be expected, and suppuration took place, requiring the evacuation of the matter. Several portions of bone were subsequently removed, after which the wound rapidly cicatrized.—*Lancet*, Sept. 13.

Ununited Fracture treated by the Insertion of Ivory Pegs.

A patient under the care of Mr. Stanley suffered compound fracture of both bones of the right leg two years since. The bones were replaced, and put into splints for two months, and subsequently into Simpson's apparatus for four months, without union taking place. After staying eighteen months in the country he was admitted into Bartholomew's Hospital.

On examination, the fractured portion allowed of extensive motion, by the formation of a false joint. Blisters were tried for a month, without benefit, and on February 16th, 1851, Mr. Stanley determined on trying Dieffenbach's operation of driving ivory pegs into the extremities of the fragments. The patient being placed under chloroform, the bones were exposed, and two holes were bored in each fragment; into these ivory pegs were hammered, with nearly a quarter of an inch of the peg remaining external to the bone; the flap of integument was then replaced, and the limb put into the fracture box. Inflammation set in, and pus was formed; this was let out, and with it one of the pegs. The flap now cicatrized; and two months after Mr. Stanley removed the other pegs, and found that the portion in the bone had been entirely removed. The operation was completely successful.—*Lancet*, Oct. 11, 1851.

MIDWIFERY.

On the Use of Cod-Liver Oil in Puerperal Sore Mouths.—By Dr. Evans, (U.S.)

A form of disease known by this name is very prevalent in the western States of America, attacking delicate females, especially those in impoverished circumstances. The symptoms are, a burning sensation in the mouth, aggravated by hot drinks and attended with small ulcers; the bowels are generally relaxed. The disease is very apt to recur, and in some cases runs a parallel course with ulcerations of the vulva and vagina.

Observing the influence of cod-liver oil in preventing the wasting of tissues, the author thought that it might be beneficial in this affection, and experience proved it to be uniformly beneficial. The local treatment employed by him consisted of the application of diluted muriatic acid.—*North-Western Medical Journ.*, September.

On Kiestein as a Sign of Pregnancy.—By Dr. Veit.

Dr. Veit, in order to determine the value of this test of pregnancy, and to settle the discrepancy of opinion respecting it, has recently conducted a series of experiments regarding it. He has examined for this purpose the urine of ten men, four non-pregnant females, and forty-eight women in various stages of pregnancy. The result has been to decide that the so-called pellicle of kiestein is no peculiar matter at all, and of no value as a test of pregnancy. He found that the main difference in the urine of pregnant and non-pregnant women was, that in the former it was alkaline, and in the latter generally acid.— *Zeitschrift für Geburtskunde*, and *British and Foreign Medical Review*, October.

TOXICOLOGY.

Poisoning with Turpentine.

Mr. Johnson relates the case of a child, aged eighteen months, who was observed to take a cup containing oil of turpentine, which was being used by a servant, and to hastily drink from it a portion of its contents. The child immediately spluttered out the food which she had been eating, along with a small portion of turpentine. She appeared in pain, but was almost immediately soothed to sleep, from which she was roused in about ten minutes by a neighbour, who alarmed the parents by informing them that the child had taken deadly poison, and suggested an emetic, in the shape of a draught of warm water and melted butter, which was given, but produced no vomiting. The child at this time appeared relieved, in fact in its usual health, and was sent out to walk with a younger sister, a distance of 400 or 500 yards. On nearing home she appeared tired, and unable to walk, was carried into the house, and on being put down staggered, and fell, when she was put to bed, and a few minutes afterwards vomited freely, the contents of the stomach having a powerful terebinthinate odour. About ten minutes afterwards the servant found her in a violent convulsion, when the author was sent for. On his arrival, which was about three hours after swallowing the turpentine, he found the child had been in a warm bath.

She was perfectly insensible; the breathing stertorous; the pupils violently contracted; pulse rapid and weak; extremities and surface generally cold; countenance pallid; muscles relaxed, with occasional subsultus; no power over deglutition; and, at intervals of ten to fifteen minutes, violent convulsive paroxysms occurring, producing the most frightful opisthotonos.

Being some distance from home, and unaware of the nature of the case, he was obliged to treat it with such remedies as were at hand. He attempted to administer a mustard emetic, but being obliged to desist from violence of convulsion, he applied leeches to the temples. Under this treatment, together with free action of the bowels, the child became partially sensible, and at length fell into a sound sleep.—*Medical Times*, Oct. 11.

Poisoning by Fleming's Tincture of Aconite.

An inquest was held in London lately on the body of an excise officer, who died from the effects of a dose of Fleming's tincture of aconite, which, it appears, he had tasted in the course of his duties. It transpired at the inquest that a case of what was called "medicated spirits" had been received from Scotland, accompanied with a permit. One of the gaugers took a bottle out, containing one-fifth of a gallon, poured a small quantity into a glass, and having dipped a piece of wood into it,

drew it across his lips. Deceased, who was present, was asked his opinion of the spirits; and it is supposed that he swallowed a small quantity, although he was not seen to do this. It was afterwards observed that the bottle had a label, on which were the words, "Fleming's Tincture of Aconite, Poison," in large letters. Deceased left the office apparently well, but in about two or three hours (for the time is not exactly stated) he was brought to the surgery of a medical practitioner in a state of exhaustion, and he died soon afterwards, evidently from the effects of the dose of aconite which he had swallowed.

The practice of importing, under the name of "medicated spirits," so formidable a poison as tincture of aconite is highly reprehensible. The "permit" ought certainly to indicate the dangerous nature of the liquid.

Correspondence.

ON MR. OWEN'S CASE OF SPONTANEOUS AMPUTATION OF THE LIMBS OF THE FŒTUS IN UTERO.

To the Editor of the Provincial Medical and Surgical Journal.

Sir,—The case reported by Mr. Owen, of Aylesbury, in the last number of your *Journal*, is interesting, as shewing that spontaneous amputation of the limbs of the fœtus in utero, may be caused by the pressure of the funis; as also that such pressure may be great enough to stop the circulation in the limb surrounded by it, without stopping the circulation in the limb itself. But I am somewhat staggered by the kind of practice pursued in the case. After evidence that the liquor amnii had all escaped, with the "os uteri well dilated," and the "pains strong and regular," we find the accoucheur giving the ergot of rye for the express purpose of bringing the presentation within reach of the fingers. Surely there was every probability that the child was lying across, and surely with that probability the only safe practice would have been to introduce the whole hand immediately, that no time might be lost in turning the child before any part of it was wedged in the pelvis. In a practice, numbering more than 1800 cases, I do not recollect meeting with more than one case of head, breech, or feet presentation, where I could not with the fingers feel the presenting part of the child with the os uteri dilated and the liquor amnii evacuated; and in that instance there was great redundancy of liquor amnii with prolapsed funis. The woman having had arm presentation in her previous labour, I was the more anxious, and therefore introduced the whole hand, immediately after rupturing the membranes, and felt the head very high up, but a strong pain coming, before I could say *Jack Robinson*, the head was forced down upon my hand and expelled. I would boldly maintain that, under the circumstances detailed in Mr. Owen's case, with an average pelvis, if the presentation had been either head, feet, or breech, it would have been within reach of the fingers, the liquor amnii having been long evacuated—that, *therefore*, there was every probability of preternatural presentation of some kind requiring rectification—that that rectification was more likely to be easily accomplished if attempted while the fœtus was wholly above the pelvis;—that the accoucheur proved that he thought so by endeavouring to restore the child to the position above the pelvis which he had needlessly disturbed;—that the ergot ought never, under any circumstances, to be given until the presentation has been clearly made out—certainly not for the purpose of bringing a possible mal-position within reach of the fingers, because in exact proportion to the extent to which the accoucheur succeeds in effecting that object, will he find that he has baffled himself in what must be his next; for I cannot conceive a case in which turning would be more difficult than one in which the attempt is not made until the arm and shoulder have been wedged into the pelvis by uterine pains, urged into increased and perhaps incessant action by the ergot of rye. That the case in question terminated well, was certainly "more by good luck, than by good looking to"—to use a phrase in vulgar acceptation.

I am, Sir, your most obedient Servant,

October 20, 1851. Ξ.

HOMŒOPATHY.

To the Editors of the Provincial Medical and Surgical Journal.

Gentlemen,—I wish that your correspondent, Dr. W. Davies, or some one who fully understands him, would explain to the profession what he really means on the subject of Homœopathy.

For my own part I cannot make out to my satisfaction the drift of his letter on the subject. He advises us to study the heresy, as he calls it, *theoretically* and *practically*, the very thing which the homœopathists themselves are courting us to do. Yet I am unwilling even to suspect that he is making an insidious attempt to promote a system which he is ostensibly opposing.

Accepting, however, his declining at Brighton to co-operate with the Association in the resolutions that were passed there, with a spirit that is discernible in his letter in your *Journal*, one cannot help apprehending that, at least, he is by no means hostile to the existence of that *heresy* as a rival to the profession. Dr. W. Davies does not dispute the right of the Universities and Colleges to denounce homœopathy root and branch, and cut off and eschew all members of the profession who countenance it; but he does not concede the same privilege to the Provincial Medical and Surgical Association, numerous and powerful as it unquestionably is. He apparently thinks that the proper mission of the Association, in annual meeting assembled, is simply a reciprocity of scratching, and possibly, in his opinion, *laudari laudatis viris*, would be a very appropriate motto for the said Association.

To settle the general ethics of the profession with respect to homœopathy, is a work that the Doctor seems disposed to arrogate to himself; and notwithstanding what the Colleges and Universities and the Association have done upon the subject, he lays it down, *ex cathedrâ*, that it is the duty of the profession to

study the HERESY *theoretically* and *practically*, that individual members may be able to *argue* upon it *scientifically*. Thus does the Doctor elevate the HERESY to rank as a branch of *science*, which, for so far, is decidedly an encouragement.

In such argumentations, the Doctor forbids all calling of names, and emphatically prohibits *sneerings* and *sarcasms*.

There must not be even, as we suppose, a shrug of the shoulders, with or without a grimace, when homœopathy is the subject. On the contrary, all must be done by *courtesy and intelligent reasoning*.

Reasoning with homœopathists or their patrons!! Why, what does this eminent physician mean? Does he not know that homœopathy sets reason and common sense at defiance.

Again, the Doctor further advises that those *regulars* who cannot "come to the scratch" in such intellectual conflicts with the old women, *en culottes*, as well as in petticoats, who patronize homœopathy, *masters* of the subject by *study* in *theory* and *practice*, had better hold their tongues when it comes under discussion; and he prescribes the same course for those who cannot keep their temper.

Would to Heaven I had the powers of Lander in imaginary conversation, that I might depict graphically to your readers an ideal, *courteous*, and scientific disquisition upon homœopathy, at a *coterie* in Bath, between a physician on a sharp look out for practice, and a rich old maid, scraggy and shrivelled, whilst sitting out, waiting to cut in at a whist table. Let us imagine something like this:—

Old Maid: What do you think, Doctor, of homœopathy? Do you practise in that way? It is all the rage amongst the nobility and fashionables.

Doctor: Mo, Madam. I have not hitherto adopted that system; I do not fully understand it, and I confess I have some doubts of the medicinal efficacy of infinitesimal doses of sulphur, charcoal, chalk, camomile, and other substances; but I mean to study the *science*, *theoretically* and *practically*, and to give every preparation it recommends a fair trial at every favourable opportunity.

Old Maid: Oh! Doctor, that is right—quite right. I'm so glad; for I am sure you will become a convert; and I shall have great pleasure in recommending you amongst my numérous friends. There is in Bath a fine opening for a homœopath educated as a regular physician.

Doctor: I thank you kindly, Madam, but I do not promise to become, altogether, a convert. The profession has, perhaps precipitately, rejected that system of medicine, and we are all, more or less, bound by the ethics the profession imposes upon us.

Old Maid: Don't mind, Doctor, what the profession says on the subject. The general practitioner will, of course, run it down, as they do mesmerism and hydropathy, and everything that cures without their nauseous doctors' stuff.

Doctor: Very true, Madam. I quite agree with you in that respect. I regret that some sections of the profession have treated homœopathy *very uncourteously*. They have rejected it without a scientific inquiry into its merits. Science is but in its infancy, and it *may* bring something to light in the matter of homœopathy that, in our present state of knowledge, we but little dream of.

Old Maid: You are sure to become a convert, Doctor. The wonderful cures will convince you. Have you heard of the cure that Admiral Whirlwind made of Lady Simple's favourite lap-dog? He cured it in three hours, of a violent inflammation, with three globules and a smelling bottle, when it had been given over by two doctors and the family physician!

Doctor: Very wonderful, Madam; very wonderful indeed. I heard something of it, but not the particulars. [*Rubber ends.*

Old Half-pay Captain.—Come, Doctor; come lady, cut in, 'tis your turn. [*They cut in, and all is silence.*

We may reasonably infer that the doctor is acting up to his teaching, and that he is engaged in the study of the *science*, *heresy* though it be, *theoretically* and *practically*. *Theoretically* he may study it till he reads himself half blind without harming others; but how can he study it *practically* without making his patients the victims of a system he ostensibly professes to reject as not only useless, but dangerous?

Will he venture to try and rely upon homœopathic preparations of so-called medicines in cases of acute inflammation of the viscera of the chest, or abdomen; or in similar affections of the brain or its membranes? To do so he must either have implicit confidence in the doctrines and statements of the homœopathists, or a total disregard for human sufferings and life itself.

Let it not be imagined that I am opposed to experimental practice, in cases where we have not already efficient and well-proved remedies; on the contrary, I am for giving a full and fair trial to every alleged remedy, not setting reason at defiance, from whatever quarter recommended. But, as to homœopathy, it carries on the face of it such gross and barefaced absurdities, with respect to its *pharmacopœia*, if I may be allowed for the occasion to prostitute the term, no one but the invincibly ignorant, or morbidly credulous can believe in the efficacy of the doses it prescribes. Thieves may recommend such doses, and pretend to rely upon them; but no honest man, with a medical education, can countenance such delusions, if not labouring under a delusion himself.

A recommendation to study such a farrago of nonsense *theoretically* and *practically*, and to argue upon it *scientifically* and *courteously*, savours strongly of an encouragement to the HERESY; and had such a recommendation come from a physician less eminent and less fortunate in the profession than Dr. W. Davies happens to be, one would be justified in taking it as the *avant courier* of a contemplated open conversion—as a last resource to a fashionable and profitable "*heresy*."

One would suppose that if the Universities and Colleges thought there was anything in homœopathy worth *studying*, they would have thought it worth teaching, and would, in justice to the profession and the public, have acted accordingly. One would have thought the same of the PROVINCIAL MEDICAL AND SURGICAL ASSOCIATION, now an authority on such subjects that the whole profession looks up to. Those learned bodies have, however, ignored homœopathy

as a branch of medical science; an example which, in my humble opinion, every individual member of the profession is morally bound to follow.

I have already made this letter, perhaps, inconveniently long for a place in your valuable Journal, yet I hope you will find room for it in an early number, and permit me to return to the subject of homœopathy on some future occasion.

I am, Gentlemen, your very obedient Servant,

AN M.D. OUT OF PRACTICE.

London, Oct. 10, 1851.

Medical Intelligence.

BANQUET TO CHARLES MAYO, ESQ., F.R.C.S.,

SENIOR SURGEON TO THE HANTS COUNTY HOSPITAL.

On Tuesday week, the 21st instant, a splendid entertainment was given to Mr. Mayo, of Winchester, by the Committee and Governors of the Hants County Hospital, to commemorate his long and faithful services to that institution. About 150 gentlemen assembled, at six o'clock, at the St. John's Rooms, Winchester, to take part in the celebration of an event so interesting and gratifying. The Rev. the Warden of Winchester College presided on the occasion, supported on his right by the guest of the evening and the Mayor of Winchester, and on his left by the Rev. the Dean of Winchester and Melville, Partal, Esq., M.P. The Committee of the hospital, with a degree of generosity which well deserves mention, presented Mr. Mayo with a very liberal supply of cards of invitation to his professional friends, and among those present and resident at Winchester we observed: — Dr. Crawford, Dr. Phillips, W. H. Judd, Esq., Surgeon in Ordinary to H.R.H. Prince Albert, and Surgeon-Major Scotch Fusilier Guards, James Mee, Esq., 1st Royals, the Medical Officer of the 38th Regiment, W. J. Wickham, Esq., R. W. Smith, Esq., who very ably filled the vice-chair, and several others.

After the cloth was removed, and ample justice done to the usual toasts, the Chairman in a very eloquent and dignified manner, next proposed the toast of the evening, and after passing in review many very interesting details connected with Mr. Mayo's deservedly successful professional career, and passing upon him encomiums which it has seldom fallen to our lot to hear, he said,—"It is my pleasing duty now to propose the health of that most excellent man, the guest of the evening, and to acknowledge the deep debt of gratitude we all owe to him for the eminent, disinterested, and brilliant services rendered to the hospital. It is due to Mr. Mayo to offer to him that sincere and just tribute of our approbation and praise to which he is peculiarly entitled. I give you, gentlemen, the health of Charles Mayo, Esq., the faithful and efficient servant of the Hants County Hospital, during the lengthened period of forty years." The toast was received with most marked and rapturous applause, and after silence had been in some measure restored, Mr. Mayo rose and said:—"Mr. Warden and gentlemen,—It has been well known to many of my friends that I had for several years past entertained an idea of the propriety of establishing a periodical festival for the benefit of the hospital; and it is indeed to me a gratifying part of my career, to find that, with a view to introduce so deserving an undertaking, the Committee and Governors of the hospital should have invited my friends and myself to partake of the good things of this sumptuous entertainment. My first and chief feeling on this occasion must be sincere thankfulness to the Almighty that my life and health has been so long and vigorously maintained, and that I have thereby been enabled to devote my services, as an humble instrument in his hand, to the carrying out the benevolent purposes of the Charity. In acknowledging, however, how deeply and keenly I appreciate the generous sentiments of esteem which my fellow-citizens have on this event bestowed upon me for the humble part I have taken in the performance of my duty, I cannot allow the occasion to pass, without tendering to my colleagues at the Hospital my warmest thanks for their excellent co-operation. To those professional and private friends who have come from the metropolis, and various parts of the country, to testify their cordial approbation of the great compliment which the Chairman and Governors have paid to me and my long services, I beg also to tender my best thanks; and with a warm sense of my unworthiness, and a sincere desire to impress upon this company and the public how much the charity is indebted to the Rev. Chairman and Committee of Governors, for the unwearied care of its best interests, I beg to propose to you the health of the "Chairman and the Committee of Governors." Mr. Mayo then sat down amidst the deafening applause of the whole company. The Rev. Chairman responded, and said, that his great happiness as a resident of Winchester was mainly to be attributed to his connexion with the Hospital. He paid a marked and well-merited compliment to the officers of the Institution. The Chairman next "proposed the Physicians and Surgeons to the Hospital." Dr. Phillips, who has been attached to the hospital thirty years, returned thanks in a very appropriate manner. Mr. Wickham returned thanks on behalf of the surgical staff of the hospital, and made some highly complimentary observations relative to the guest of the evening. The Dean of Winchester rose to add his testimony to the noble and disinterested services of the medical officers of the Charity, and said, however deserving of public approbation Mr. Mayo might be—and he believed no man was more worthy of it—he could not allow the occasion to pass without bearing his individual testimony to the high reputation and long services of the families of the Wickhams and Lyfords of Winchester. The Wickham family had rendered their services to the hospital during a period of nearly sixty years. The family of the Lyfords had attended the hospital upwards of ninety years; and to the great and vast experience of four generations of that family, he was, under Divine Providence, enabled to be present among them that evening. He much admired the talent and skill of their city. He had attended the festival at great personal inconvenience, but he had no hesitation in stating that this was one of the proudest moments of his life; for never before had he met with so many distinguished members of the medical profession,—indeed, it was the greatest demonstration of *physical strength* he had ever witnessed. The next toast was, "The Retired Physicians of the Hospital." Dr. Crawford, in a most classical and feeling manner, responded to the toast, and elicited from all present the warmest acknowledgement of his previous services. Many other toasts very complimentary to the profession were given and responded to, and the company separated, highly delighted with the occasion which had induced so many members of the profession to meet together in such harmony and good fellowship.—*Medical Times.*

MEDICAL SOCIETY OF LONDON.

At a special general meeting of this Society held on Friday, October 10, the following resolutions, recommended by the Council, were unanimously adopted:—

"1. That in the opinion of this Society the practice of homœopathy, or the prescribing medicines in what are called 'infinitesimal doses,' under a pretence that they are useful in the cure of disease, is founded in palpable error, is a delusion on the part of the practitioner, a deception on the public, and manifestly dangerous to its welfare.

"2. That the fellows of the Medical Society of London cannot honourably hold any professional communion with homœopathists.

"3. That, consequently, any fellow of this Society who shall hereafter practise homœopathy, or who shall knowingly meet in consultation any professed homœopathist, will thereby render himself unworthy of the fellowship of this Society."

THE FACULTY OF PHYSICIANS AND SURGEONS, OF GLASGOW.

At a meeting held on the 1st of September, 1851, the following minute was passed:—"The Faculty, having had their attention called to certain resolutions by the Royal Colleges of Edinburgh, in reference to homœopathy, and heard the opinion of their Council, to whom the matter was referred at last meeting, do now, in conformity with that opinion, express their concurrence in, and approbation of the views taken by the Royal Colleges, as specially detailed in the resolutions of the Royal College of Physicians; but, as none of the Fellows or Licentiates of Faculty, so far as known to them, have hitherto professed or countenanced this system, they consider any further notice of the subject, on their part, in the meantime, unnecessary.

THE SALE OF ARSENIC ACT.

Another conviction has taken place under this Act, which will eventually do much good, and be the means of saving life and preventing the commission of crime. On Wednesday se'nnight, Abraham Sefton, of Church, near Accrington, druggist, was charged at petty sessions, by the superintendent of police, with having unlawfully sold to Mary Lowe two ounces of arsenic, she not being of full age, and the poison not being mixed with soot or indigo, as required by the Act. The sale was proved, and the excuse alleged by Sefton was, that he did not know the Act was in force, and thought that the purchaser was 21 years of age. He was fined £5 and costs, the presiding magistrate, Mr. Eccles, expressing a hope that it would act as a caution to other druggists. We trust that the provisions of the Act will be speedily extended to the sale of all other poisons, so that the suicide and the murderer may be baulked in their desire for crime.—*Blackburn Standard.*

THE QUEEN'S COLLEGE, BIRMINGHAM.

The Queen's College, at Birmingham, has recently obtained powers under a supplemental charter to elect such members of the College as may distinguish themselves during their studies, and who subsequently obtain a diploma in medicine or surgery, or become graduates in medicine, law, or arts, Fellows of the College. We hear that the authorities of the College intend to confer this honour, in the first instance, upon such of the earlier members of the Institution as the Principal and Council may determine to be eligible; and in accordance with the provisions of the charter, two gentlemen, Dr. Roden, of Kidderminster, and Dr. Barker, of Bedford, have been elected Fellows of the College. These, with Mr. G. B. Masfen, of Stafford, are the first three members of the Profession selected for this distinction under the new charter. Among other privileges, the Fellows are entitled to vote at all meetings of the Governors, to free admission to the medical and general libraries, to the museums, to the lectures of the professors in the different departments, and to dine in the College Hall.

UNIVERSITY OF CAMBRIDGE.

A grace has passed the Senate of this University, to appoint Dr. Webster an examiner for medical degrees during the ensuing year. The Professor of Anatomy will commence his course of lectures on the Anatomy and Physiology of the Human Body, on the 28th, in the Anatomical School, at 1 o'clock, P.M.

UNIVERSITY OF ST. ANDREWS.

List of gentlemen who had the degree of Doctor of Medicine conferred upon them on Friday, October 17, 1851:—Robt. Beales, L.A.C., London; John Brown, M.R.C.S., and L.A.C., Islington; John Cowie, M.R.C.S., Ed., Zetland; Alexander Scott Fogo, M.R.C.S., London; Charles Gibson, M.R.C.S. and L.A.C., Newcastle-upon-Tyne; Frederick Goodchild, M.R.C.S., Middlesex; John Fred. Grace, M.R.C.S., London; Nathaniel Jarvis Highmore, M.R.C.S. and L.A.C., Bradford, Wilts; Edwin Humby, M.R.C.S. and L.A.C., London; Charles Dudley Kingsford, M.R.C.S., Middlesex; Thomas Joseph William Marsh, M.R.C.S. and L.A.C., Surrey; George Miller, M.R.C.S. and L.A.C., London; John Pearson Nash, M.R.C.S., Calcutta; John Roulston, M.R.C.S. and L.A.C., Yorkshire; Thomas Torney, M.R.C.S., Ed., Dublin; Henry Uwins, M.R.C.P. and M.R.C.S., London; John Walling, M.R.C.S. and L.A.C., Yealand, Lancaster; Henry Waldron Watson, Arnold, near Nottingham.

ROYAL COLLEGE OF SURGEONS.

The following gentlemen were admitted members on the 10th inst:—George Atkin, Sheffield; John Breay Butcher, Devonport; Richard Cockerton, Trinidad, West Indies; Owen Spence Evans, Wilton Crescent, Belgrave Square; Thomas Beard Farncombe, Bishopstone, Sussex; Richard Croker Graves, Chester; Mark Oliver Larmuth, Salford, Lancashire; George Robinson Naylor, Calcutta; Edward Pearl, Hoxne, Suffolk; George Scott, Denmark Hill, Camberwell; Thomas Willis, Upper Ormond Quay, Dublin.

SOCIETY OF APOTHECARIES.

Gentlemen admitted on Thursday, October 9th:—James Doubleday, Blackfriar's Road; Samuel Bowen Partridge, Newport, Monmoutshire.

APPOINTMENTS.

Dr. Pereira has been appointed Physician to the London Hospital, in the room of Dr. Frampton.

Dr. Ogle has been appointed to succeed our late lamented Associate, Dr. Kidd, as Regius Professor of Medicine at Oxford.

OBITUARY.

October 7th, aged 28, Robert R. Crucefix, Esq., Surgeon, Shepton Mallet.

October 15th, aged 61, Daniel Macnamara, Esq., Surgeon, of Uxbridge, Middlesex.

TO CORRESPONDENTS.

Communications have been received from Dr. R. Hall, Mr. Prichard, Mr. Dayman, Dr. Nelson, Dr. Day, Dr. Duncan, Mr. King, Mr. Sands Cox, Mr. Wilton, and H.S.B.

A COURSE OF LECTURES ON SURGERY,

DELIVERED IN THE MEDICAL SCHOOL OF CAMBRIDGE.

By GEORGE MURRAY HUMPHRY, Esq.,

Downing College, Surgeon to Addenbrooke's Hospital.

Lecture XXXIII.

Melanic and Gelatiniform Cancer.

The nature of the pigmentary matter in melanic cancer; how far to be regarded as an important element influencing the progress of the disease; cases of the disease; order in which the pigmentary and the other elements are observed to be produced.

Anatomy of gelatiniform cancer; its resemblance in general features to the other varieties of cancer; parts most frequently affected by it; description of specimens of the disease.

The term "melanic" is applied to those cancerous tumours in which pigmentary matter, resembling that in the choroid coat of the eye, is found intermixed with the other elements of the structure. It may be contained in the cells, between the nucleus and envelope, or in the nucleus itself; in the fibrous tissue; or in the spaces intervening between the cells and the fibrous tissue. It may occur in either scirrhous or encephaloid tumours. Probably it is sometimes met with in the other varities of cancer. It is most common in the encephaloid. The proportion which it bears to the other elements of the tumour, varies very greatly. In some instances there are only a few black specks scattered through the mass; in others, it exists in such quantities as to give the whole substance a grey or dark brown, or jet black colour. Moreover, it may be equally distributed throughout the tumour, giving an uniform dark colour to the whole; or it may be accumulated at particular points, when the tumour has a spotted appearance, or presents alternating light and dark strata. Occasionally the pigmentary granules are found to be aggregated together in dense masses with scarcely any traces of organic structure; and it not uncommonly happens that a small black spot in the otherwise healthy tissue, is the first sign of the existence of the disease.

The nature of this pigmentary matter is uncertain. Structurally it is composed of exceedingly minute molecules, so minute that they are said to be capable of passing readily though membranous walls by endosmosis. Dr. Bennett has ascertained by experimenting on specimens, that the colour is destroyed by nitric acid and chlorine, "a character," he remarks, "which at once distinguishes it from the black matter which so commonly accumulates in the bronchial glands and lungs of old people, and in the black phthisis of colliers. In the latter case the black substance is undoubtedly carbon; in the former, its nature is unknown." He has little doubt that it originates in some change which the blood undergoes; for he has found it frequently, in the same specimen, undergoing all the intermediate tints from blood red and rusty brown, to the deepest black. The same author further observes, that it has been imagined to consist of sulphuret of iron, and the frequency with which old exudations in the neighbourhood of the intestines are tinged black would at first seem to favour the supposition. But in a large specimen of melanosis from a horse, tested at his request, no trace of sulphuret of iron could be found. Vogel conceives that the colouring of the so-called melanotic tumours is produced by a variety of causes; that in true melanosis, where the colour is brown, of a bistre tint, black or grey, it depends upon the presence of dark pigmentary granules, the chemical nature of which is unknown; in a false variety of mealnosis, where the colour is slate grey, or greenish black, it depends upon sulphuret of iron; and in another false variety, where the colour is blue, violet, or brownish black, it results from an altered state of blood-pigment.

It is not easy to decide to what extent this melanic deposit is to be regarded as an important element in cancerous tumours; or in what way it modifies their progress, if it does so at all. The malignant qualities of the melanic cancers depend, doubtless, not upon the presence of this deposit, but in the same manner as in other cancers, upon the abnormal tendency to cell-development, and to decay of the cellular and other elements of the mass. The melanic cancers are perhaps somewhat less liable to ulcerate than the scirrhous or encephaloid; they attain often to greater size, with less destruction of the surrounding tissues, and they infest a greater number of organs in the same individual; but it is probable that these peculiarities are dependent upon other qualities of the tumour, and are only associated with pigmentary granules in its substance. At any rate, we know that pigment-grains of a similar kind do not exert any evil influence upon the textures when they are deposited in them under other circumstances. For instance, they are often found in the skin and the mucous membrane of the bowels, when those textures have been for some time the seat of chronic inflammation; and we do not find that their presence is productive of any mischief; they appear to be perfectly inactive.

I will relate to you two rather peculiar cases of this form of cancer, which, with a single case of melanosis of the eye-ball, are the only ones that I have happened to see. A healthy-looking robust man, aged 50, presented himself at Addenbrooke's Hospital, in October, 1845, with a broad flat ulcer upon the inside of the left ring toe. It was an inch and half in diameter, had an uneven, dark, dirty surface, a hard base, and an everted livid edge. There were also in the integuments of the middle toe, and of the outside of the instep, several hard tubercles, about the size of a split pea, of livid, dark-blue, and black colour. At one part they were set together in a row, and looked, at first sight, not unlike varicose veins. The immediately surrounding integuments and other tissues were indurated. Below Poupart's ligaments were two or three enlarged and very

hard absorbent glands. Neither the ulcer, the tubercles, or the diseased glands, were at all tender or painful. He stated that three or four years previously, he had observed on the ring toe, a small hard knot, similar to those now existing on the instep. He "thought it a blood-blister, and took no great notice of it." In the last winter it had increased in size; he used to scratch it, when it bled and it soon scabbed over. It gradually grew larger, and at length ulcerated. In July, 1846, I saw this patient at Ely; he was in bed, thinner and paler than in the preceding October, but did not look so ill as might have been expected from the severity of his local complaint. The left lower extremity was covered with a number of black cancerous tubercles scattered about the skin. They were most numerous on the inside of the thigh, and the outside of the leg, but did not follow the course of any particular absorbent or venous trunks. They commenced as little black specks in the cutis, the structure of which appeared to be altered no otherwise than by the presence of the pigmentary matter, which gave the black colour to it at these spots. The spots gradually increased in size, became raised above the level of the skin and hard; some other substance, in addition to the pigmentary, being now evidently mixed up with the tissue of the cutis. The tubercles went on growing till they attained the size and shape of a split pea or bean; and in some places they were confluent, forming an uneven irregularly-shaped mass. Then a slight depression or ulcer formed at the centre, scabbed over, and again ulcerated; so that at length an uneven excavation was produced, with hard, raised, everted edge, and a thin dirty sanious discharge. Several of the ulcers were as large as a halfpenny or penny piece; and some of them were confluent. A great part of the dorsum of the foot was occupied by a deeply cleft, black or yellowish black ulcer, upon a raised hard base, with everted edges, and with foul, fœtid, dark discharge—a horrible specimen of disease, such as, happily, one but seldom witnesses. Another large ulcer of similar character had involved and partly destroyed the ring and little toes. At the upper and inner part of the leg, and on the outside of the thigh, beneath the integuments, which were adherent over them, were several hard nodulated masses, as large as walnuts or pullets' eggs. There was also a mass of enlarged and indurated glands at the upper and inner part of the thigh. The disease appeared to stop short at the bend of the groin, and though I had him stripped and examined him very carefully, no trace of it could be discovered in any other part of the body; nor was there a symptom of its existence in any internal organ, which accorded with the sound state of his general health. He died in the early part of September. No examination was made.

In this case the progress of each tubercle, and that of the disease generally, was such as is ordinarily observed in scirrhous cancer of the skin; no variation having, so far as we can judge, been produced by the addition of the pigmentary matter. The limitation of the disease to the one member which was so abundantly loaded with it, is remarkable.

The second case is that of a healthy woman, aged 46, of ruddy complexion, and light-brown hair, who came to the hospital in August, 1846, to show a black warty growth on the ulnar edge of the left palm, near the wrist, about the size of a sixpenny piece. There was no hardness about it, and it resembled a common wart, except that its situation was unusual, its colour black, and it was very tender and painful, the pain shooting up the forearm. Minute black prolongations, like spiders' legs, could be seen through the cuticle, shooting from the wart into the adjacent skin. No other formations of a similar kind, nor any enlargement of absorbent glands, could be found. She said that a small wart had existed at this spot for ten years, or more, slowly increasing in size; but of late it had become more painful. I sponged the wart freely with strong nitric acid. When the slough so produced had separated, it left a bluish, unhealthy-looking ulcer, with a dark margin. She still continued to suffer severe pain in the part and shooting up the inside of the arm to the breast; accordingly, I made a free application of potassa fusa to the ulcer and to the surrounding integuments. This left a healthy ulcer, which healed quickly, and apparently soundly, but the severe shooting pains about the arm, the breast, and the shoulder, continued for some time, though I could discover no disease to account for them. At the latter end of October the cicatrix in the palm became a little red and tender, and on its edge we observed a minute brownish spot in the skin, not larger than a pin's head. This was quite recent, and she said the disease had begun in that way. Her stomach and general health were at this time rather disordered, so she was put upon a course of medicine, and gradually got better, the pains diminished, or nearly subsided, and, though the black spot remained, the affection appeared to be so slight, that I discharged her on the 9th of January, 1847. In the early part of April, 1847, she came again, on account of an oval lump in the axilla, of the size of an egg, smooth and moveable both under the skin and upon the parts beneath. She suffered severe pain in the swelling, and radiating from it all over that side of the chest, and about the shoulder. There was still the small dark speck upon the edge of the cicatrix in the palm. We thought it better to attempt the removal of this mass, whatever might be its nature; accordingly, I made an incision through the integument, when the black colour of the tumour confirmed our worst suspicions as to its nature. When this had been excised, a number of little hard, black, round masses, varying in size from a pin's head to a nut, presented themselves in the cellular tissue of the axilla. I removed all that I could find with the fingers and the knife, clearing out the axilla nearly up to the clavicle, and then cut out the diseased integument of the palm. The tumours presented the ordinary appearance of melanosis, being for the most part of jet black colour; the large one was, in parts, of a brownish tint, or even lighter colour, and in one place it resembled the ordinary encephaloid cancer. The wounds healed, and she returned to her home, but the pains continued unabated in the side of the chest. A year afterwards,

August, 1848, being in the village where she lived, I called, and found her much wasted, and suffering severe and frequent paroxysms of pain in various parts of the trunk and extremities, sometimes in one place sometimes in another; sometimes shooting down the limbs, and sometimes like a gnawing in the bones. From her account the kind of pain she suffered resembled that which is occasionally experienced in disease of the spinal cord. There was swelling in the abdomen, and tumours could be felt in various parts of the abdominal viscera. No sign of any return of disease in the palm or axilla. She died in October, 1848. Mr. Metcalfe, the surgeon in attendance, was permitted to make only a small incision into the abdomen. He found the liver studded with white cancerous tumours, having blood infiltrated into some of them.

It is, indeed, remarkable, and contrary to what we usually observe, that the minute seed of so inveterate a disease should have remained lurking in the skin for so many years, causing no symptoms, and producing scarce any structural change. A mere darkening of the colour, and slight hypertrophy of the papillæ of the cutis, being all that was appreciable at the end of ten years; then, without any obvious cause, the part became painful, tumours formed in other regions, the strength failed, and death relieved the patient from her severe suffering. The first trace of the disease, too, it is to be observed, consisted in a mere stain or spot in the skin, caused by the deposit of pigment, (it would almost seem of pigment only,) in the tissue of the cutis. In the case first detailed the disease, that is to say each tubercle, appeared to commence in the same way. This is an interesting feature in melanosis, and it is a question, which the microscope would probably decide, whether in these initiatory stages the pigment does really exist *alone*, constituting the *sole* element of the disease, or whether it is from the very first intermingled with cells and the other ordinary components of cancer. I am disposed to believe that the former supposition is correct, viz., that in melanic cancer the pigment is often first deposited among the otherwise unaltered tissues, and that these tissues subsequently undergo the changes whereby they are reduced to a cancerous condition. In the after progress of the disease, the pigment and the ordinary cancerous elements become blended together in variable proportions, giving to the mass the different shades of colour that have been mentioned. This view is quite reconcileable with the opinion before expressed, that the malignant qualities of melanosis are due, not so much to the noxious influence of the pigment as to the reproductive and decaying tendencies manifested by the other elements with which the pigment is mixed: indeed it would seem from the case last detailed, that so long as the pigment only is present, no destructive changes take place.

Perhaps the pathology of melanic cancer may be thus expressed:—First, some deterioration takes place in the nutritive properties of the tissues, in consequence of which they become infiltrated or impregnated with grains of pigment. This condition may exist for a few hours, or for many years. It may be attended with scarcely any appreciable change in the affected tissues; it may be associated with hypertrophy of them, as in the case of the woman just related, or with atrophy and degeneration of structure. That degeneration sooner or later assumes the cancerous type; new products are formed, impregnated, like the parent tissues, with pigment, endued with much power of reproduction, and impressed with great tendency to decay, resembling, in short, both in general structure and qualities, those which are found in scirrhus and encephaloma. I do not mean to say that this order of things is invariably followed. Sometimes, no doubt, the pigmentary matter is a secondary product only, being superadded to the other elements of cancer which have been previously developed.

Gelatiniform or colloid, (from κολλη, glue,) cancer, consists of a substance like calf's-foot jelly, or glue, contained in the meshes of a fibrous stroma. The jelly-like substance has commonly a pale or straw colour; sometimes it is yellowish, brownish, or reddish. It is usually clear and transparent, but occasionally it is opaque, resembling curd or honey. Like the corresponding element of the other varieties of cancer it contains nucleated cells in the several stages of their development. The cells present a general similiarity to those found in scirrhus and encephaloma, being, for the most part, spherical or oval, containing two or more nuclei, and floating in a fluid which contains nuclei, granules, &c. In some cases the granules and nuclei only can be discovered; and in some the jelly-like substance appears to be quite structureless, containing only a few fine molecules. The tissue of which the fibrous stroma is composed differs, according to Bennett, from that of scirrhous and encephaloid cancer, in not containing permanent nuclei, or affording any evidence of being developed from nuclei or cells, but appearing to be formed by precipitation alone. It is freely supplied with blood-vessels, which often present a beautiful appearance, ramifying in the delicate fibrous septa which enclose the gelatinous substance. The fibrous septa are so arranged as to form loculi sufficiently large to be visible to the naked eye, varying from the size of a grain of sand to that of a pea or nut. They are commonly thick, and tolerably distinct; but in some parts, more particularly near the surface of the tumour, they are very delicate, scarcely or not at all perceptible without the aid of a lens, and the mass then presents a granulated or finely nodulated appearance, very much like gum Arabic.

The gelatiniform cancer presents very much the same general features as the other varieties of cancer. It invades and destroys the natural tissues, and itself undergoes spontaneous disorganization. Respecting the mode in which disorganization takes place there is some uncertainty. Inasmuch as the jelly-like contents of the loculi commonly present the same degree of transparency and softness in every part of the tumour and at every period of its growth, it would seem that the breaking down of the mass must depend either upon some changes going on in the containing stroma, or upon

the jelly-like substance being produced in such quantities as to burst the septa that enclose them. The large quantities of fluid which are not unfrequently found to have escaped into the abdominal cavity from these tumours situate on its wall may be thought to favour the latter view.

The disease is most frequently observed in women, affecting principally the abdominal organs, the stomach, omentum, the ovaries and the peritoneum. It has also been met with in the bones, in the walls of the urethra, the mammary gland, and the uterus. It may form a solitary tumour, or it may be infiltrated into the tissues; and, like the other varieties of cancer, it is often attended, in its early stages, with a hypertrophic condition of the tissue which it infests. Thus, in a case of colloid cancer of the stomach, described by Dr. Walshe, where the morbid structure was chiefly developed between the cellulo-fibrous and mucous tunics, some of the colloid loculi were observed to extend into an elevated production, which consisted of a fold of mucous membrane in a state of hypertrophy. "Hence it appears," writes that author, "that the mucous membrane, previously hypertrophous, may, as well as the cellulo-fibrous and mucous tunics, become the nidus of the diseased formation. M. Cruvelhier has made a similar observation, for he remarks that the fungous vegetations observed in the substance, or in the confines of gastric colloid, are mucous papillæ prodigiously enlarged."

There are no very marked symptoms which indicate the peculiar nature of the disease during life; indeed it has, in most instances, not been discovered till after death. In several cases where it affected the peritoneum, growing quickly and causing great distension, distress and embarrassment of respiration, fluctuation has been felt, and tapping resorted to, under the impression that the disease was ovarian dropsy, or ascites. Nor has the mistake been then always discovered, for in some cases a considerable quantity of fluid which had escaped from the growths into the cavity of the abdomen has been evacuated, and temporary relief afforded.

A cursory examination of these specimens from the museum will give you a better idea of the disease than any description. Its characters are so well marked, that having once seen an example you will be able to recognise it again without difficulty.

Here is a great mass of gelatiniform cancer which originating in the submucous or muscular coats of the stomach, near the pylorus, has burst through and destroyed the mucous membrane to a great extent, so that the granulated surface of the mass is exposed naked in the cavity of the stomach. It was taken from a man aged 40, who had long suffered dyspeptic symptoms and recurrent jaundice, but no sickness or passage of blood. The tumour had been felt during life, but its nature was uncertain.

The series of preparations which I here show you furnish examples of the disease in several organs taken from the same patient, a woman, aged about 50, who died in the hospital with abdominal tumours. The lower part of the uterus and the upper part of the vagina are quite destroyed, and their place is occupied by a transparent jelly-like substance, disposed in the cells of a delicate, reticulated, fibrous structure. These cells vary in size, being generally small. The surface of the mass is granulated, the component granules being set closely together, and adherent to one another, without any intervening membrane that the eye can detect, though the presence of a membrane may be inferred from the fact that fine vessels carrying red blood can be seen ramifying between them. In the substance of the mass, near the surface, are several opaque, white, soft, spots, like curd. The surface was covered by transparent viscid fluid. The disease does not terminate quite in a defined manner, for the lower part of the body of the uterus in contact with it is, for about a quarter of an inch, infiltrated with gelatinous granules. The vagina terminates in an irregular ulcerated edge close to the tumour, and small gelatinous granules occupy its substance for a short distance below this. I believe the patient was not known to be suffering under disease of the os uteri during life. In this instance the dissemination of the morbid product among the tissues adjacent to the tumour, and the disappearance of those tissues as the disease advanced, is very clearly shown. It is pretty certain that the process of disintegration was going on at the surface of the tumour; nevertheless the exposed granules are quite transparent, and present the same appearance as the other parts of the tumour.

In this portion of omentum, taken from the same patient, are several gelatinous grains and small, firm, nodulated masses, composed, apparently, of an aggregation of these grains, and looking very much like lumps of gum Arabic. The peritoneum covering the viscera and lining the abdominal walls was generally healthy. There were, however, under the diaphragm several circular or oval slightly-raised patches, about the size of a shilling. They had a peculiar appearance, from the central part of each being pitted, or reticulated, as though interstitial removal of fragments by absorption or ulceration had taken place.

These sections of ovarian tumours, from the same woman, are interesting, because they present at some parts the appearance of the ordinary cystic disease of the ovary, and at others that of gelatiniform cancer; moreover, they show such a gradation between the two diseases as to prove that, in this case at any rate, there is a very intimate relation between them. So again in this thyroid gland, which was also taken from the same woman, and which presents the ordinary appearance of bronchocele, the cut surface in some places so closely resembles galatiniform cancer that I suppose we must allow it to be a specimen of that disease. Unfortunately, no microscopical examination of these specimens was made, so that I content myself with simply alluding to the confirmation they appear to offer of those views of the nature and origin of cancer which I have laid before you.

In the course of lectures which is now concluded it has not been my object to give you systematic instruc-

tion in each of the several diseases that fall under the cognizance of the surgeon, so much as to communicate to you a knowledge of the general principles of the pathology of those diseases, and certain general rules, founded upon that knowledge or suggested by experience, which may be your guide in their treatment. The details of the symptoms and treatment of particular diseases have, with few exceptions, been left to be supplied by clinical instruction and observation. Neither, on the other hand, have I entered into that wide domain of pathology which, to speak in general terms, includes the morbid conditions of the circulatory and excretory fluids—a subject of fundamental importance and of daily increasing interest to the surgeon no less than to the physician—because I am aware that it is very fully brought before you in the lectures of the Regius Professor of Physic.

I have repeatedly had occasion to remind you that disease is but a result of some modification of the natural processes of nutrition; that the presence of fresh materials and the operation of new forces are by no means implied by its existence. However heterogeneous the morbid product may appear, however different its course may be from that impressed upon the natural structures, and however destructive to the neighbouring tissues and to the well-being of the body it may prove, nevertheless its nutrition is conducted on the same plan, and it follows in its growth and decay the same general laws as the normal constituents of the frame. Nay, more, I have endeavoured to give you reasons for believing that the greater number, if not all, the tumours, instead of being "new formations," as hitherto regarded, are in reality only hypertrophic conditions of circumscribed portions of the original tissues. Should more extensive and more accurate observation prove this view to be correct, much will have been done to simplify our ideas of the pathology of these masses; and when we reflect on the great advances in modern pathology effected by those who have directed attention to the diseases depending upon imperfect nutrition, it is surely not unreasonable to expect that the converse state of nutrition will prove to be highly, if not equally, deserving attention. Accordingly, a very large share of our time has been devoted to the consideration of the two great subjects, atrophy and hypertrophy. I may have appeared to lay too much stress upon them, and to have stretched them a little too far, in forcing them to embrace so many and such various products. But the more I reflect upon the matter the more convinced I feel that the *plus* and *minus æquo* of nutrition are of most extensive influence. Sometimes, indeed, I am almost disposed to think that a more accurate and deeper knowledge of physiology may enable us to arrange all morbid products under one or other of these two heads. To attempt this, however, at present would be giving generalization an undue precedence of investigation, and would savour too much of that tendency to bend facts into an accordance with theory, which is so detrimental to the true progress of science.

ABSCESSES IN THE RIGHT LOBE OF THE CEREBELLUM,

WITH CARIES OF THE PETROUS BONE.

By W. BUDD, M.D.,

PHYSICIAN TO THE BRISTOL INFIRMARY.

Read at the Quarterly Meeting of the Bath and Bristol Branch, Oct. 2, 1851.

George Bell, aged 13, of spare habit and delicate appearance, but never before the subject of serious illness, was laid up in the beginning of June, 1851, with an attack which was at first considered to be one of simple fever. Two circumstances were, however, remarked, which the sequel showed to be of great importance. These were, severe headache *chiefly confined to the right temporal region*, and a slight *discharge from the right ear*, with some deafness on the same side.

For the relief of these complaints leeches were applied to the temple and behind the ear, followed by a blister to the same spot. Salines and a few gentle doses of mercury were given internally. Under this treatment the pain abated, the febrile symptoms entirely subsided, and in the course of a few days the boy was able to return to school and resume his usual occupations. The pain in the temple, however, never entirely ceased. It was described as a dull pain, occasionally attended with *throbbing*. Up to this time there had been no vomiting, and no disorder in the motor or other powers of the nervous centres.

On the 12th of June he was again laid up, and on the following day Mr. Tribe, his usual medical attendant, was sent for. The pain of the head had once more become severe and abiding. It was limited still more strictly than before to the right temple, occupying, according to the patient's own description, a space not broader than a crown piece; it was not acute or lancinating. There was still considerable deafness of the right ear, but the discharge had ceased. In addition to this, a new symptom of great significance had made its appearance. Two days previously the speech had become thick and indistinct, and was now, at times so imperfect as to be almost unintelligible. Mental faculties unimpaired; memory accurate; no strabismus; no lateral or other deviation of the tongue; no sickness; pupils somewhat dilated, but equal and sensitive, vision good. No heat of surface; no thirst; extremities rather cold than otherwise; tongue moist but thickly coated; bowels torpid. Pulse about 100 in the minute, weak and fluctuating. Complexion pale; countenance deeply marked with the stamp of suffering.

On the following day it was observed that his gait had become insecure, and in particular that there was some dragging of the *right* leg. The face, also, was drawn, but to which side was not noted. The pain of the head had extended itself across the forehead, and the patient had become drowsy. He had also *vomited* several times, rejecting everything as soon as taken, with the exception of milk, which sat well on the

stomach. The bowels had been freely acted upon by an aperient, administered the day before.

Under these circumstances it was decided to put the patient speedily under the influence of mercury, and to employ extensive counter-irritation. With this view, three grains of blue pill were given every four hours, and a blister was applied to the nape of the neck.

On the following day four grains of iodide of potassium were given with each dose of the blue pill, and a blister was applied to the shaven scalp.

On the 16th the pain had extended to the back of the head, and there was at times double vision. The vomiting and drowsiness continued.

On the 17th, that is to say, the fifth day after the relapse, marked amendment set in. The pain had much abated, being felt in fact only when the head was moved. The utterance had become much more distinct, and the deviation of the features had disappeared. The drowsiness had ceased, and the vomiting had become much less frequent. There was still, however, some slight thickness of speech, occasional double vision, and irregularity of pulse.

On the 19th he had so much recovered as to come down stairs, and on the 20th he dressed himself and came down without help. During the greater part of this day he amused himself with his pencil, and several complicated heraldic drawings executed with a firm and clear outline, which are still extant, show better than any other evidence how entirely the right arm had recovered from the loss of power with which it had been affected.

Up to the 1st of July the amendment had suffered no check. On that day he was down stairs and running about, and quite cheerful. It is worth notice, that he occupied himself a good part of that day with a box of carpenters' tools, and that he handled them with his usual freedom and effect.

As the changes found on examination after death, when coupled with the history already given, leave no doubt that at this time one, if not two abscesses, of considerable size, existed between the folds of the right lobe of the cerebellum, such an amount of recovery as this must be looked upon as a very remarkable circumstance, and as one which might readily lead an incautious practitioner to give a favourable prognosis. The only trace of cerebral disorder that still remained, was some slight thickness of speech.

The hopes that had been raised by this favourable change, were, however, swept away on the following day, the 2nd of July, by a return of the former symptoms, in still greater violence than before.

On the 3rd of July I saw him for the first time, in consultation with Mr. Tribe, to whom I am chiefly indebted for the notes of the case.

The condition of the patient was then very striking, and characteristic of severe intracranial mischief. The pain in the head, at all times severe, was occasionally so acute as to extort moans and cries. A very remarkable characteristic of the pain was the intense degree to which it was aggravated by any, the slightest, movement of the head, voluntary or communicated. The dread he showed at every such attempt could not be readily forgotten by any one who had once witnessed it. The chief seat of the pain appeared to correspond with the base of the occipital bone on the right side, although, in less severity, it affected the whole head. His brow was deeply knit, and his whole aspect bore the impress of great suffering. He was very drowsy, withal, so that his whole time was divided between dozing and acute pain. He yawned frequently. His pupils were much dilated, but equal and sensitive, and he was very intolerant of light. There was no discharge from the right ear, and with that ear he could hear the ticking of a watch at the distance of several inches. Everything he took, whether in the shape of food or medicine, was vomited as soon as swallowed. The pulse varied, but at the time of my visit gave only forty strokes in the minute. The belly was deeply sunken and retracted; the skin peculiarly dry and harsh. The grasp of the right hand was thought to be somewhat less firm than that of the left, but there was no impairment or loss of motor power (in the way of paralysis, that is,) in any other part. His mind was clear, and memory good. His speech was thick, but sufficiently intelligible. There had been no fit or convulsion from the first. The urine was scanty, and of high specific gravity, throwing down on being boiled, a precipitate which was immediately redissolved on the addition of nitric acid. The tongue was coated with a thick yellow paste. From this time to the 7th of July there was little change, except that the vomiting became gradually less urgent. On that day, to the surprise of all, he began, for the third time, to mend; the pain in the head abated, the drowsiness lessened, and the sickness became less and less frequent. From this time he steadily improved, and on the 13th July was so much better, that it was agreed I should suspend my visits for some days. The head was now almost free from pain, he moved with ease and freedom, and the vomiting had quite ceased. His utterance had become much clearer; his tongue much cleaner; he began to take light nourishment, with relish; his bowels, for the first time, acted without medicine. Although there was nothing amounting to paralysis, he had still a more perfect use of the left than of the right arm, so that he fed himself, for instance, by preference with the left hand.

On the 14th he was put in a warm bath, which he enjoyed much, and on being taken out he stood for some time, leaning for support against his father's shoulder. This amendment was of short duration.

On the following day he became much worse. Several times during that day he was seized with severe paroxysms of pain, lasting many minutes. During this time the eyes were fixed, the pupils became gradually more and more dilated, and presently the agony merged into unconsciousness. He then lay for some time in a state of deep stupor, from which he gradually recovered. Although there was no convulsion, each of these attacks was followed by great exhaustion.

From this time he lingered, with very little change, and no new phenomena, until the 17th July, when he

expired, rather suddenly, after one of the paroxysms just described.

The powers of the left hand and arm were unaffected throughout, with this single exception, that for a short time on the 9th of July the fingers were spasmodically bent on the hand. He helped himself to a cup of coffee without difficulty with that hand about half an hour before his death.

The principal agents employed in his treatment were blisters, and mercury both internally and by inunction. Latterly opiates were given to lull the pain, and alkalies for the sickness, but these last had little or no effect.

The body was examined twenty-six hours after death. On opening the head the ventricles of the brain were found to be enormously distended with perfectly transparent serous fluid; the quantity was not measured, but must have amounted to at least half a pint; one of the ventricles was, in fact, accidentally opened by the saw, in removing the scull-cap, although the brain was by no means deeply wounded. The convolutions of both hemispheres were so much flattened by the pressure, that the sulci between them were entirely effaced. On pursuing the examination, the explanation of this state of things was found in the condition of the venæ Galeni, which were flattened, and contained no blood; the return of blood through them had been obstructed by the pressure of underlying disease, and dropsy of the ventricles had resulted. A few transparent, and very minute granulations, which were only visible when looked at obliquely, were scattered over the arachnoid at the base of the brain. With this exception the state of the cerebral membranes, whether of the surface or ventricles, was perfectly normal; they presented no trace of inflammation, and the structure of the brain itself was sound. The inferior aspect of the right lobe of the cerebellum was attached to the *dura mater* by slight adhesions. On further examination this lobe was found to be the seat of three distinct abscesses; of these, two were situated between two of the deep folds which traverse the lower surface of the cerebellum. It is important in reference to the history of the case to remark, that their presence involved no breach of fibre or other structure, although from their size they must have exerted severe pressure on surrounding parts. One of them was about the size of a Spanish nut, the other would have easily contained a large walnut. Both were lined by a distinct membrane, of new formation, to which a layer of concrete pus of some thickness was adherent. These characters were best marked in the smaller of the two abscesses, which, if any inference may be drawn from such appearances, seemed to be the older of the two. The third abscess was still larger, and was formed at the expense of the substance of the cerebellum itself. The central part of the right lobe was almost entirely converted into pus, so that the whole of this lobe might be represented as a bag of matter, whose walls were formed by grey substance. The small portion of white substance still remaining was broken up, and consisted chiefly of diffluent pulp. At one point, corresponding to the root of the rhomboidal body, a small extravasation had occurred. This abscess was lined by no membrane, and had no definite wall, the part in which the suppuration was complete shading off gradually into broken-up nervous tissue. The pus it contained was also much more fluid than that of the other abscesses. From these characters there can be little doubt that it was the most recent of the three. The left lobe and other parts of the cerebellum were free from disease. On examining the interior of the scull itself, a yellow spot, about the size of a pea, was discovered over the petrous portion of the right temporal bone. The dura mater was here separated from the scull beneath by a thin layer of concrete pus lying upon the carious bone, but there was no trace of inflammation or other disease in the cerebral aspect of the membrane. Over this space the bone was destroyed in its whole thickness, so that on lightly scraping it with a scalpel the cavity of the tympanum was brought into view. This cavity was filled with opaque lymph, of a reddish yellow, but on the removal of this the proper bones and muscular apparatus of the ear were seen to be still in place. The tympanum was slightly thickened and opaque, but with this exception was sound, as was also the meatus externus. It was ascertained that the lungs were free from tubercle, and that the heart was healthy, but the other viscera were not minutely examined.

CASE OF EPIDEMIC MUMPS,

COMPLICATED WITH PAROTITIS, ORCHITIS, NEPHRITIS, ALBUMINURIA, CONVULSIONS: RECOVERY.

By JOHN BURNE, M.D., F.R.C.P.,

PHYSICIAN TO THE BATH GENERAL HOSPITAL.

Read at the Quarterly Meeting of the Bath and Bristol Branch.

The subject of this case was a young gentleman 12 years of age, of fair complexion, red hair, and in good general health. He was at school and was first seen by Mr. Giles, of Frome, on the 7th of November last, suffering from a slight cold and sore throat.

On the 10th, being the fourth day from the attack, the parotid and submaxillary glands were swollen, principally on the left side, but the health did not fail, the patient eating and going about as usual. Other boys in the school were also affected with the mumps at this time.

The swelling of the salivary glands persisted till the 22nd, (twelve days,) when it receded, and on the 24th the testicles became affected, the *left* chiefly. The tumefaction of the testicles subsided in the course of *two* days, and now a slight puffiness of the face was observed, and slight delirium was manifested during the night. On the following morning the boy was collected and cheerful, but in the course of this day there came on drowsiness, and at half-past five o'clock he was seized with violent convulsions and extreme restlessness, getting out of bed with great strength. The convulsions were frightful and continued nearly four hours, during which, first the right arm, afterwards

the left swung round with rapidity. The convulsions having ceased, the patient was left in a state of coma, there being complete insensibility and stertorous breathing.

My attendance being now requested, I reached Frome at one o'clock in the morning of the 28th, and saw the patient in consultation with Mr. Giles. I found him lying on his right side, comatose, the respiration thick, heavy, frequent, and stertorous; when roused, he opened his eyes and looked around vacantly; when asked, he gave his hand and put out his tongue, but relapsed immediately into the comatose state. The pupils were dilated; the pulse 124, rather sharp, but yielding; the tongue dry along the middle and much furred; the face had rather a doughy aspect, and, under the eyes, was œdematous, more on the right side upon which he was lying; the belly was tympanitic and the depending integuments of the right side puffy; the skin natural; the bowels open; the urine had been scanty for two or three days, and on the last occasion was passed unconsciously.

In regarding the character of the symptoms it struck me at once that the attack of convulsions was associated with an albuminous condition of the urine, but no urine being at hand, it could not be tested at this visit. The nurse was instructed to save any that might pass.

Already the patient had been bled to eight ounces, a mustard cataplasm had been applied to the scrotum, a blister to the nape of the neck, and a saline aperient administered. This judicious treatment having been adopted by Mr. Giles, and the coma having become rather less profound, it was determined to wait for a few hours the further effect of these remedies, the patient to take in the mean time a few grains of the bitartrate and nitrate of potash, and two grains of mercury with chalk.

At nine o'clock in the morning we met again and found the patient better in every respect. The coma had passed into tranquil sleep, and the boy being now awake, was sensible and coherent. The pulse was reduced to 108; the tongue moist; the belly less flatulent; and two greenish bilious dejections had passed, as also a small quantity of urine, of which about one ounce had been caught. He had taken farinaceous food. The urine being examined was pale and dingy, with a greenish tint and less refractive power than natural, characters indicating the presence of albumen, which, on the application of heat, was manifest, the urine becoming white and opaque.

From this evidence there could be no longer doubt that the pathological congestion of the salivary glands had been transferred, not only to the testicles, but also to the kidneys, and that the cerebral symptoms resulted from this complication. To the kidneys, therefore, our attention was directed

The remedies prescribed were dry cupping on the loins, bitartrate of potash in the dose of ten grains, every four hours, and chalk, with mercury, in the dose of two grains every night; and it was particularly desired that the surface of the body should be kept warm and the temperature of the chamber raised to about 65 or 70 degrees.

On the next day the albuminous condition of the urine was much diminished, and in twenty-four hours more had disappeared altogether; nor was it detected by Mr. Giles on any subsequent examination.

On the 3rd of December the boy got up, partook of some mutton, and saw his father for a few hours, after which there was some return of the head symptoms, as manifested by pain and confusion of ideas. This threatened relapse was met by Mr. Giles, by leeches, cold lotions, and aperients, and from this time the patient recovered without any further untoward symptom.

The foregoing case presents an ordinary example of epidemic mumps, in which the inflammatory affection of the salivary glands, attacking the left, more than the right side, was transferred to the testicles, the left particularly. The occurrence also of cerebral symptoms, in connexion with this metastasis, is not unfrequent, and has been the subject of remark by the few authors who have written on this disease. The chief interest which attaches to this case is the condition of the urine and kidneys in connexion with that of the brain—a connection not observed hitherto, as far as I know, there not being any allusion to the kidneys or to the albuminous state of the urine in the recorded cases of cynanche parotidea with metastasis to the brain. The great body of evidence which has been published since the discovery of Dr. Bright has confirmed his observation, and has left no doubt of the fact of the general existence of disease of the kidneys, where there is albumen in the urine, and of the additional fact of œdema, dropsy, coma, epileptic convulsions, and apoplexy supervening on, and being induced by, this condition of the kidneys and urine.

Without the convincing evidence of morbid anatomy in conjunction with observation during life, the concatenation and association of nephritis, albuminuria, and convulsions, as cause and effect, could not be maintained, so slight, and sometimes null, are the signs referable to the kidneys.

In the case now related there had not been any complaint of pain, uneasiness, or other sign in the lumbar region indicative of disease there. Nothing to call the attention to the kidneys. The presence of convulsions, the slight œdema under the eye, and the now known dependence of these phenomena on a special pathological condition of the kidneys, drew our attention to these organs, when the secretion of urine being found to be scanty, almost to suppression, and the urine itself albuminous, the precise nature of the case was revealed.

Looking at the course which the disease had taken, first, the affection of the salivary glands, which subsided, then of the testicles and kidneys, it may be concluded that the action set up in the testicles and kidneys was of the same character as that which was manifest in the parotids, namely, a pathological congestion, an inflammation, which constitutes the acute form of Bright's disease, designated by some late histological observers, *desquamative inflammation of the kidneys*, a term not free from objection, as it locates the inflammation in

the tubules, the product being degenerated epithelial cells and fibrinous casts. But, as I believe that in this acute form the proper tissue of the kidney is involved, if not the main seat, and that interstitial deposit takes place in it, as in the parotids and testicles, we may be safe in regarding the nephritic attack as an acute pathological congestion, and, as such, amenable to an antiphlogistic treatment—a point of much practical import.

Albuminuria, a main diagnostic feature in the present case, occurs also in the other form of Bright's disease, named by Gluge *stearosis*, on account of the deposition of oil-globules in the epithelial cells of the urine tubules; but this form, being chronic, does not bear on the subject under consideration.

The cerebral symptoms, regarded as arising from inflammation of the kidneys, and the consequent suppression of urine, would urge the necessity of vigilance during the course of a disease so prone to metastasis, and of attention particularly to the quantity of urine, as also to the testing of its character; and should the quantity prove to be slight, and albumen to be present, we should then not hesitate to abstract blood as the best means of arresting the threatened or existing nephritis, and of preventing the occurrence of cerebral symptoms. The abstraction of blood from a vein, and locally, is most essential, and next to it the use of diaphoretics; but mercury is admissible only as an alterative, general experience having shown that it aggravates rather than relieves, and on some occasions even produces the disease. It is important, moreover, that the surface of the body should be kept warm by suitable clothing, and that the temperature of the chamber should be regulated, especially in the cold season; and indeed, in every case of mumps, the patient should from the onset be confined to the house, exposure to vicissitudes of temperature being the frequent exciting cause of metastasis.

28, Brock Street, Bath,
October 1, 1851.

ON

THE TREATMENT OF HABITUAL OR CHRONIC CONSTIPATION.

By HENRY COLLETT, Esq., Worthing.

Habitual or chronic constipation is one of the most common amongst the miseries of human life: it is a "thorn in the flesh" to thousands of sufferers, while also it is a source of revenue to a vast number of advertising vendors of antibilious, digestive, and other kinds of pills, the use of which serves but to increase the evils they profess to remove; the result is, that it becomes as necessary for the sufferers to resort to the daily use of pills as to eat food, to prevent all the physical and mental disquietude consequent upon dyspepsia from constipation. But this is not the whole of my reason for bringing the subject under notice. The cases which I shall relate will prove that many of the first authorities in our own faculty, in my humble opinion, have overlooked one of the most frequent causes of the complaint under consideration, and have failed in affording relief, while the very simple treatment which I propose, founded upon what I believe to be this cause, has been most successful and gratifying both to the patients and myself. Having been a sufferer myself I can speak the more feelingly upon my subject, for "*haud ignarus mali miseris succurrere disco*," and I feel satisfied, should the treatment be generally adopted where constipation, independent of organic causes exists, the habit of daily medicating would be entirely superseded.

Case 1.—Mrs. B., an interesting young woman, aged 23, married, with one child, consulted me under the following circumstances:—She was in every other respect perfectly healthy, but for three years had not been able to pass a motion without the aid of medicine. Sometimes the evacuations were scybalous, sometimes more or less fluid, but always scanty and void of proper form. Several attempts had been made to allow nature to perform her office, but obstinate constipation and much nervous and miserable discomfort were the invariable effects. Aperients and the enema were her only comforters. I learnt that she had consulted several eminent physicians and practitioners in Paris, in London, and in the provinces. All gave her some favourite aperient, until at last one told her that nothing but a miracle could cure her. Such were the unpromising features of the cases that I scarcely ventured to prescribe, but having my own case as a precedent I tried the plan here. I prevailed upon her to promise to discontinue all aperient medicines for a week, to leave off the use of white bread, entirely to eat brown bread (made of wheat meal, only partially sifted, for some is made of rye which I do not recommend) and drink a glass of cold spring water the last thing at night, and in the morning immediately on rising. She ridiculed my advice, but adopted it. The first day past and no evacuation, but the second day gave birth to a large well-formed stool, which gave feelings of comfort and satisfaction, to which she had been a stranger for years, and every day after she had a daily relief up to the time of leaving this neighbourhood, four months after the date of commencing the treatment, during which time she took only one dose of castor oil, because she thought herself bilious, but steadily pursued the diet recommended.

Case 2.—Mr. A., habitually constipated and constantly taking aperients for years past, adopted the plan above recommended, now passes large and healthy evacuations daily, without straining or any effort, and expresses himself so much relieved that he is recommending the remedy to numerous friends. On mentioning it to a physician of eminence, an intimate friend of his, his reply was,—"Oh! you are rasping your inside;" an explanation of the plan, which in the sequel, I hope to prove erroneous.

Case 3.—Mr. G., an artist, who came here in very delicate health, had for years suffered constipation, and taken aperients for many years at least three times a week, had consulted three eminent professional men in London, besides others, and at the time I saw him had taken the senna mixture every morning for three weeks, looked haggard, and care worn. I told him my plan and the success I had met with, which he followed. A month has passed, and he has not required any further aperient, having passed daily one or two large evacuations, and he is now looking comparatively healthy. I should mention that the rectum was in such an irritable state as to create great suffering with every motion. This has quite left him.

In Dr. Copland's Dictionary, eight causes are mentioned for constipation. I shall not state them, but refer to the work (Art.—*Constipation*) for the information. The one cause above-mentioned is not found among them, viz., imperfect distension of the intestine, (I am supposing that all the collateral functions are healthy,) and this I believe to be the most common cause of constipation.

When the physiology of the intestine is duly considered, it will be evident that certain conditions are necessary for the performance of its healthy functions, and these are specially a certain degree of distension by fœcal matter, and that of such a semi-solid nature as to be easily pressed by the contracting action of the gut. If the fœcal remains of digested aliment is so small as not to cause sufficient distension, or supposing the bowel distended sufficiently, but the contents so hard as not to be impressed by its peristaltic contractile action,* none or little onward movement will take place.

The diet of the English consists of white bread, meat, in larger or smaller quantities, and vegetables, mostly potatoes, &c., and much activity in the functions of digestion; for instance, "abundance of gastric juice," "active absorbent powers," added to the easy solubility of the above-named ingesta, may co-operate in preventing the "conditions" above alluded to, not affording sufficient excrementitious matter.

Now, it appears to me the effect of brown bread is to meet this difficulty. The portion of bran it contains is insoluble, and forms a frame work of the large fœcal formation invariably following upon its use, enabling the bowel to act naturally, and in addition, stimulating the exhalents mechanically, whereby an extra quantity of mucus is thrown out to assist its propulsion; also clearing the mouth of the lacteals, thus completing the operation of digestion in a healthy manner.

To meet the vulgar prejudices against the use of brown bread, viz, that it is less nourishing than white, I need merely state that the Scotch and North of England people, who are the strongest in our island, eat oatmeal, and that brown bread is nothing more or less than wheat meal, and I quote the following article on this subject from the *Lancet*, Feb. 10, 1849, shewing that there are "*nutritive properties in bran*:"

* Or as Blumenbach calls it, its undulatory contracting motion.

"M. Millon has communicated to the Academy of Sciences the result of some interesting investigations of his concerning the ligneous matter of wheat; whence it would appear that "bran" is a very nutritive substance. Though bran, doubtless, contains from five to six per cent. more ligneous substance than flour, it presents more nitrogenous matter, twice as much fatty matter, and, moreover, two distinct aromatic principles, one of which presents the fragrance of honey; and these are both wanting in flour. Thus (by sifting) impoverishing wheat in nitrogenous matter, fat fecula, aromatic and sapid principles, in order *to free it from a small proportion of ligneous substance.*

M. Millon, therefore, thinks that bran and meal ought to be ground over again, and mixed with the pure flour; and he has found, by repeated experiments, that this mixture yields a superior kind of bread, and free from the inconveniences of that bread which in some countries, and particularly in Belgium, is made with coarse meal.

I conclude this paper with another quotation extracted from an admirable article published in the *Lancet*, Dec. 19, 1846, by Dr. Robert Dick, on the use of bread. He says:—"The use of fine bread and the systematic exclusion of all *excrementitious non-assimilable* ingredients from our articles of diet, is nothing else than an attempt, as it were, to dispense with four-fifths or more of the alimentary canal—a long and important line of excretion meant to be continually active; and the torpor of, and the withholding from which its appropriate stimulus, (to wit, the excrementitious parts of our food,) cannot but be attended, sooner or later, with serious evils."

CASE OF OVARIAN TUMOUR.

COMMUNICATED BY W. H. BAINBRIGGE, ESQ., LIVERPOOL.

To the Editor of the Provincial Medical and Surgical Journal.

SIR,—The following is the substance of a communication sent to me descriptive of a case of ovarian tumour. As it involves points of much practical importance, I deem it desirable to publish it, together with my answer.

Having previously drawn the attention of the profession to this subject, I would take the opportunity of expressing my regret for having remained so long silent, as I feel that my medical brethren are justly entitled to the results of those cases which have subsequently come under my own immediate care and management.

I remain, Sir, yours very faithfully,
W. H. BAINBRIGGE.

Liverpool, 3, Islington Square,
September 18, 1851.

" * * * The history of her case was as follows:—She first discovered a tumour in the right

inguinal region, which appeared gradually to extend over the whole abdomen. She states that she has been tapped seven times, and that the necessity for the performance of paracentesis is now more frequent, the last operation having been performed only four weeks ago; that she had been seen by Dr. ———, who pronounced her disease ovarian; that the tapping never diminished the tumour on the right side. Emaciation was beginning, but her general health appears good. I thought this a favourable case for the operation, trusting to the opinion of those who had possessed the best opportunities of judging as to the real nature of the case. * * * * An incision was made through the abdominal coverings, and the dissection very carefully made, until a white glistening substance was discovered, which certainly looked like the cyst of an ovarian dropsy. It was not laid bare more than a quarter of an inch, as there seemed to be adhesions around it. A portion of lint was introduced, and strapping applied. This was removed this morning, (the fourth day); the adhesions *seemed* to be perfect. The appearance of the part was so altered, from incipient granulation, that no cyst could be *seen*, although we easily felt what was supposed to be the sac. The trocar was introduced, and nearly a pailful and a half of transparent straw-coloured fluid escaped, very unlike the contents of an ovarian cyst. After the flow a fluctuating swelling, as large as a child's head, was seen at the right side, upon which the operation had no effect. *This* at any rate is contained in a cyst. I was afraid of keeping the wound open, feeling some hesitation about the case, and therefore closed it. I wish to know whether it would be advisable to perform the operation on the tumour now remaining, the nature of which is perfectly clear? and whether, *supposing* the clear fluid evacuated to have been contained in a *larger cyst*, the operation on the smaller will have any effect upon it? If anything be done, it must be done *quickly*, as there will soon be reaccumulation, and then the difficulty of diagnosis will again recur.

" * * * *

" To W. H. Bainbrigge, Esq."

3, Islington Square, Liverpool.

My dear Sir,—I have your letter of yesterday, and, agreeably to your request, reply to it at once. The case which you have described is very interesting, and not an unusual one. If the cyst you have tapped is really *ovarian*, the tumour which became apparent on the right side, from the drawing off so large a portion of fluid as "*a pailful and a half*," is, in all probability, a smaller sac, and is contained within the one already evacuated; for I have never yet met with a case in which right and left ovarian dropsy existed simultaneously, nor do I think such an incident probable. Assuming, then, that your case is one of ovarian dropsy, unconnected with other disease, what you should have done was, to have left open the aperture made into the *larger cyst*, when thus by setting up a new action, and eventually a suppurative discharge, the *smaller tumour* would soon have disappeared. I am as satisfied of this fact as that I am now writing. I do not believe that such a thing exists in reality as an *unilocular* ovarian cyst; smaller ones are always to be found within the cavity, or rather, are surrounded by the fibrous coat of the one most largely developed; and if suppuration is once set up in the latter, by the means which I have already endeavoured to explain to the profession, the former will soon degenerate and slough off. I have on more than one occasion drawn out from the original opening portions of sac of sufficient size to form the outer wall of a cyst quite as large as the second tumour you describe, viz., "as large as a child's head." The only question as to your present case is?—Whether you have tapped an encysted or a common dropsy?—whether the trocar passed into an ovarian sac or into the abdomen. It is possible, and not unfrequently happens, that an ovarian cyst may be co-existent with dropsy of the abdomen. If this should prove to be so in your case, you acted wisely in immediately closing up the wound into the abdomen, and you did all that could be done to relieve your patient. If, however, on the other hand, the puncture was made into an ovarian sac, and the tumour which now remains is similar in character, it is a *most favourable case* for the operation and treatment I have advocated, and I should entertain no fears whatever as to the result.

I am glad you adopted the mode I recommended in the commencement of your operation, viz., by cutting down upon and exposing the cyst for some days before puncturing it. This procedure is, I am satisfied, the safest way of going to work, is far more simple than the plan I originally recommended, and by *thus* securing permanent adhesions of the sac to the abdominal parietes, prevents the possibility of any communication with the abdominal cavity.

A case which I operated upon in February, 1849, was precisely similar to the one you have described. She was a patient of a very intelligent friend, Mr. Pritchard, of Fairfield, near Liverpool; a woman of middle age, the mother of children, and was so emaciated and debilitated at the time that we resorted to the operation with great hesitation. She, however, recovered without even one bad symptom, and is now in perfect health, and capable of pursuing her ordinary laborious avocation, that of washing.

I have for some time past contemplated the publication of the above, and other similar cases, and your letter of yesterday strongly reminds me of the duty I owe to the profession that this publication should be no longer delayed. The delay, in truth, has arisen, not alone from the urgency of my professional labours, but also from other important matters, which have lately pressed so seriously on my time and attention, as to preclude the possibility of my doing justice to a subject of such great practical importance.

If, in the progress of your case, my further advice can be useful to you, you may command me freely.

I remain, my dear Sir,

Yours faithfully,

W. H. Bainbrigge

WHAT OUR ASSOCIATION MIGHT DO.

By C. RADCLYFFE HALL, M.D.,
Torquay.

For the "Provincial Medical and Surgical Journal."

No. I.

It is impossible for the most superficial reader of the works given to the world during the last ten years by such men as Budd, Paget, Hughes Bennett, West, Jenner, and Walshe, to avoid the gratifying conclusion that a great change for the better has taken place in the mode of dealing with medical inquiries. The day of medical hero-worship is gone by. Opinions are valued only in proportion to the facts on which they rest. The facts themselves are jealously scrutinised. What Professor A. B. *thinks*, is replaced by what Professor A. B. *has proved*. What *may be*, is neglected for *what is*. There is more of scientific candour than formerly. Working men in science are not afraid to avow their ignorance on given points, and seek not to cloak it in a cloud of verbiage. A metaphysical style of stating a fact is no longer mistaken for an explanation of it. Facts alone are allowed to dogmatise. The generalisation of facts is more cautious, and in the same degree more trustworthy than of yore.

In all this there is much of hope. In proportion as medicine is rendered more exact, in proportion as we can make use of physical aids in our practical investigations, and furnish physical proof of morbid action, and of the effects of treatment, will mystery disappear, scientific attainments receive their due, and quackery lessen. To percussion, the stethoscope, the tape, the spirometer, the chest-measurer, the balance, the test-tube, and the speculum, our obligations are great. These, however, are but the means. The spirit to use them is owing to the general change in philosophical investigation which has taken place in all branches of science. Nature is everywhere asked to interpret herself. Man having too long tried without her aid in vain. Content with bepraising the inductive method and its Great Introducer, we have too generally "known the right, and yet the wrong pursued." How far Nature will reply to judicious questioning, the results obtained by Faraday in physics, and by Louis and Jenner in medicine, sufficiently attest.

Let the reader refer to any statements made by these men. They bear on their very face the impress of truth and honesty. Let him then seek amongst writers on any variety of quackery for statements in like manner obviously and self-evidently true and honest. The search will be vain. The counterfeit coin has not the ring of the true metal. Even the most credulous non-medical reader of a homœopathic work, for example, can feel no intuitive conviction that what he reads is true. Hardihood of assertion may deceive him into thinking that the statements may be true, and that their writer may himself believe them. But he can see no proof of it, nor feel any decided conviction. He reads such statements as this—"Let it ever be remembered, *purging is poisoning*," (Epps on Homœopathy, 5th Edtn., p. 116,) and remembers how salutary the poisoning of a black draught, or of a visit to Cheltenham, has sometimes proved. And such "facts" as this:—

"A patient of mine, (Epps *loquitur*,) the Baron de Bode, was attacked with a severe illness in the year 1842. He was evidently in great danger. Among his symptoms was one of a feeling of a bruised condition of the chest, affecting his breathing, producing severe pain on taking a full breath, and attended with excessive prostration. I inquired anxiously whether he had received any wound, having been a general during the continental wars, and engaged in many battles. He said no; but on reflecting, remembered the following circumstance:—As he was sitting on horseback, watching the movements of the army engaged in battle, with his aid-de-camp at his side, a cannon ball passed above his horse's head and before his breast, and taking the aide-de-camp in its course, made, to use the Baron's own expression, "a complete rag-fair of him," cleaving his body asunder. The Baron experienced a shock, and his horse was so affected that he shivered, so to speak, as to go upon his knees. The excitement of battle banished all the rest, and he had not thought of the circumstance until I had thus brought the event back to his memory. I forthwith ordered arnica internally, and an arnica poultice externally, and the change was so rapid as to convert to homœopathy a most intelligent (!) friend of the Baron's, who had been watching the case with intense anxiety; the more so, because having no faith in homœopathy, he had the greatest fears on behalf of his friend." (*Ibid.* p. 207.)

Can we wonder that amongst the entire number of homœopathists in Great Britain there is but one who, before his seduction, had given to the profession any evidence of being a correct observer, and not one who had proved himself to be a judicious and trustworthy reasoner—not one who possessed, to any extent, the confidence of the profession? What single addition to the facts of science (leaving, for the sake of the argument, therapeutics out of the question) has any one of the homœopathists made? We know of none. New modes of dealing with our patients, as well as of prescribing, they have shown us; but that, like the rest, only in matters of lucre, not of science. A certain northern homœopathist, for instance, is said to be Ambidexter in the use of his weapons; being ready to treat a patient either homœopathically or according to the precepts of rational medicine, at the pleasure of the applicant. He, no doubt, feelingly appreciates the advice—

"Rem;
Recte, si possis, sed *quocunque modo*, rem."

We have dealt unfairly with true medicine, by suffering it to be designated allopathy. Allopathy and homœopathy,—each is a "pathy." How are the public to decide that the latter is anything meaner than one of the many medical doctrines on which differences of opinion are, and were more formerly than at present, entertained? Why should we disgrace medi-

cine by giving it a designation merely antithetical to homœopathy, as if the two were parallel but different? As well might we christen our science afresh in special contra-distinction to chrono-thermalism, hygiëism, mesmerism, or Parr's pillism. We ought not to speak of homœopathy as being medicine in any sense. We ought not to forget, if the novelty-seeking part of the public sometimes do, that rational medicine comprises the use of all the means for the treatment of disease which experience has sanctioned,—whether by administering large, moderate, or very minute doses, or no doses at all; by helping the disease on in its normal course *(similia similibus)*, or by opposing its tendencies and progress (*contraria contrariis)* ;—by leaving it alone and watching *(expectant treatment)*, or by supporting the powers of life whilst the disease runs its natural course; —by depletion or transfusion;—by heat or cold;— outward applications or internal remedies;—by exercise or quiescence, excitement or repose, strong measures or mild;—by remedies which chime in with a theory, or with no theory;—in a word, medicine comprehends the useful application of *all* the truths, whatever their nature or bearing upon theory, which the experience of all time has established to be serviceable in the treatment of disease. Truth, wherever it is found, if it relates to healing, belongs to it. With homœopathy it has, and can have, no connexion whatever. Let the term "allopathy," then, be disused. If medicine stand in need of a special name to distinguish it from its spurious competitors, let it be spoken of as rational medicine, or eclectic medicine, or be styled by any name that shall not place it, in sound even, on the same level with the most subtle, extensive, and Hydra-headed species of charlatanism that ever existed.

As a fashionable flag, under which a practitioner may prescribe anything or nothing, provided he avoid effects too marked and immediate,—under which he may gain the credit due to nature, whether unaided or secretly aided by medicines in appreciable doses, without appearing to the patient to be responsible for future chronic disease originating in neglected active disorder, homœopathy will probably outlast many of the other forms of quackery. In all impostures upon the public, the greatest ever succeeds the best. But truth must, in the order of things, eventually prevail; indeed, in innumerable instances the duped have already seen the fallacy which misled them. And equally certain is the converse, that nothing but truth can ultimately maintain its ground. Consider how few of our own legitimate works on medicine have lived, or are destined to live, in comparison with the legion forgotten, or to be forgotten. The ephemeral book is a book more of opinions than facts. It may be true, but it contains not the proof of its truth. The book to live contains minute facts honestly observed, which once proved are true for ever.

We want more facts still, and fewer mere opinions; as much true theory as may be, so long as it is sufficiently substantiated by facts, and less of unsupported speculation. Even for the mere advancement of our profession, and with it of ourselves, above competition with quackery, truth must be our polar star. There is but one mode of attaining it,—by work. And do we not work; and have we not worked? Does any other profession work so hard for its daily bread? Does any other profession present so many energetic labourers, striving by night and day, for years unknown it may be, to gain an honourable scientific position? Is it not work for one labourer, for sixteen years, to note down constantly minute observations in auscultation, in order to distinguish physical signs as they are in nature, from physical signs as they have existed in the imagination? Is it not work for another to spend from four to eight hours a day, barring the time of certain illness from contracting fever, in minutely examining and noting down cases of continued fever, in order to decide, once for all, what are the facts concerning it, as it at present exists? Or, whether is it the easier—we will not ask, whether is it the more lucrative—to advertise capabilities as an aurist, or to dissect and examine minutely fifteen hundred organs of hearing, to distinguish the facts from the guesses concerning the pathology of the internal ear? Truly, no other profession furnishes so many individual hard workers.

The first thing which every member of the Association might do is, to avoid desecrating his noble science by the use of a false and undignified nickname.

Provincial Medical & Surgical Journal.

WEDNESDAY, NOVEMBER 12, 1851.

We publish at a further page a letter from Dr. Robertson, late Assistant-Surgeon to the Military Lunatic Asylum at Yarmouth, which touches upon a subject of considerable importance to the interests of Military Medical Officers. We may be thought to take a very strange position, and shall doubtless earn for ourselves the indignation of every Martinet; but nevertheless, do not shrink from stating our opinion, that it would be far more conducive to the welfare of the service, if medical promotion were made to depend upon merit, and not mere seniority. The adherence of the present custom must, in the nature of things, be detrimental to the professional character of the Army Surgeon, as it leads him to be content with mediocrity of acquirements, for the plain reason, that the greatest superiority in knowledge, does not one whit advance his prospects; that, in fact, the most incompetent persons may, as opportunity offers, be, as a matter of course, placed over the head of the most talented and industrious officer if a few years his junior. This is the gravamen of Dr. Robertson's charge against

the Secretary-at-War; and a fair one it is, in our opinion.

Now, without reference to the particular circumstances of the case which calls forth these remarks, and which has caused the loss to the army medical service, of a gentleman distinguished for great general cultivation of mind, as well as by more than common professional merits, we here venture to advocate an entire change in the system which has hitherto regulated medical promotion in the army. We would not cavil at the manner in which advancement takes place among the fighting officers. To gallop at the head of a charge of cavalry, to lead forlorn hopes, and even to go through the more complicated evolutions, require but little intellectual eminence, and therefore promotion by date of commission is as good as any other, and far better indeed than the unjust system of purchase. But we submit that, in the discharge of the onerous and responsible duties of army surgeon, something more is requisite, and that the lives and limbs of our brave soldiers, depending as they do upon the scientific acquirements of those to whom they are committed, ought not to be placed under men, whose only claim is that of years, while others, it may be, of ten times their information and experience—for experience is not necessarily a matter of wrinkles and grey hairs—are left in a subordinate position. But if it be conceded that such a regulation is injurious, where surgical knowledge alone is necessary; the objection holds with increased force, when, as in the present instance, a speciality in professional experience is in question, and that speciality, moreover, involving the presumption of a form of information, which comparatively few army surgeons have the opportunity to acquire.

The treatment—medical and moral—of diseases of the mind, is always considered in the profession at large, as a duty of so responsible a nature as to necessitate a careful study directed to that particular subject; and, therefore, even in civil life, the care of lunatics is generally confided to persons who have devoted their attention specially to this melancholy affliction; how unseemly then is it, to use no harsher term, that the poor lunatic of the army, whose reason has perhaps been overthrown by the very circumstances of his perilous life, should be turned over as a matter of course, to a man who may have never witnessed, much less treated, a case of mental aberration; and this simply because he happens to have seen a certain number of years' service.

If there be one branch of professional practice, more than another, which requires special qualifications, it is this; and it is neither fair to the patient nor to the service, that those who possess these qualifications should be set aside, in order to comply with a regulation which, in this particular instance at least, would be more honoured in the breach than in the observance.

These observations are not the result of any personal feeling; the present superintendent of the Yarmouth Military Lunatic Asylum, we do not doubt, is well fitted for his duties, and so perchance may be the person who is destined to be Dr. ROBERTSON's successor; but we reiterate our conviction, that on general grounds, the Secretary at War would do well to contrive that such men as Dr. ROBERTSON be not lost to the service, from the feeling that their qualifications are not appreciated, and that the most diligent professional study does not give him the smallest advantage over the veriest dolt whose commission may date a few years earlier.

IN the recent movement against homœopathic follies and impostures, the agents have been the fully educated and practised medical practitioners; we are glad to find, however, that the *debutants* in legitimate medicine are equally determined to be free from the stain of quackery, and most properly look upon even the signature of a homœopath as a disgrace to their diploma. We cannot too highly commend the high spirit which dictated the following protest from the candidates for the M.D., at St. Andrew's.

"*To the Rector and Senatus Academicus, University of St. Andrew's.*

"We, the undersigned candidates for the degree of Doctor of Medicine in this University, having understood that our diploma will probably be signed by the Professor of Civil History, who is an avowed homœopathist, and holding as we do the opinion that the doctrines of Hahnemann are utterly irreconcileable with common sense, and with those medical tenets in which we have been educated, and which we trust will ever guide our professional career, respectfully request of the Senatus Academicus, that they will adopt such measures as they may deem expedient for the purpose of preventing that desecration of our diplomas which we consider would be inflicted upon them if a homœopathic signature were affixed thereto.

(Signed) "JOHN BROWN.
"JOHN COWIE.
"H. WATSON.
"EDWIN HUMBY."
&c. &c. &c.

This is indeed a noble set off against the unwitting grant of the diploma, under the disgraceful circumstances some time since alluded to, and shows unmistakably, that if St. Andrew's has unfortunately a homœopathic professor foisted upon her, she is alive to the dishonour, and will not falter in her endeavour to be relieved from its cause.

Reviews.

On Diseases of the Mucous Membrane of the Throat, and their Treatment by Topical Medication. By Wm. R. Wagstaffe, M.A., M.D. London: Churchill. 1851.

The intention of this little book is to exhibit the advantages of local treatment, in many diseases of the mucous membranes of the air passages, which are too often under the blister and ipecacuanha system allowed to subside into serious chronic affections. There is no originality in the methods proposed, the author having simply adopted the treatment by lunar caustic, first brought prominently before the profession by Dr. Horace Green, though previously employed, to a limited degree, by Bell and Trousseau. The diseases in which the author finds this treatment most efficacious, is in the relaxed and thickened condition, with hypertrophied follicles, of the mucous membrane, so often the result of repeated attacks of catarrh; also in hooping-cough and in croup. The solution used by Mr. Wagstaffe is one of argenti nitras, forty grains to the ounce, which is introduced to the glottis, and even through it, by means of an instrument devised by Dr. Green, consisting of a small piece of sponge attached to a whalebone handle. We can recommend a perusal of this book, from which some valuable hints may be extracted in reference to this particular mode of treatment.

The Prevention and Cure of many Chronic Diseases by Movements, &c. By M. Roth, M.D. London: Churchill. 1851.

Considering the amiable *empressement* with which every new mode of curing every disease is introduced into this highly-favoured country, it is really a wonder that there should be any necessity for bills of mortality; but some how or other, spite of the disinterested endeavours of the inventors and discoverers of new systems, death marches on much as usual. This is to be regretted. Here we have the "latest novelty of the season," as Messrs. Howell and James would say, and we will do it the justice to say, that in extent of promises it is no way behind its hydropathic, homœopathic, and mesmeric predecessors. Our readers, perhaps, may be somewhat at a loss to conceive how many diseases with which they are familiar are to be cured by movements, and would like to have a description of a method so opposite to what they have been accustomed. We will select a few for their inspection.

"*Acute œdema of the lungs, and incapability of expectorating.*—Put the patient in an upright position, shake his shoulders, knock his back, excite him to expectorate by screaming in his ear, and remove the mucus from the fauces by the finger."

"*Adhesions of the pleura* are treated by frictions in a straight line, on both sides of the chest, alternating with a vibration round the thorax, while the patient keeps his arms raised and fixed."—p. 215.

There is a little mesmerism in the process also; witness the treatment of—

"*Fainting:—Awakening passes** on the forehead, frictions of the limbs, horizontal position, passive raising of the arms above the head."—p. 217.

We poor benighted doctors find some difficulty in causing absorption of exudations into the pericardium. Here is the treatment of M. Roth:—

"The resorption in the pericardium is increased by very slight percussions with the palms of the hands, in different directions, on the side of the chest."—p. 217.

To cure gonorrhœa the prescription is:—

"Percussion on the sacrum, in the stride standing position. Transversal chopping on the neck in the sitting position. Pressure on the pubes in the lying position, with elevated back, while the separated and bent legs are drawn towards the abdomen; and, lastly, vibration of the perineum in the same position."

The above extracts will, we think, be sufficient to display the character of this extraordinary book. Had the author been content to enlarge in general terms upon the advantages of a well regulated system of gymnastics, in the invigora-

* The italics are ours.

tion of the frame, and the *prevention* of diseases arising from enfeebled and cachectic habits of body, instead of making a quackery of the thing, as he has done, he would have deserved the thanks of the profession; but when he tells, in seriousness, that the diseases we have mentioned are to be cured by the harlequinades he describes, he lays himself open to just ridicule, and what is worse, throws a stumblingblock in the way of his readers, which may chance to prevent their appreciating the very infinitesimal portion of what is really useful in his book.

Talking of "infinitesimals," we may also state, that when Dr. Roth condescends to resort to medicine, homœopathy is his chosen handmaid. In this he is wise, for if any discussion should arise as to the respective merits of the two "pathies," then it would be difficult to determine which is the most ridiculous. We should, however, in that respect, decidedly give the palm to homœopathy.

Proceedings of Societies.

MIDLAND DISTRICT BRANCH.

Report of the proceedings at a meeting of medical practitioners held at the Town Hall, Derby, November 6th, 1851, for the purpose of establishing a Midland District Branch of the Provincial Medical and Surgical Association.

SIR CHARLES HASTINGS, M.D., IN THE CHAIR.

Present:—Dr. Williams, Nottingham; Dr. Bent, Dr. Heygate, Dr. Goode, Dr. Johnson; Messrs. D. Fox, W. Johnson, Fearn, Gisborne, Greaves, Evans, Jones, Borough, C. Harwood, Bell, Boden, Walker, Tasker, Stone, Hollis, Darby, Norman, Cope, Willis, Mason, Walker, and Cantrell.

The President, in an opening address of some length, explained the general objects of the Association, and with much eloquence and force dilated upon the advantages which have been found to accrue from the establishment of District Branches; after which it was

Moved by Dr. Williams, of Nottingham, and seconded by Mr. Cantrill, of Wirksworth,—

"That it is the opinion of this meeting that it is desirable to form a Branch of the Provincial Medical and Surgical Association, to be called the *Midland Branch*."

Moved by Dr. Heygate, F.R.S., and seconded by Mr. Douglas Fox, Mayor of the Borough,—

"That Dr. Bent be, and he is, hereby appointed the first President of the Midland District Branch of the Provincial Medical and Surgical Association."

Proposed by Mr. Gisborne, seconded by Mr. Tasker,—

"That Mr. Fearn be, and he is, hereby appointed Honorary Secretary of the Midland Branch."

After a discussion, in which it was deemed desirable that the Counties of Nottingham, Leicester, and Lincoln, should be included in the Midland District Branch, it was

Moved by Mr. Jones, and seconded by Dr. Goode,—

"That a Committee of three members for each of the county towns be this day formed, to draw up the laws of the District Branch, and to transmit them to the Central Council of the Association at Worcester for confirmation; and that a general meeting of members be held at Derby the first week in December, to receive the report of the Committee, to elect the officers and Council for the ensuing year, and to receive such medical and surgical communications as members may be disposed to contribute. The Committee are also requested to consider whether a Secretary and Council should not be appointed in each town to manage the affairs of the District Branch. That Dr. Bent, the President, and Mr. Fearn, Secretary, be *ex-officio* members of the Committee. That the following be also members of the Committee:—

Derby.—Dr. Heygate, Mr. Douglas Fox, and Mr. Gisborne.

Nottingham.—Dr. Williams, Dr. Hutchinson, and Mr. Darby.

Leicester.—Dr. Shaw, Mr. Paget.

Lincoln.—Dr. Charlesworth.

That the Committee be requested to communicate with the profession in Leicester and Lincoln, to ascertain whether they are willing to join the District Branch, and also to fill up the vacancies in the Committee."

Proposed by Mr. Fearn, seconded by Mr. Willis,—

"That a circular embodying the resolutions of the meeting be sent to every member of the profession in the four counties included in the Branch Association."

A letter was then read by Dr. Heygate from Dr. Hitchman, of the Derby County Lunatic Asylum, expressing his regret that he was unable to attend the meeting, and kindly offering to read a paper "On Epilepsy" at the first meeting of the District Branch.

A vote of thanks to Sir Charles Hastings for his able and courteous conduct in the chair, having been proposed by His Worship the Mayor, and carried by acclamation, and Sir Charles having responded in an eloquent and feeling address, the greater part of the meeting adjourned to the Royal Hotel, where an excellent ordinary had been prepared for them.

About twenty new members of the Association were enrolled at the meeting.

BATH AND BRISTOL BRANCH.

The Quarterly Meeting of the Bath and Bristol Branch Association was held at the York House, Bath, on the 2nd of October, 1851, under the Presidency of Dr. Symonds.

There were present,—Dr. W. Budd, Dr. W. C. Fox, and Messrs. Colthurst, and Lancaster, of Bristol; Dr. Burne, Dr. W. Davies, Dr. M'Dermot, Dr. Tunstall, Messrs. Barrett, Brace, Church, Cox, Evans, Godfrey, Kilvert, King, Mason, Norman, Sheate, Soden, and Stone, of Bath; Dr. Woodforde, of Taunton; Mr. Vicary, of Warminster; Mr. Edwards, of Batheaston.

The minutes of the last meeting having been sanctioned,

Dr. Burne read a history of a "Case of Mumps, complicated with Nephritis, Albuminuria, &c." [Published at page 623.]

Dr. Woodforde then brought before the meeting a "Case of Peculiar Disease of the Tongue, in which the Sense of Taste was wholly destroyed." [This paper will be published in a future number of the *Journal*.]

Dr. Budd detailed the history of a "Case of Abscess of the Cerebellum, originating in caries of the Petrous Bone." [Published at page 621.] He observed that many similar cases had been published, notwithstanding which it was advantageous that well-marked and carefully observed cases, though isolated, should be reported. The interest of the case was chiefly physiological, interfering as it did so materially with Fleurens' deductions from experiments, that there exist co-ordinate powers between the opposite side of the cerebellum and muscular power. Dr. Budd called especial attention to the several amendments and apparent cure, and then quoted Rokitansky's opinion on the possibility and mode of cure. The disease originating in the petrous bone and in the internal ear, and not the external, militates against Toynbee's experience, that disease of the external ear induces disease in the cerebellum, while disease of the internal ear leads to disease of the cerebrum.

Mr. Norman mentioned two cases that had come under his notice where disease of the internal ear had been followed by abscess in the middle lobe of the cerebrum, in neither of which had there been any pain or other symptoms until immediately preceding death. In one of the cases the abscess burst into the ventricle.

Mr. Barrett mentioned the case of a child in whom there was hernia cerebri, and in whom a large abscess took place in the brain, without its progress being marked by any symptoms. Mr. Barrett mentioned this case as an example of the tolerance of the brain to gradual external pressure.

Dr. Burne observed on the peculiarity of the case detailed by Dr. Budd, inasmuch as the membrana tympani remained entire, and inquired of Dr. Budd how he considered the abscess of the cerebellum to have arisen.

Dr. Budd replied that he considered the case as an example of purulent poisoning by means of the blood-vessels, and not as one proceeding from contiguity of position, and referred Dr. Burne to some cases of the same kind, mentioned by Dr. Watson in the third edition of his lectures.

Dr. Tunstall instanced a case that had come under his notice, where great tolerance of internal pressure of the brain had been shewn, the pressure having been gradual.

Dr. Symonds recalled the attention of the meeting to the physiological bearing of the case, with reference to the presumed functions of the cerebellum, namely, the co-ordination of muscular movements, and the maintenance of equilibrium He thought the explanation of such cases as that detailed by Dr. Budd, was to be sought for in their chronic character, that the changes were very gradually produced, and that hence time was allowed for the compensating power of duality to come into operation.

THE BRISTOL ROYAL INFIRMARY MEDICAL SOCIETY.

Session 1851-2.

INTRODUCTORY MEETING.

The President (H. A. Hore, Esq., House-Surgeon), on taking the chair, said that it was extremely gratifying to him to find the high estimation in which the Society was held amongst students. A work undertaken with truly sincere motives was sure to succeed, and they had the satisfaction of finding that the little differences which existed in the minds of a very few students towards their Society had almost entirely subsided. A slight difficulty had arisen with some of the junior members, who entertained an idea that they were too inexperienced to gain any advantage from the discussions. This might be to a certain extent correct, but they must remember that, in order to derive benefit from them when they become more advanced in knowledge, they must undergo the apparent irksomeness, for a time, of listening to what they might not altogether understand; but by reading of the subjects which were brought under discussion, they would soon find that they would become interested in the proceedings and able to take part in the debates.

During the recess the Council had given much attention to the subject of medical ethics in connection with the Society, and especially with regard to homœopathy; as they were, however, convinced that as yet no such heresies existed amongst their members, they at present refrained from passing any resolution or law on the subject, but were individually determined to resist to the utmost the admission into the Society of any gentleman who might be guilty of any unprofessional conduct. He would not detain them further, but would introduce to them Mr. Harrison, the senior-surgeon of the Bristol Royal Infirmary, who had kindly promised to deliver an Introductory Address on the present occasion.

Mr. Harrison commenced his address by stating, that as the advantage of literary and scientific societies was such a hacknied subject, he hoped the meeting would grant him their indulgence if he should be found to exceed the boundary of the theme usually assigned upon an occasion like the present.

The society had last year been congratulated by Dr. Wallis on the right good spirit evinced at its formation, and he was now, having been cognizant of its operations

during the last session, in a position to state that the promises then held out had been amply redeemed, and that the members had advanced with great zeal and ability upon the wide field of medical and surgical research they had thus opened for themselves. He would congratulate them on establishing a Society so useful in advancing their professional interests, and which had been regarded by his colleagues generally, as well as by many other members of the profession in their city with very great pleasure and interest; established by the spontaneous exertions of their own circle, they had set up for themselves a very important element of education. The Society was founded by the *students* of the Bristol Royal Infirmary. It was fresh and vigorous in its existence, for the Society was youthful both in its existence and members. Fresh and vigorous might it ever be. Laudable ambition, and a spirit of emulation and liberality, arising from social intercourse in matters of science, would ever form, he trusted, its distinguishing attributes.

Pages had been written upon the happiness, contentment, and profit gained by the acquisition of sound knowledge; and there was certainly a proud nobility in the possession of knowledge. He remembered an anecdote of the great composer, Beethoven, who, having been visited by a pompous friend who, on his card, announced himself as "Landowner," returned the visit by leaving his card, inscribed "Ludwig Von Beethoven, *Brainowner*." Yes, though they might not bear the coronet, yet the title of brainowner was open to all, and one which no earthly power could deprive them of.

Much had been said and written upon the philosophy of medical study, and at an introductory meeting of a discussion society, it might be expected that he should enter somewhat into the subject. The Society he was addressing had its peculiar advantages. Its discussions were held in a vast museum of living morbid specimens. Day after day its members were in the habit of passing in review, almost all the varieties of disease or injury to which the human body was liable; from such ample materials they selected their subjects for notes, inquiry, and subsequent discussion. He knew of no better mode of acquiring diagnostic readiness and practical knowledge than these opportunities afforded. His advice would be brief and earnest. Get face to face with disease as much as possible. Let patience, perseverance, and humility, be the watchwords; make the best use of the present opportunities, not forgetting what was said of time and tide.

"Labitur et labetur in omne volubilis ævum." With such care, homœopathy, mesmerism, and all the other quackeries of the day were not at all likely to endanger the sensible student, who would only regard these fallacies with a painful and humiliating sense of the weakness of human nature. It was curious to observe how charlatanism, based upon credulity and knavery, had flourished in all times and societies; a many-headed Hydra—it was ever starting up under different names, and was always certain to enlist numerous votaries from amongst the weak and imaginative. They might trace the system from the stamped box of pills through the various phases of folly and superstition, which were really the disgrace of the enlightened era of the 19th century. How extraordinary it was, that in these times of practical skill and enlarged views of science and art, the mesmerizer should claim, and be allowed by his followers, the powers of Omniscience and Omnipresence; for upon an analysis of the mesmeric creed, its demands upon credulity would be found to be nothing less. Homœopathy claimed not those attributes, but demanded almost as great a concession upon the part of the credulity of the public. He had witnessed some distressing results from the practice of this ephemeral folly, which, under a smiling and seemingly innocent front, concealed the deadly sin of omission, and allowed the precious moments for active treatment during the progress of acute disease to pass unheeded. This was a gloomy picture, but they had the consolation of knowing that those pretenders who hovered about the paths of true medical science, like birds of dark and evil omen, could effect nothing permanently to obscure the bright and holy way of truth. She advanced based on broad and simple facts, hand in hand with progressive knowledge and civilization, whilst the delusive shadows of error vanished like the morning mist before the bright sunshine of her presence. It must, therefore, be the earnest care of the practitioner to avoid all that deception and self-laudation which would ally his profession to that charlatanism which he had now been deprecating. He should aim to influence his patients by the honesty and open rectitude of his conduct, remembering, at the same time, their peculiar susceptibility to be impressed with whatever falls from the lips of their medical attendant.

The Society whose interests he was that night advocating, might be taken as an index of educational improvement. He knew that student societies of the same character were established in connexion with the leading hospitals in London, but he was not aware that they had yet been founded in the provinces, and he believed that Bristol had taken the lead in thus setting up her Student Medical Society. There was no doubt that medical debating societies were not only serviceable to the members actually engaged in the debate, but that they also exercised a very useful influence in promoting the general advance of medicine and surgery. How much more simple and philosophical was the treatment of cases after operation, both in the modes of dressing and the treatment. Chloroform might also be regarded as one of the greatest improvements of modern times, setting aside the inestimable privilege of suspending pain, the patient's perfect repose and freedom from struggling, when under the influence of this remarkable agent, were productive of the greatest advantage to the surgeon, who performs his operations with increased safety and celerity. He could not, while on the pleasing subject of the improved surgical knowledge of the present day, pass by the important case they had lately witnessed in the wards. He alluded to the operation for the removal of an artificial anus by means of Dupuytren's instrument, terminating in the complete recovery of the patient from one of

the most distressing maladies that afflict the human race, thus being an instance of the triumph of modern art resulting from the exercise of thought and study.

He felt that in the pleasure of advocating their debating society he must not forget to dwell for a moment on the Bristol Royal Infirmary, that *alma mater* from whom the society sprung. She was, it was true, an ancient mother, but she bore her old age greenly, the most venerable as well as the largest of all the provincial hospitals of England, she feared not comparison with her sisters of more modern times. How many students had gone out from beneath her old portal to enter upon the cares and anxieties of a professional life! Might there not be one for the future who would be obliged to look back and experience the bitter feeling of regret for time misspent, opportunities lost, never to be recalled.

Statistics of public hospitals were most important and valuable documents, and he deeply regretted that for upwards of 100 years they had no minute records of the vast amount of cases received into the wards. Latterly, he was happy to say, this great want had been supplied by their excellent house-surgeon, Mr. Hore, the President of their Society, to whom the honour was due of being the first of the house-surgeons to publish an annual statistical account of the cases; this continued diligently from year to year would afford most valuable matter for comparison and inquiry. He had not yet alluded to the annual prizes of the Society; he would sincerely congratulate the successful candidates, and hoped the Society would permit him to make an addition to their prize-fund for the ensuing session.* Years quickly rolled by, and they would soon be in practice for themselves, and he hoped they would be able to look back with pride and satisfaction upon the old house, and the pleasant and instructive meetings of the Student Medical Society held within its walls. He trusted that the valuable lessons of the former might not be forgotten, and that the good spirit which they knew to be the attribute of the latter might continue to animate them in their professional progress through that great debating society—human life, in whose wide arena the professor of knowledge, the ready and apt observer, and, above all, the earnest supporter of whatever was honest and true, would always take an honourable and an honoured place.

Votes of thanks were then passed to Mr. Harrison for his able and interesting address, and for the kind donation he had presented to the Society, also to the physicians and surgeons of the infirmary for the kind and continued interest they took in the affairs of the Society.

The President then proceeded to distribute the prizes to the successful candidates. The Essay Prize to Mr. C. F. Maunder, and the Discussion Prize to Mr. Henry H. Cox.

These gentlemen briefly refurned thanks, after which the President dissolved the meeting.

W. GARRARD, E. H. SWETE, } Hon. Secs.

* This donation of £5 was afterwards determined to be given as a prise in books or instruments for the best reports of not less than thirty cases occurring in the wards of the Bristol Royal Infirmary, from November, 1851, to September, 1852.

EAST KENT AND CANTERBURY MEDICAL SOCIETY.

The above Society was formed in 1849, by members of the medical profession residing in Canterbury and the eastern division of Kent, for the purpose of circulating medical books, establishing a permanent library, and collecting a museum. The library and museum are placed at the County Hospital, where the meetings of the Society are held. With the view of obtaining the co-operation of two medical Book-Societies, previously existing in the same district, this Society agreed to associate itself with them, under certain conditions by which each should annually contribute to the library a fixed proportion of the books that have returned from circulation. By such contributions every member of the united Societies is entitled to all the privileges connected with the library. One of these Societies has favourably received the proposition, and is united with the East Kent and Canterbury Society for the above object. A joint Committee manages the affairs of the library, which at present contains 826 volumes. For the purpose of collecting materials for forming a museum, the Society holds meetings to receive pathological specimens, and to relate and discuss cases connected with them, as well as on medical subjects generally. The museum at present contains upwards of 140 specimens, though the development of this object of the Society has been in operation only twelve months.

Session 1850-51.—First Meeting, Oct. 9, 1851.

Pathological specimens relating to the following cases were exhibited:—

Uterine Phlebitis.—By Mr. A. B. Andrews.

Mrs. F., aged 38, was delivered September 1, 1851, by a midwife, of a child presenting with the breech. The placenta was retained for two or three hours, when hæmorrhage occurring to an alarming extent, Mr. T. Andrews was sent for, who introduced his hand and with considerable difficulty detached the placenta. The patient was very much blanched and reduced by the bleeding. Some oozing of blood continued after the removal of the placenta, but the amount thus lost was not great. The discharge from the vagina, which was at first copious, soon became scanty and very offensive. In three or four days after delivery, Mr. Andrews was again summoned to the patient, who had not been regularly placed under his care, and found her in a very reduced state, suffering from severe diarrhœa; with proper treatment the diarrhœa improved, but on the 10th reappeared, when the pulse was very feeble and quick; the abdomen, though not distended, was very tender in the situation of the uterus; she became worse and died on the 12th.

Post-mortem examination twelve hours after death.—There were no evidences of general peritoneal inflammation; the left uterine appendages were red and enlarged, as well as the veins proceeding from them, for

some distance; the interior of the uterus was rough and uneven, and was irregularly covered with lymph; no pus was detected in the uterine tissue, though the veins were large and patulous; the left spermatic veins were much enlarged, and their coats considerably thickened; they were plugged at intervals with deposits of lymph, the intervening spaces being filled with a dirty-looking purulent fluid.

Multilocular Cyst removed from the Thigh.—By Mr. James Reid.

Mr. L., a tall, strong, and active farmer, 48 years of age, fell from his horse in December, 1839, and bruised himself about the right trochanter. The injury did not confine him to the house, though he was inconvenienced for some days, and leeches were applied by his medical attendant. Shortly after this he perceived a lump in the situation of the injury, but as it did not trouble him, he took no particular notice of it, nor thought much about it. The swelling, however, in the course of nine years and a half, had slowly increased, but was still small. It then began to enlarge rapidly, and the attention of his medical adviser was directed to it. A large fluctuating swelling was found on the outer side of the thigh, which became so much distended that, on November, 19th, 1842, it was punctured by a trocar, and rather less than a quart of serous fluid, stained with blood that had mixed with it in the cyst, was evacuated. The emptied cyst formed a deep depression in the limb, with a considerable firm consolidation of parts around, especially towards the lower part. The cyst slowly refilled, and was emptied of its contents, which had the same appearance, on December 27th, and January 17th, 1850. Mr. Reid saw the patient, in consultation, on January 24th. The cyst had filled again, and was about the size of a Dutch cheese, but somewhat ovoid in form, the long axis extending from above, downwards, and forwards. It was placed on the upper and outer part of the limb, principally in front of the trochanter, which, however, it concealed, together with the upper part of the femur. Several large veins passed over the surfaces, and at the upper and outer part the integument covering it was so very thin that it threatened to ulcerate very soon. Its base was firmly attached, but did not apparently extend deeply. The patient had suffered very little pain, and was principally inconvenienced by its size and situation. The swelling was tapped again, and about the same quantity issued as before; the fluid was the colour of treacle, and was much darker than that which had been evacuated on the former occasions.

January 31st.—Mr. R. removed the tumour. A large surface was exposed in dissecting it out. The base was so intimately connected with the fascia beneath, that it was necessary to remove rather a large portion, together with part of the tensor vaginæ femoris. The patient had a good recovery. The cyst adhered very firmly to the surrounding textures. The adipose tissue, which was abundant, was with difficulty dissected from the growth. It was found to consist of two compartments,—a larger, which was situated lowest upon the thigh, and a smaller or upper one, which appeared to be a development from the larger. A narrow constriction separated the two compartments. The wall of the cyst was a firm tough structure, rather more than the eighth of an inch thick. The internal surface had a light-brownish or chocolate colour, the shade varying in different parts; it was soft and vascular, presenting some minute irregularities, with a few larger bodies projecting from the surface, having the appearance and consistence of lymph; there were also several openings communicating with secondary cysts. The fluid contained in the cyst had the appearance of venous blood, mixed with some dirty liquid. The colour of the surface, which could be partly wiped off, seemed in some measure due to the contents. The larger division also contained a loose mass of dirty-brown fibrin as large as a walnut. In the walls of the cyst, but more particularly in the smaller compartment, the external surface of which was very irregular and nodulated, there were numerous smaller cysts in various stages of development. They apparently commenced in small bodies, of a fawn colour and soft consistence, the exterior of which became firmer as they enlarged, the contents at the same time softening, and being found in the smaller ones of the consistence of soft fibrin, and in the larger of that of thick gruel. These secondary growths, as they became developed, communicated with the parent cyst, their contents escaping into it. One of the largest of these was found thus partly emptied of its contents, which being of a grey colour, contrasted with the liquid in the large cyst.

Cystic Disease of the Testicle.—By Mr. James Reid.

E.B., aged 26, of short stature and fair complexion, with red hair, was admitted into the Kent and Canterbury hospital, June 14, 1850. About seven months since he perceived that the left testicle was beginning to swell without any apparent cause. He remembers that, previously, whilst using the axe at his work as a carpenter, he several times struck the testicle with the handle so as to cause pain for half an hour. He never had gonorrhœa or syphilis, and has always enjoyed good health. The swelling slowly increased, and for the last two months he has experienced a dull aching pain, particularly towards evening, extending to the loins and down the thigh; there has also been sometimes a fixed pain at the crest of the ilium. The left testicle is about the size, and has somewhat the form of a large Windsor pear, the broad end being dependent, and a deep depression separating it from the upper, which is so soft as almost to convey a sense of fluctuation. The whole mass is heavy, soft, and elastic, and distinctly fluctuates in front. When examined with the candle, light is not transmitted, though there is some difficulty at first in positively deciding this point. The cord is unaffected, and by deep pressure in the iliac region no enlarged glands can be detected. That the disease was neither syphilitic or strumous, seemed clear from the history of the case, and the character of the swelling; but evidence as to its not being hydrocele nor hæmatocele was thought

insufficient. The tumour was, therefore, punctured with a small exploring needle and trocar, when half an ounce of straw-coloured fluid escaped from the tunica vaginalis, and upon thrusting the trocar deeper, a small quantity of glairy fluid, resembling white of egg, issued. It was now evident that the enlargement was not hydrocele, nor hæmatocele, but probably disease of a malignant kind. The only remedy that appeared under the circumstances likely to be useful, namely—iodine, was used internally and externally; but it was not until the 5th of September that the patient was fully under its influence; the swelling, in the meantime, had slowly increased. The testicle was removed on the 12th of September; eight vessels required to be secured at the time of the operation, and four more two hours afterwards. The wound healed slowly, principally by granulation. The testicle was examined immediately after its removal. The tunica vaginalis contained a small quantity of fluid, and was slightly adherent by recently-effused lymph, which was principally deposited in the neighbourhood of the epididymis. The tunica albuginea was entire, but tightly stretched, for it gaped very widely when divided. A section showed that the tumour was composed of a mass of closely compacted cysts, varying in size from that of a pea to a mustard seed. They were for the most part so thin and transparent, that the interior could be seen through their walls; they contained a clear glutinous fluid. Some of the larger cysts communicated with others, and at the upper part of the tumour there was a cavity capable of containing a bean, that had been formed by the communication of several cysts, and contained pus, mixed with the fluid; in one or two of the neighbouring cells a drop of pus was found, surrounded by glairy fluid. On the walls of several of the cysts a small yellowish body was noticed, which appeared, when pricked, to be a small cell. There was little or no tissue interposed between the cysts, but the whole mass was enveloped by a condensed layer, forming a sort of capsule; many small vessels were noticed ramifying around the cyst. The seminal ducts were spread out in a thick layer that surrounded the growth.

Foreign Department.

GERMANY.

On the Treatment of Ophthalmia Neanatorum.—By Dr. Binswanger.

The following treatment (*Neue Medicinische Chirurgische Zeitung*) has been found, after long trial in the Hospital of Munich, to be quite worthy of confidence:—

In the non-specific form a cure is often accomplished by simple cold injections and fomentations. The more obstinate cases generally yield to the injection of a weak solution of sulphate of zinc; leeches and scarifications are in general not required.

In the form arising from leucorrhœa, the general plan is, to make a few superficial scarifications of the conjunctival mucous membrane. A zinc collyrium is then used, and the cure is completed by the use of an ointment of white precipitate.

In the specific form produced by gonorrhœa, scarifications are more necessary, and the zinc collyrium is replaced by one of nitrate of silver.

The great advantages of cold water injections is strongly insisted upon in an article in *Schmidt's Jahrbücher*.

Spasmus Nutans.

The disease which has been noticed by our associate, Mr. Newnham, in this journal, under the name of eclampsia nutans, or "Salaam convulsions," has not escaped the attention of German writers. In the *Journal für Kinderkrankheiten*, Dr. Fober has narrated two cases. The first was that of a little girl, aged three years, who, after losing flesh gradually, since the commencement of dentition, began to complain of headache; she was drowsy, and had occasional strabismus. At intervals she nodded her head to the left side, during periods of several minutes duration. These attacks increased in frequency and intensity, and at length became positively frightful from their violence. All treatment has proved ineffectual; the child gradually became more dull, and has now, on waking from sleep, general convulsions of an epileptic character. She is idiotic in appearance.

The second example, a boy aged 6 years, fell by accident into a well; the result of which was that he was confined to bed with a slight cold. It was noticed, however, that from this time he was an altered child, and he frequently awoke suddenly, screaming. The nodding movements commenced accidentally on being severely reprimanded by his father, and from this time gradually became more severe, till the nodding reached the number of 80 in the minute. They still go on in spite of treatment, at intervals of a few hours, and the child evidently loses flesh.

Action of Medicines on the Spleen.

Many physicians, and chiefly M. Piorry, regard enlargement of the spleen as the characteristic lesion in intermittents. If such be the case, the increase and diminution of this organ under medicinal agency is worthy of serious attention.

M. Piorry, (*Union Médicale*, 1851) has observed that the spleen rapidly diminishes in volume under the use of common salt in large doses. He has employed it in nine cases of intermittent fever, and professes to have cured six of them. He also states that he has in the same way reduced the volume of the spleen in typhus.

Dr. Keichenmeister (*Archiv. für Phys. Heilkund*, 1851), has made several experiments on the subject on the lower animals, the results of which he details. From these it appears, that in pigs, which for some reason were the only animals suitable for the experiment, the spleen always became shrivelled after the exhibition of quinine. The organ was exposed to view. He also ascertained that next to quinine, the active principle of

gentian—*gentianine*—had the most powerful effect on the spleen.

On the Estimation of the Amount of Globules and Plasma in a given quantity of Blood.

Zimmerman (*Schmidt's Jahr.* and *Edin. Journ.*) professes to have arrived at a satisfactory method of estimating the proportions of the above elements of the blood. He assumes that nitrate of baryta, while it prevents coagulation of the blood, does not pass into the blood cells. He has chosen nitrate of baryta, both because the blood contains no salt of baryta, and because the addition of nitric acid does not interfere with the quantitative determination of the blood salts. He mixes a weighed portion of blood with a certain proportion of solution of nitrate of baryta, of known strength. When the blood-cells have subsided, he determines the amount of solids contained in the serum and cruor, and hence calculates the solid contents of the whole blood by subtracting the weight of baryta salt which has been mixed. He also determines the amount of nitrate of baryta in the serum, and finds by subtracting this from the previously ascertained total serous solids, the amount of the true dried constituents of the plasma. Then he finds the amount of nitrate of baryta in the cruor, and how many parts of serum this corresponds to. Finally, by subtracting this proportion of serum from the cruor, he determines the weight of the solids of the blood-corpuscles. If from another portion of blood the amount of fibrin has been determined, it is easily to calculate the per centage of the different blood constituents in 1000 parts. If the proportions be sought by estimating the amount of chlorine in the serum and cruor, according to the assumption of Berzelius, that the blood cells contain no chloride of sodium, a smaller amount of blood-cells containing more solids than water is obtained. Hence he concludes that the blood-corpuscles do contain chloride of sodium, and that his method of estimating their amount is the more exact. As proofs that the blood-corpuscles absorb no nitrate of baryta, he adds :— 1. That the blood-corpuscle will not take up every salt. 2. That baryta is an element quite strange to the blood-cells, and hence unfit to enter them. 3. That the salts of the blood-cells would immediately form insoluble compounds with baryta.

General Retrospect.

PRACTICAL MEDICINE.

Cauterization of the Larynx in Hooping Cough.—By Dr. Eben Watson.

The author considers the true pathology of hooping cough to be, that it is the product of a poison which exerts its first influence on the mucous lining of the pharynx and larynx, and on the sentient nerves, viz., branches of the superior laryngeal, supplying these parts; and that, in the next place, the inferior laryngeal becomes excited, and partial spasm of the glottis follows. With these views it occurred to him to extend to this disease the treatment first introduced by Dr. Horace Green, namely, the touching the pharynx, and even the interior of the larynx, with a solution of nitrate of silver, by means of a sponge attached to whalebone. He therefore gave up the usual treatment, and merely confined the patients to the house, applying the caustic solution every other day. The result was, the cessation of the disease in an unusually short space of time. The strength of the solution is from one to two scruples to the ounce of water. In cases attended with complications, the accredited treatment of these must be carried on conjointly.—*Lancet*, Oct. 18, 1851.

Colchicum in the Cerebral Complications of Scarlatina.

Dr. Hughes Bennett mentions the case of a boy, aged 14, the subject of scarlatina. He was delirious, and constantly rolled the head from side to side. He was conscious when spoken to; the tongue was protruded with difficulty, dry, red, and studded with fluid elevations; bowels open; pulse 130, weak; urine scanty, not acted upon by heat and acid; eruption full and bright. He was ordered diuretics and salines. He continued in the same state, with delirium and coma, till the sixth day. He was now ordered—

Vin. Colchici, oz. ss.; Sp. Æth. Nitrici, dr. iij.; Potass. Acetat., dr. ij.; Aquæ, oz. iij.

Dose.—A teaspoonful every four hours.

On the following day all coma and delirium had disappeared; the pulse fell to 96; the urine increased in quantity, and was loaded with sediment consisting of membranous flakes and urate of ammonia. From this time the boy did well.

Dr. Bennett states, that he regarded the cerebral affection as depending on insufficient elimination of urea; and remembering the alleged influence of colchicum over this secretion, he gave it in combination with diuretics. The result was so speedy, that the question may naturally be asked,—Whether the benefit was not due to a spontaneous crisis?—*Edinburgh Monthly Journal*, August, 1851.

Diagnosis of the Special Causes of Cyanosis.—By Dr. Chevers.

Dr. Chevers observes, that it is impossible to diagnose the lesions of the vascular system of an infant a few days old; still, if a child becomes cyanosed almost immediately after the establishment of respiration, it most probably arises from closure of the pulmonary orifice, with imperfection of the septum ventriculorum.

Where the symptoms of morbus cæruleus are not developed until some days or weeks subsequently to birth, it is probable that the orifice of the pulmonary artery is narrow, the ventricular septum open, and the foramen ovale and arterial duct either closed or distinctly contracted; or the latter of these passages may have become narrowed or closed, while the former is widely pervious.

If the infant be upwards of a year old, it is in the last degree improbable that it suffers from the malformation usually known as "distribution of the descending aorta from the pulmonary artery."

If the child has survived its fourth year, transposition of the great arteries is scarcely to be suspected.

When cyanosis is present at about the age of three or four years, it is probably due either to the great contraction, or closure of the pulmonary orifice, with ventricular communication. Should a single systolic bruit be heard superficially in the region of the pulmonary orifice, the case will almost certainly prove to be one of the former kind.

At the age of one month, or at any subsequent period, it cannot be judged with any probability that the heart literally consists of only two cavities.

In early infancy there are no means of diagnosticating between imperforation of the pulmonary artery and transposition of the two main arteries, except that the former irregularity is of far more frequent occurrence than the latter.

If the patient be above the age of seventeen years, imperforation of the pulmonary orifice can scarcely be suspected.

A person above the age of sixteen years, or a young adult, suffering from cyanosis of long standing, a bruit being audible in the region of the pulmonary artery, most probably has contraction of the orifice of that vessel, with perforation of the septum ventriculare.

If the individual has passed the period of early youth before becoming the subject of cyanosis; or if that symptom, formerly scarcely perceptible, has become considerably more apparent of late, it is, at first sight, probable that the disease is congenital narrowing of the pulmonary artery, the impediment having latterly been increased by thickening and further contraction of the parts, consequent upon superadded disease. In this case the ventricles probably do not communicate.

If the patient has passed the age of thirty years, the existence of congenital deficiency of the ventricular septum is highly improbable. Those who suffer from a congenital cause of obstruction which has originally been sufficient to arrest the development of the septum, very rarely, if ever, attain so advanced an age.

If, in any given case of cyanosis, the symptoms be ascribed solely to a patent condition of the foramen ovale, the incorrectness of that diagnosis will certainly admit of proof upon examination of the body.—*Medical Gazette.*

SURGERY.

Operation to remedy Extraversio Vesicæ.—By Mr. Lloyd.

The patient who is at present under treatment, is a healthy looking man, aged 30, At the lower part of the abdomen, between the umbilicus and the pubes, there is an opening readily admitting two or three fingers, surrounded by a red granulating border. Above this, the integument is raised by a prominent elastic tumour, which is the fundus of the bladder. From the opening here described, the urine escapes and excoriates the adjacent parts of the abdomen and the thighs. The penis is short and imperfect along the upper surface, where it forms a groove or canal. It is incapable of perfect erection. The prostate gland exists; the two lateral lobes can be felt from the rectum but the organ is smaller than natural. The scrotum is complete, and the testicles have descended from the abdomen.

The patient closed the opening in the abdomen by a large pad, fixed by a bandage round the small of the back. It answered its end in part; but the escape of urine soaked through the clothes, and rendered him, from the unpleasant odour, unfit to be in the society of others.

Mr. Lloyd proposed to the patient the operation of puncturing the bladder from the rectum, above the prostate, and establishing a recto-vesical fistula. The passage of urine through the rectum being complete, he then had in view the closure of the opening in the front of the abdomen by paring the edges with a sharp knife, and uniting them by suture.

The patient having been rendered insensible, and secured as in the operation of lithotomy, a long trocar armed with some threads was passed through the posterior wall of the bladder from the rectum. The seton having been detached, the instrument was withdrawn; but the two ends of the seton, one projecting from the rectum, and the other from the vesical cavity in the abdomen, were tied in a knot. The patient was then put to bed. The operation lasted no time, nor were there any difficulties to be encountered worthy of note. The result of the case is, of course, uncertain. The further progress, together with the effect of the passage of urine into the cavity of the rectum, will be the subject of a future report.

In this case, the anæsthetic agent employed was a drachm of chloroform to two ounces of sulphuric ether. The fluid was poured into a large bladder, to which an ordinary mouth-piece was attached. The patient, therefore, breathed into the bladder. Both the instrument and the fluid answered its purpose. Insensibility was produced in the usual time, and maintained without trouble.

[This patient died on the fifth day after the operation, from peritonitis, from extravasation of urine into the peritoneal cavity. The puncture had passed through the recto-vesical pouch, which descended deeper than usual, instead of before it, as was intended.]—*Medical Times*, October 11, 1851.

MIDWIFERY AND DISEASES OF CHILDREN.

On the Duration of Pregnancy.—By Dr. Murphy.

Dr. Murphy has recently read a very interesting paper on a subject of great interest, both in a physiological and medico-legal point of view. Two questions are proposed by him for elucidation:—First,—Is the duration of pregnancy a fixed or a variable period? and, if it be decided that it is variable,—What are the limits of its variation? He stated that the usual mode of calculating the term of pregnancy is by dating from the last period of the menses to the time of delivery, the gross results being corrected by deducting as many days as is supposed necessary to avoid error. Some, believing that conception may take place at any time, deduct one-half the menstrual interval; while those who consider that conception can only take place at a menstrual period, date either from the last catamenia, or from that which should have happened, but for conception. This estimate being compared with the period of quickening, a result is obtained sufficiently

accurate for ordinary practical purposes, but not precise enough for legal evidence. Other indications have, therefore, been sought for. Peculiar sensations are experienced by some women at the time of conception; some cases of this kind, described by Dr. Montgomery, would tend to fix the duration of pregnancy at 280 days. In other cases it has been ascertained by the date of a solitary intercourse, which, of course, fixes the date of conception; the same period of 280 days is, from such cases, given by Sir C. Clarke and others, and from these facts many are inclined to regard that period as the correct duration of pregnancy. To this opinion, however, Dr. Murphy does not subscribe, as the cases are comparatively few in number, and, if the rule were different, might easily form an exception to it without invalidating it. He would, therefore, call in the aid of statistics for the solution of the problem; this he commenced some years since, at the University College Hospital, when forming a register of obstetric cases. The following method was adopted:—When a letter for attendance was applied for, an inquiry was made as to the catamenia, the age of the applicant at its commencement, its period, and its last appearance. With regard to the last question, some could only give the month, others were precise as to the date, and some were too irregular to date from. The last were excluded from the inquiry; as, for instance, some who were nursing either had no change, or a very irregular one; others had been always irregular before pregnancy, and therefore could not be depended on; and again, with others, the catamenia had evidently continued after conception. All these were excluded as the others were noted, and when delivery occurred, that also was noted, the interval between the two giving the gross duration of pregnancy, which was afterwards corrected, so as to make as near an approach to accuracy as possible. Of these cases, some time back, a table of 186 was formed. The corrections were made as follows:—If the period exceeded 280 days, and the woman had given the exact date when she was last unwell, the whole menstrual interval was deducted; so, if the whole period were 328 days, and twenty-eight days were the menstrual interval, 300 days would be regarded as the true duration. It was considered that the woman might be in error, and it was thought safer to suppose that conception occurred just before the catamenia which had been arrested. Subsequently 280 days were regarded as the true period, and in any cases that exceed, the menstrual period is deducted, the result being presumed to be accurate. From his records of 965 cases, Dr. Murphy has formed four tables:—1st, those in which the duration of pregnancy exceeded 280 days, including 303 cases; 2nd, those that are exactly that period, included 378 cases; 3rd, those between 260 and 280 days, including 201 cases; and 4th, those below 260, including 83 cases. The 4th, or last table, he (Dr. Murphy) looks upon as instances of premature labour. From these tables he gathers that the duration of pregnancy is not a fixed but a variable period, as in the lower animals, varying, however, only within certain limits. Those limits are not yet ascertained. He regards 260 days, or 37 weeks, as the shortest period; he has attended mature infants born at that date. The longest period is yet *sub judice*, the cases in the first table being yet under examination, and requiring correction.—Reported in *Lancet, Medical Times*, &c., October 18th.

On Infantile Coma.—By Herbert Barker, M.D.

Dr. Barker describes a form of coma in children, which he thinks has not been previously noticed. All his cases, five in number, were dry nursed. The drowsiness comes on a few days after birth, and gradually depens into coma. At first the child can be roused to take food, but eventually it appears to be in a constant sleep. The evacuations were not the same in all the cases, and there was no constancy in the appearance of the urine. The surface becomes cool and the action of the heart feeble, and the respiration at the same time becoming slower, the surface of the body and the conjunctiva becomes deeply tinged yellow.

In inquiring into the cause of the symptoms the author attaches due importance to the biliary derangement, and attributes the coma to the circulation of bile through the brain. In his treatment of the three first cases, which was directed towards inducing a proper elimination of bile, he was unsuccessful. He was therefore induced in the next to try a wet nurse, although from the deep sleep the child was in, it was almost impossible to get it to suck. At length it was able to do so, soon after which the yellow colour began to fade, and at the same time the coma diminished. The same rapid amendment, by the same measures, occurred in another instance.—*Medical Times*, October 11, 1851.

Correspondence.

THE NEW SUPERINTENDENT OF THE ARMY MEDICAL DEPARTMENT, (DR. ANDREW SMITH,) AND HIS ARRANGEMENTS FOR THE MEDICAL SERVICE OF THE MILITARY LUNATIC ASYLUM AT YARMOUTH.

Gonville and Caius College, Cambridge,
October 25, 1851.

Dr. Lockhart Robertson, lately Assistant-Physician to the Military Lunatic Asylum at Yarmouth, requests the Editor of the *Provincial Medical and Surgical Journal* would do him the favour of inserting in that journal the two enclosed letters, which relate the cause of Dr. Robertson's retirement from the Medical Department of the Army, and which appear to him to involve a principle sufficiently important to interest the profession generally.

In explanation of these letters, it may be here stated, that two medical officers are, by the Secretary-at-War, allowed for the service of the Military Lunatic Asylum, of the relative rank of Surgeon and Assistant-Surgeon to the Forces, the appointment of whom is vested in the Superintendent of the Medical Department. These two appointments are considered by him quite distinct, the junior officer not being, in his

opinion, entitled to succeed the senior on his retirement, contrary to the practice observed in the Medical Department of the Household Brigade, which is more immediately under the Commander-in-Chief, and less in connection with the Army Medical Board. Thus, when, in 1849, Dr. Sillery, retiring on half-pay, resigned, in consequence of his being ordered for foreign service, the charge of the Asylum over which he had for seven years so ably presided, (remodelling it entirely during that period,) Mr. Cumning, an old officer, who had served in the American war,* but who had never been within a lunatic asylum, and was quite ignorant of the subject, both theoretically and practically, was appointed in his stead, although representations of Dr. Robertson's fitness for the charge were made to Sir J. McGrigor, then head of the Medical Department, by (among others) two leading members of the Lunacy Commission.

By the enclosed letters it will farther appear, that it is not even considered by the present Superintendent of the Army Medical Department desirable that officers selected, as Dr. Robertson was, especially for the service of the Asylum, should be permitted to remain at their relative posts, but rather that the appointments at the Military Lunatic Asylum should follow the ordinary routine of military rotation, and be periodically changed and filled by regimental officers necessarily unconversant with the treatment of mental disease—a practice contrary to that observed at the Naval Lunatic Asylum at Haslar, or indeed at the other military establishments under the Secretary-at-War, as Chelsea Hospital, the military prisons, &c., &c. It was to oppose so mischievous a practice—alike unfair to himself, and injurious to the interests of the patients and to the scientific *status* of the Asylum, that Dr. Robertson felt himself bound, when thus ordered for regimental duty, to tender his resignation, appealing at the same time to the Secretary-at-War, from whom a few months before he had received an assurance that in the arrangements of the medical service of the Military Lunatic Asylum, under the new Superintendent, "it would be the desire of every Secretary-at-War to see the establishment at Yarmouth placed on the best possible footing, and that nothing would be done which would in any way injure the interests of that Institution, or of the persons connected with it." The issue of this appeal will be best related by the enclosed letters :—

(Letter 1.)

War Office, 26 September, 1851.

Sir,—I am directed to acknowledge the receipt of your letter of the 25th August last, reporting that upon your having been required to prepare for your removal from Yarmouth to be employed in the general service of the Army, you had resigned your commission, and to acquaint you that the Secretary-at-War considers that the Superintendent of the Army Medical Department has been guided by a due regard to the public service in all that has occurred; the acceptance of a commission rendering every officer liable to the varied home and foreign service of the Army. The certificate* enclosed in your letter is herewith returned.

I am, Sir, your obedient Servant,

(Signed) L. Sulivan,

Deputy Secretary-at-War.

Dr. C. L. Robertson, &c., &c., &c.

(Letter 2.)

Military Lunatic Asylum,

Gt. Yarmouth, September 29, 1851.

Sir,—I have the honour to acknowledge the receipt of your letter of the 26th inst., acquainting me that the Secretary-at-War approves of the recent arrangements of Dr. Smith, which have forced me to tender the resignation of my commission.

In reply thereto I would desire respectfully to observe—

1. That, while I in no way presume to question the judgment of the Secretary-at-War as to how the arrangements in question may affect the interests of the service generally, it cannot, on the other hand, I think, be questioned by any competent member of the medical profession, that the practice of frequently handing over the insane patients of the Army to the care of officers quite unconversant with the practice of this special department of medicine, is alike injurious to their interests, and to the scientific *status* of the Military Lunatic Asylum. So uniform is the opinion and practice of the medical profession in this regard, that I deem it quite superfluous to enlarge on it. I would merely add, that any reference to H. M. Commissioners must necessarily support this view.

2. That, referring to my memorial to the Secretary-at-War of the 3rd of February, 1851, and to his assurance in reply that nothing would be done (in the arrangements of the medical service of this Establishment) which would in any way injure the interests of the institution or of the persons connected with it,† I must humbly submit that Dr. Smith's intention of employing me on the general service of the army, if not injurious to the interests of this establishment, is most certainly so to mine.

3. That, while admitting the general principle involved in your statement, that the acceptance of a commission renders every officer liable to the varied home and foreign service of the Army, I feel it due to the position I have taken to state, that so far from having accepted my commission with this implied condition, I, in the

* Consequently, he ought long ago to have retired, medical knowledge unlike Madeira wine, not improving simply by age and several voyages to the West Indies.

* A certificate, recommending Dr. Robertson, in a most flattering manner, to the notice of the Secretary-at-War, as a fit person to be entrusted with the medical charge of the Military Lunatic Asylum, and signed by Dr. Skae, Dr. Browne, Sir Alexander Morison, M.D., Dr. Sutherland, Dr. Winslow, Dr. Kirkman, Dr. Mackintosh, Dr. Wingett.

† Copy of the Secretary-at-War's letter thus above referred to.

"War Office, February 8, 1851.

"Sir,—I have submitted to Mr. Maule your memorial of the 3rd inst., soliciting that the medical officers of the Asylum at Yarmouth may enjoy the same permanence in their offices as the medical officers of the military establishments under the Secretary-at-War.

"Mr. Maule desires me to inform you that he feels assured it will be the wish of every Secretary-at-War to see the establishment at Yarmouth placed on the best possible footing, and that nothing will be done which will in any way injure the interests of that institution or the persons connected with it.

"I am, Sir, your most obedient servant,

"(Signed) "George D. Ramsay.

"Dr. Robertson, &c., &c., &c."

first instance, in July, 1846, declined (when offered it) the usual appointment in the medical department of the Army, and only afterwards accepted of my commission on receiving from Sir James McGrigor the unsolicited offer of the appointmeut which I have for nearly five years held at this Asylum. In order to this I resigned a permanent appointment at the Cumberland Asylum, the duties of which were agreeable to my own feelings, and in furtherance of my resolution to devote myself to the improvement of the science of psychological medicine.

Having thus been specially brought into the service for the duty of the Military Lunatic Hospital, I feel that I have been most hardly dealt with by the recent decision of the Superintendent to remove me from the same, and I cannot—much, as for many reasons I shall, regret leaving Her Majesty's service—so long as Mr. Maule expresses his approval of this step, in any way recede from the position I have taken. I feel it to be a duty I owe, alike to the profession and to myself, at no cost to compromise the principle which I hold to be violated by my removal from the Asylum, viz., *the recognition of special professional fitness in the distribution of the patronage of the Medical Department of the Army in place of that of mere military routine.*

I have the honour to be, Sir
Your most obedient servant,
(Signed) C. Lockhart Robertson,
Fellow of the Royal College of Physicians, Edin.
The Deputy Secretary-at-War.

ON MENTAL ALIENATION.

To the Editor of the Provincial Medical and Surgical Journal.

Sir,—An important consideration now occurs, viz.,—Whether the present general state of insanity does not offer a different form of symptoms from that of former years?—in other words, whether an alteration has not been induced, whether its active form is not now less frequent, and an asthenic and chronic state the more dominant character?

At the last meeting of our Association, at Brighton, Mr. Williams read an excellent paper upon the change which for some years back has been observable in the type of disease, particularly of the inflammatory kind. In that paper I think no allusion was made to mania, but if his argument be correct, that disease must also enter into its category. I believe the statement to be true, and that we may run through the nosology, and find the order phlegmasiæ, with Cullen's definition, not bearing so greatly upon the general character of disease as older writers have detailed. I am certain the statistics of insanity, as far as I have been enabled to search them, bear me out in this remark; and that it is not because I have more experience, and my practice perhaps more regulated, that I make any surmise upon this point. Such alteration must lead to practical inferences as to the modification of treatment; and although many may have congratulated themselves upon proposed or supposed melioration, yet the fact may be assumed that the severer restraint of earlier days has not been wanted in our later ones. Some enthusiastic minds have been led to carry this too far, as is the fate of all reforms; but to a well-judged observance of the propriety of relaxation of restraint, I believe the merit must be accorded to the management of the Quaker's Asylum (The Retreat) in the first place, and all improvements proceeding thence, with quiet vigilance, and without any attempt to extort public approbation. This plan was early adopted by my revered relative in his establishment of a private asylum, and I hesitate not to say has been cautiously maintained up to this day. Again, experience now informs us that the cases of long protracted insanity are more easily managed than the early ones, and that in many instances of periodic paroxysms the state and duration become pretty well known, and that whatever means of restraint are necessary, are made commensurate with that knowledge. The fashion of the day, however, is to run into extremes, to allow more liberty than is consistent with proper management, without attending to the due regulation of the patient's mind.

Calmness, quietude, patience, *attention* to the bodily health, *attention* to delusive feelings and actions, these are the essential modes of good government, which include the endeavour to cure; but to submit to every freak, to reason with unreason, to allow passion its full extent of violence, is a doctrine that seems ready to be taught, and may be agreeable enough to those who give advice in the plenitude of their ignorance.

Much has been said and written about employment, but no very well reasoned facts have been brought to bear upon the subject. The writers appear to me to have arrived at hasty conclusions from the condition and circumstances under which they have been placed. "Non omnia possumus omnes." The statistics of pauper asylums produce an account of patients employed, work done, the manual labour of the male, the domestic habits of the female, for the most part usefully employed; and it is said that some pauper asylums have been enabled to pay a great part of the expenses. Be it so; there can be no doubt that employment must generally be useful. Who can deny that it affords health to the body, and invigoration to the mind; but let it be asked who are the subjects submitted to this rule? Those who from early life have been submitted to it, who are subordinate, and with no great difficulty induced to employ themselves in their former vocation—here imitation will do much, obligation much more. In a private establishment you cannot force *him* to work who has never known it—who has not been accustomed to subordination, but rather to command others. Nor am I certain it is a good plan of endeavouring to restore any one to their senses by making them feel themselves inferior, perhaps degraded beings; nor can it be enforced as it may be elsewhere. With females there is much less difficulty; their education has taught them the use of their fingers in various modes of industrial and amusing employment, which is readily engaged in by many. I have not, however, observed that the cures in one class are greater than those in another; nor in the working asylums than in the non-working, (so called for the sake of distinction); and one observation I have particularly made, and ever been

attentive to it,—how short are the hours, how fleeting. to the unsteadied mind.

The care of insanity does not depend upon the "dance, the spade, or the tambour."

Dr. Gregory has advanced, in his "Letters to a Candid Inquirer," certain opinions concerning the theory of insanity, which I shall not now discuss. An experience of thirty years teaches me it would he beating the air: but when his "odyle" can be obtained—when his imaginative conjectures can be condensed into solidism, then will be the time to gaze, to pass, dispass, to administer globules of the "insane root," which, according to the doctrine of *the then day*, must inevitably cure the disease.

In this interval we may be allowed to reason upon facts, instead of losing ourselves in the "clouds of science."

> ——— The human mind may strain,
> And in its labours will most likely gain
> The granted knowledge of the laws of life,—
> Their mutual action, their continued strife.
>
> Yet, all in order. Those will be content
> Who widely reason, judge of what is meant,
> Believing truly that Almighty Power
> Has given to man his day, his strength, unto his hour.

At present I cannot class among the well-judging reasoners upon this disease, extraordinary as it is, those who seek for its emanations beyond the credible influence we are yet permitted to perceive of the union and action of the material body with and upon the immaterial spirit.

Yours obediently,

E. B.

Medical Intelligence.

MEDICAL BENEVOLENT COLLEGE.

At a meeting of the medical practitioners of Leamington and Warwick, held at Leamington, October 9th, 1851, Dr. Jeaffreson in the chair, the following resolutions were passed:—

First. Proposed by Mr. Prichard, and seconded by Mr. Boulton, "That the Establishment of an Asylum for Distressed Medical Men or their Widows, and a School for the Education of their Sons, is an object worthy of the cordial co-operation of the profession, and has strong claims on the sympathy of the public."

Second. Proposed by Dr. Homer, and seconded by Mr. Hiron, "That the members of the medical profession in Leamington and Warwick, forming this meeting, pledge themselves by all available means to assist the accomplishment of so desirable an object, and earnestly exhort their professional brethren and their friends throughout the country to aid them in carrying it out."

Third. Proposed by Dr. Franklin, and seconded by Mr. Blenkinsop, "That a local committee be formed, consisting of the following gentlemen, for the purpose of co-operating with the central committee in London, and on receiving subscriptions and donations from the profession:—Dr. Jeaffreson, Mr. Middleton, Mr. Boulton, Dr. Homer, Dr. Franklin, Mr. Jones, Mr. Blenkinsop, Mr. Babington, Mr. Hiron, Mr. Watson, and Mr. Prichard."

Fourth. Proposed by Mr. Blenkinsop, and seconded by Mr. Busby, "That Dr. Jeaffreson be requested to accept the office of Chairman, and Mr. Prichard that of Honorary Secretary and Treasurer to the local committee."

Subscriptions and donations will be thankfully received by the Local Treasurer, or by any member of the committee.

MESSRS. HIGHLEY AND SON, *v.* QUACK PUBLICATIONS.

The profession will be much gratified on being made acquainted with the important fact that Messrs. Highley and Son, the eminent medical publishers of Fleet Street, and booksellers to the Royal College of Surgeons of England, have declined the further publication of all homœopathic, hydropathic, and other works devoted to the advancement of quackery.

CENTRAL CRIMINAL LUNATIC ASYLUM.

The visitors of the County Lunatic Asylum, Gloucester, have forwarded a memorial to the Secretary of State for the Home Department, for the establishment of a Central Criminal Lunatic Asylum.

EPIDEMIOLOGICAL SOCIETY.

The first ordinary meeting of the present session was held at the house of the Royal Medical and Chirurgical Society, 53, Berners Street, on Monday, the 3rd of November, Dr. Babington in the chair. An address was read by the President, in which he stated the progress of the Society since first he had the honour of addressing the members beneath the same roof in December last, and the nature and operations of the various committees formed since that period. A paper was read by the Honorary Secretary, written by Mr. Gardner, of Notting Hill, "On Small-pox and Vaccination," which elicited much applause. Mr. Grainger spoke at some length. Dr. Babington and Dr. Hare also took part in the discussion. Several new members and corresponding members were proposed. The meeting was well attended.

UNIVERSITY OF CAMBRIDGE.

LECTURES ON SUBJECTS CONNECTED WITH THE STUDY OF MEDICINE FOR THE ENSUING YEAR.

Michaelmas Term.—Comparative Anatomy and Physiology, by the Professor of Anatomy—Human Anatomy and Physiology, by the Professor of Anatomy—Institutes of Medicine and Preservation of Health, by the Downing Professor of Medicine—Medical Clinical Lectures by the Regius Professor of Physic, at the Hospital.

Lent Term.—General Pathology, by the Regius Professor of Physic—Human Anatomy and Physiology. (Course continued.)—Chemisty, by the Professor of Chemistry—Medical Clinical Lectures, by the Linacre

Lecturer at the Hospital—Materia Medica and Pharmacy, by the Downing Professor of Medicine.

Easter Term.—Special Pathology, by the Regius Professor of Physic—Botany, by the Professor of Botany—General Therapeutics and Clinical Medicine, by the Downing Professor of Medicine.

A course of Lectures on Surgery by Mr. Humphry.

Attendance on Medical and Surgical Practice at the Hospital, daily, at 11 A.M., recognised by the Royal Colleges of Physicians and Surgeons.

Attendance on the Lectures on Human Anatomy and Physiology, and on General Pathology and Dissections, are recognised by the Royal College of Surgeons, London, as one of the Sessional Courses required by the Regulations of the Council of that College.

Students entered to the Practice of the Hospital are admitted to the Clinical Lectures and the Lectures on Surgery without additional fee.

Cambridge, October, 1851.

HARVEIAN SOCIETY.

Office Bearers for the Session 1851-52.—*Presidents:* Dr. J. Bird and Mr. H. Obré.—*Treasurer:* Dr. J. Ridge.—*Honorary Secretary:* Dr. R. H. Powell.—*Members of Council:* Dr. Chowne, Dr. R. Quain, and Mr. H. B. Norman; *ex-officio* members inclusive.

ROYAL COLLEGE OF SURGEONS.

The Classical and Mathematical Examinations for the Fellowship commenced on Tuesday last. The Professional Examinations will take place in the first week of the ensuing month.

The following gentlemen were admitted members on the 24th inst:—Robert William Ellis, Bristol; John Tom Gabriel, Devonport; Thomas John Hughes, Lampeter, Cardiganshire; John Kearns, Kilkenny; John M. Kidd, Edinburgh; George William Paynter, Australia; William Barnes Rainey, Spilsby, Lincolnshire; George Money Swinhoe, Calcutta.

SOCIETY OF APOTHECARIES

Gentlemen admitted on Thursday, October 23:—George Atkin, Sheffield; William Davey Haye, Callington, Cornwall; Thomas Nash, Liverpool; Thomas Odell, Newport Pagnell; Edward Horatio Swete, Sheffield.

Gentlemen admitted on Thursday, October 30:—William Boyle Chavasse, Birmingham; Charles Edward Bowman Danson, Pocklington, York; Edwin Josiah Miles, Gillingham, Dorset; Richard Nugent, Antigua; William Owen, Llanfair, Montgomery.

BOOKS RECEIVED FOR REVIEW.

Lectures on the Principles and Practice of Surgery. By Bransby B. Cooper, F.R.S., &c. London: J. Churchill, 1851. pp. 964.

On the Transmission from Parent to Offspring of Some Forms of Disease. By James Whitehead, M.D., F.R.C.S., &c. London: J. Churchill. 1851. pp. 351.

A History of Epidemic Pestilences, from the Earliest Ages. By Edward Bascombe, M.D. London: J. Churchill. 1851. pp. 250.

The Prevention and Cure of Diseases by Movements. By M. Roth, M.D. London: J. Churchill. 1851. pp. 302.

A Manual of Physiology. By W. B. Carpenter, M.D., F.R.S., F.G.S., Second Edition. London: J. Churchill. 1851. pp. 616.

Bradshaw's Companion to the Continent. By Edwin Lee, Esq. London: W. J. Adams. 1851. pp. 408.

Report of the Proceedings of the Pathological Society of London. London: Bentley and Co. 1850-1. pp. 196.

Report of the Alleged Lunatics' Friend Society. 1851. Pamphlet. pp. 39.

Summary of Suggestions for Additions to the Law of Lunacy. Pamphlet. pp. 11.

A Letter to the Right Hon. the Committee of the House of Lords, sitting on the Masters' Jurisdiction. Bath. 1851.

The Medical Examiner—August, 1850. Philadelphia.

The American Journal of Dental Science. Philadelphia. 1851.—April and July.

The Dublin Quarterly Journal.

The Charleston Medical Journal—September. 1851.

The London Journal of Medicine—November, 1851.

The Medical Examiner—September and October, 1851.

The American Journal of Dental Science—October, 1851.

PROVINCIAL MEDICAL AND SURGICAL ASSOCIATION.

NOTICE TO MEMBERS.

Gentlemen will observe that the Annual Subscriptions become due on the First of Junuary, those who have not yet paid their subscriptions for the current year, or who are in arrears, are requested to forward the amount due either to the Secretary of the district in which they reside, or to the Treasurer or Secretary of the Association, Worcester.

It is also particularly requested that all post-office orders should be sent either to the Treasurer or Secretary, who alone have the power of giving receipts.

JAMES P. SHEPPARD, Secretary.

Worcester, September, 1851.

ERRATUM.—In the letter "On Mr. Owen's Case of Spontaneous Amputation of the Limbs of the Fœtus in Utero," page 613, col. 1, line 30, from the bottom, for "in the *limb* itself," read "in the *funis* itself."

TO CORRESPONDENTS.

Communications have been received from Mr. Mallett, Dr. Nelson (twice), Mr. West, Dr. R. Hall, Mr. Lingen, Mr. Le Gay Brewston, Birmingham Pathological Society, and Mr. E. Bishop.

It is requested that all letters and communications connected with the *Editorial department* be sent to J. H. Walsh, Esq., Foregate Street, Worcester. Parcels and books for review may be addressed to the care of Mr. Churchill, Princes Street, Soho. But all communications respecting the routine business of the Association should be forwarded to James P. Sheppard, Esq., the Secretary of the Association.

CLINICAL LECTURES

ON THE

PRACTICE OF PHYSIC,

DELIVERED IN THE

THEATRE OF QUEEN'S COLLEGE, BIRMINGHAM.

By DAVID NELSON, M.D., Edin.,

Physician to the Queen's Hospital, and Professor of Clinical Medicine, &c.

LECTURE IX.

On the Morbid Condition of the Lungs and Respiratory Tubes.

Gentlemen,—These affections, like those of the other tissues or organs, may be synthetically reduced, according to the rules of simplification already propounded, to three orders, viz.,—those of a purely functional or nervous kind in the first place; secondly, those involving anæmia or hyperæmia; and thirdly, degenerations.

Before entering, however, into the consideration of these specific maladies, I shall take a very general review of the essential structure of the lungs, and the principal features to be observed with regard to their capacity, and the different motions, sounds, and discharges, which may characterize them in the various phases of health and disease.

In the human body, then, the atmospheric air is admitted into the system by first passing through the mouth or nostrils to the larynx, thence down the trachea, and next through the bronchi and their ramifications, into the ultimate cellules of the pulmonary tissues. The whole of this extensive track, so extensive as to be about ten times more than the superficial measurement of the body, is lined by a mucous membrane, with areolar and muscular tissue underneath. The mucous membrane of the mouth is covered with tesselated epithelium, but that of the air passages, more strictly speaking, is clothed with a cylindrical ciliated epithelium, whose infinitely delicate ciliæ wave to and fro at every inspiration with a perpetual stroking motion. In the event of any obstruction, either in the mouth or nostrils, these organs may readily supply the offices of one another, and, generally speaking, the first point of importance and danger, as regards respiratory affections, occurs in the larynx; an organ so complicate, delicate, and sensitive, that it is frequently liable to irritation and all its consequences, so that a patient may die of suffocation from the closure of this principal passage alone, while the general body of the lungs is in a perfectly healthy state. The same observation, in a minor degree, may be applied to the trachea, as in croup; though the structure of that passage is comparatively simple, being a series of imperfect cartilaginous rings controlled by muscular fibres, and covered by the usual membranes. The bronchi and bronchilli are similar in their structure to the trachea, but upon a diminished scale. What these want, however, in individual size, is made up by their number and greater extension of surface; so that, while obstructions in the trachea owe their danger to the fact of its being the one first passage; those in the bronchi and bronchilli are rather serious on account of the extent of surface involved. This latter observation applies with infinitely greater force to the ultimate cellules, as illustrated in pneumonia, &c., on the condition of which the vital capacity for air altogether depends. As all of you are aware, there are three lobes of lung on the right side of the chest, and two lobes on the left, the room of the third being here occupied by the heart, whose situation has already been described. While the inward lining of the lungs is a mucous membrane, that which lines their exterior is of a serous character, and being reflected back upon the walls of the chest, and upper surface of the diaphragm, &c. &c., is well known as the pleura, the smooth and moist faces of which admit of a free and easy gliding upon each other during the acts necessary to respiration. The lungs, then, occupy a space within the chest, corresponding pretty nearly with slanting lines drawn from the xyphoid cartilage along the last true and all the false costal cartilages to the last dorsal and first lumbar vertebræ upwards, to the supra clavicular spaces. Their capacity for air has been determined by Dr. Hutchinson to depend on the height of the individual, and not on his bulk; and you will find, on referring to his essays on that subject, what he gives as the natural cubic measurement of their contents, according to the rise or fall of altitude. Thus, the capacity of a medium man of 5ft. 8in. is laid down at about 240 cubic inches, while that of one of 6ft. is about 270; no matter what the relative bulk or weight may be. As you will better understand, however, in ounces than in cubic inches, what the amount of air is, I have had my hospital spirometer graduated accordingly, and we find that a moderate sized man of 5ft. 8in., and with sound lungs, will fill the glass at his full expiration to the extent of 128 ounces, while a tall subject of 6ft. will bring down the column of air so as to represent 152 ounces. Several of our consumptive patients, on the other hand, of 5ft. 8in. and upwards, have not been able to expire more than 32 ounces. These comparisons are of the very highest importance; and not less so are those which relate to the bulging of the intercostal spaces under accumulation of fluid, and the sinking of the clavicle, &c., under solidification or destruction of the lung. The motions by which the respiratory acts are naturally effected are, the alternate contraction and relaxation of the diaphragm and muscles of the thorax, &c., so gently exerted as to excite no sense of effort. These acts are partly under the voluntary, but mostly under the government of the involuntary nerves; and, during the period of rest, or after breakfast in the morning, the respirations, in a perfectly healthy and well-formed adult male, will amount to little more than ten in the minute. Under exercise, even in the healthiest person, they may be considerably augmented; and then the muscular motions will also be much altered, inasmuch as additional muscles will be called into play, but more especially those of the neck. In disease there are numerous modifications of such motions, both as to

character and frequency. Thus we may have dilatation of the nostrils, as in heart disease; or violent efforts of the muscles of the neck or abdomen, under different affections of the bowels or chest, or air passages, as constantly illustrated in the house. The respirations may also naturally diminish under affections of the brain, or other portions of the nervous system, from a diminished excito-motive sensibility. Or they may, on the other hand, be greatly increased, even to 60 in the minute, (as in the little girl, Bates, with pneumonia, in Heath, with phthisis, and in the old man, Malabone, with asthma); either from diminished capacity of the lungs, or obstructed passages, or from such inflammatory or nervous pain of the pleura, &c., as shall deter the sufferer from making other than a very slight inspiration at a time. Thus the number of the respirations becomes a matter of much consequence in forming a diagnosis; yet not without comparing it, at the same time, with the further evidences afforded by auscultation and percussion.

As to the former kind of evidence, it will be obvious to you, on considering the anatomical structure of the organ, that different sounds will be produced by the air while passing through the different parts of which the lung is composed. Thus, the sounds heard through the stethoscope have been named according to the natural situations in which they should be found. A loud and tubal blowing sound will be heard over the trachea, which is therefore called tracheal respiration. The same sound, considerably diminished, is likewise recognised over the larger bronchi, at each side of the upper part of the sternum, and is called bronchial respiration. As these subdivide and enter as bronchilli into the ultimate cellules of the general tissue, the character of the sound is greatly altered, and you have only that gently breathing whiff, or, in young subjects, that soft continuous buzz, which is known as vesicular respiration. To discriminate rapidly and skillfully between these different sounds requires a nice ear; but you have only one course to pursue, and that is, perpetual practice with the cylinder. Under disease these natural sounds may become altered, or displaced, or obliterated. The tracheal respiration may become hissing, rough, or stridulous, from sundry alterations of structure, as in Dremer, with laryngeal degeneration, and the girl Perkins, with laryngitis; or the bronchial may become, from similar causes, hissing, harsh, cooing, or chirping; or the vesicular may assume a crepitant character, or be completely absent. Thus, in those patients who have bronchitis or incipient phthisis the sounds will be gently rough; where there is a dry cavern the hissing will be heard; and the cooing, chirping, and snoring sounds will accompany a narrowing of the tubes, whether it be simply asthmatic or inflammatory. Likewise, from dilatation of the bronchi, these may emit sounds as loud and harsh as the trachea, while the bronchilli, under solidification of the surrounding vesicular structure, may, in like manner, give forth a bronchial blowing, in portions of the lung where nothing but the vesicular murmur ought to be heard. Under the existence of caverns, what is called cavernous respirations, of a very hollow character, will be perceived, while the rest of the structure may be so solidified that no sound is heard whatever. It is also to be understood that these must be altered under the presence of fluids. In the vesicular structure such fluids will produce what is called crepitation, or the small crackling murmur similar to that emitted by common salt over coals, or from the handling of hair, or from the breaking of small bubbles in a phial. In the smaller bronchi they will produce what is called the larger crepitation; and in the larger bronchi, windpipe, or accidental caverns, they will give the marked loud sound called gurgling. Besides the cavernous or hissing respiration heard in a dry cavern, and the gurgling in a moist one, two other sounds are elicited from a hollow of this kind; one under percussion of the hammer, viz.,—sharp reverberation, and the other, passing through the cylinder, as recognised under the term *pectoriloquy*. Œgophony, as you are aware, is that tremulous goat-like sound produced by the undulation of water under the force of the voice.

From percussion we derive many important points of evidence. In the healthy condition there will be a clear resonance from every part of the chest, except where very thick muscles intervene, or over the region of the liver or heart; and the evidences of disease, in so far as the partial or total obliteration of the pulmonary tissue is concerned, whether proceeding from solidification or deposits of fluid, or of tumours, will be in proportion to the partial or total obscuration of the resonant sound under percussion. On the contrary, it may be greatly increased under the condition of emphysema. All this is, in most cases, a question of degree, the nice perception of which is only to be attained by long and continued practice. For one instance of extreme amphoric resonance, or clay-like dulness, you will find twenty instances of graduated diminution or increase of pectoral sound. As a means of discriminating such nice differences you will find in the pleximeter and hammer a very great assistance. They have many advantages over the naked hands, among which I shall only enumerate the facts that they elicit clearer sounds from the depths of the chest than the hands are able to do; that there is greater delicacy in their application; that they are less painful, both to the patient and practitioner; and that by their means we can mark out the line of demarcation between healthy and unhealthy parts with much greater precision. In an extensive practice the fingers of the physician will often become painful, and even affected with periostitis by frequent manual percussion. The slightest tenderness, either on his own part or on the part of the patient, will thus induce him to vary the force of his stroke; whereas neither of these impediments are apt to beset the pleximeter, which, under the equal and gentle stroke of the hammer, will seldom ever give pain, unless disease be present; and even then the pain will be very moderate. There is also another evidence of excavation which has been found of great value to us in the hospital, and which, indeed, has been the invariable, and sometimes the only proof, during

life, of what has been found after death. This is that peculiar reverberation under the stroke of the hammer to which I have so repeatedly drawn attention, as indicative of the presence of a cavern, and which can only be fully elicited by the use of the pleximeter and hammer, though a practised person may readily produce it with his fingers.

As to the nature of the pulmonary discharges, there ought to be, in a state of health, almost nothing whatever, beyond the natural halitus of carbonic acid and water, &c. As the air, however, will generally be found to contain a certain amount of impurity, such impurities will always excite a certain slight irritation in the first passages, and protective exudations of thickened mucus will then be thrown out in the form of those matters which commonly proceed from the nostrils, or are hawked up from the fauces &c., even of the most healthy individuals. These healthy individuals, however, will certainly never have any actual discharge from the body of the lungs, beyond the halitus already mentioned; nor will they ever cough or expectorate, except from some cause suddenly applied from without. The slightest induction of cough, therefore, or the slightest approach to expectoration, is, so far, evidence of disease; and the amount and kind of cough and expectoration will afford a measurement of the extent and nature of such disease. Thus, there is the short, dry, uneasy cough of incipient inflammation or degeneration, and the moist and comparatively easy cough of the more advanced stages of exudation or softening. The discharges, in like manner, will vary with the varying nature of the ailment. In the first stage of hyperæmic action there will be a diminution of the secretions; while afterwards they will be more or less augmented, and more or less altered in character. Thus, we may have the frothy or thickened mucus of a common bronchitis, which may, further, be mingled with lymph, which shall rapidly change into pus, streaked, perhaps, with blood; or, if the inflammation extend to the vascular structure, where the vessels are infinitely multiplied, we may then have the whole sputum tinged red with blood. You may also have the same sort of sputum from simple relaxation of the vessels, as in the interesting case of Steel, who, at the age of 40 had hooping cough, after which rusty expectoration continued for a considerable time, without any evidence of inflammation. In phthisis the discharges vary very much, and we may either have a simple frothy mucus or a greenish fluid full of globules of muco-purulent matter, or tough thread-like balls, commonly called flocculi, also pure pus, or pus or mucus infiltrated with blood. We may likewise have the melanotic expectoration of black disorganised lungs, or the offensive emanations from gangrene or malignant disease. Besides the proper pulmonary expectoration, we should also attend to what is hawked up from the region of the fauces and larynx, as diseases of a very formidable character are apt to attack those parts, the onset of which is generally preceded by the secretion of a thick and tenacious or bloody mucus, which is not hawked up without producing an inclination to vomit, especially in the morning, and which is followed by a degenerate thickening of the parts and loss of voice; in short, by laryngeal phthisis, of which we have had several cases, and all, with one exception fatal, inasmuch as they are almost always a mere conclusion to universal destruction of the lungs. Not that I would assert that such degeneration may not sometimes commence at the larynx, but only that, in all bodies dissected here it has invariably been associated with the above universal destruction of the lungs.

All affections of these respiratory organs, according to the synthetical plan here adopted, are reducible to three orders, viz., the functional, the hyperæmic, and the degenerative. Those of a functional kind are altogether due to irregularities of the nervous action, and may either arise from affections of the nervous centres or chords themselves, or be due to a reflected excitement, the source of which may be an irritant at their peripheral expansions. Thus the sighings, the coughings, the wheezings, &c., &c., which occur in hysteria, nervous asthma, and other similar disorders, are of the former kind; while the same symptoms, being traceable to the presence of irritating gases, or morbid deposits, belong to the latter order.

The purely functional disturbances, however, are not now admitted to be so numerous as they were wont to be, because it has been found that apparently functional disturbances in one organ, are mere reflections of organic excitation in another. Thus, it is a familiar fact that chronic inflammation or other affections of the uterus, will excite pain under the left breast, and an habitual vomiting which ordinary stomachic discipline shall not subdue; that disease of the liver will give rise to pains in the shoulder; and that a worm in the intestines will produce sneezings, itchings at the nose and anus, grindings of the teeth, and an incessant cough, or even epilepsy or chorea. Even simple sensations being impressed upon one sense, will sometimes be propagated to the source of another, and be so reflected upon its expansite nerves as to excite a seemingly functional disturbance. Thus, Dr. Allen Thomson, of Glasgow, is wont to relate a peculiarity of this sort in his own constitution, and states that he no sooner crosses to the sunny side of the street, than the sudden change effected upon the retina is swept backwards, and returns along the nasal nerves, so as to excite a fit of sneezing. Even in those convulsive actions of the motor nerves, which are not traceable either to irritation of their own coadjutor sensifics, or any other peripheral source, but only to a morbid condition of the motor centres or nerves themselves, the mere presence of excess of blood, or of vitiated blood, &c., within these centres, is to be accepted as a physical cause, quite sufficient to exclude such convulsions or spasms, from the category of mere *functional* lesions. Such lesions, indeed, are only to be admitted, when no physical causes can be discovered, and a wide enough field is offered to our observation, even within this strict limitation of the term functional. The chief source of such kind of disturbance appears to be emotion, the exaltation of which, therefore, may induce a simulation of numerous organic diseases. The

instances of sighing, weeping, screaming, vomiting, purging, passing urine, and aborting, under no other assignable cause than a sudden powerful emotion, are common and tangible proofs of that perturbing influence from within, which is so mysterious in its rise, and so eccentric in its proceedings, that it has always proved the principal obstacle to any positive and invariable certainty in medical reasonings. It may be, as it has been, questioned, whether such tangible results could accrue from simple emotion alone unless there existed some simultaneous derangement of bodily health; by which reasoning, the whole theory of nervous disorders would be expunged from our nosological tables. But, having already granted that such nervous theory should be strictly limited, I must as positively hold, that there is no improbability whatever, under the facts above instanced, that the emotional centres should so propagate their primary perturbation to the sources of voluntary and involuntary motion, and so stimulate them that the controlling power should be overcome, and various peripheral manifestations be exhibited without any physical defect being discoverable within the frame, except only a delicate and sensitive organization, as inferable from the results.

Whether, however, the exciting causes be physical or functional, there can be little doubt of the effects being of a spasmodic or convulsive nature, as indicated by the sudden rapidity of their onset and departure, and their subduction by those remedies which are known to influence nervous actions. Under this head we have to place all affections of that nature which attack the nose, the larynx, the trachea, or lungs. In the nose the chief manifestation consists in sneezing, or in certain subjective perceptions irrespective of any external cause. Sneezing may arise either from an external irritant, or the presence of hyperæmia, as in the onset of more serious pulmonary complaints, or from some merely functional derangement of the nerves themselves. When similar occurrences take place in the larynx, they excite cough, and become of vital importance, on account of its being the sole passage by which air may reach the system. In this situation there may occur spasmodic constriction dependent on the circulation of poisons in the blood, or violent convulsions may interfere with the act of respiration under the intrusion of any foreign matter, whether it be solid or liquid; or there may be an hyperæmia, or such a deposit of solid, or effusion of fluid, matter, as may physically excite local convulsions. The same argument applies to the trachea, bronchi, bronchilli, and vesicles of the lungs, because they are each characterized by a nervous and muscular structure. One eminent physician, it is true, (Dr. Clutterbuck,) did object to the possibility of any spasm of the trachea, under the argument that its rings were cartilaginous, and did not admit of any constrictive action; but the anatomical fact was forgotten by him that these tracheal rings are not perfect, but only partial, and that, as the intermediate tissue is clearly muscular, spasm and convulsion may take place within it as readily as elsewhere, and therefore that laryngismus and spasmodic croup are maladies of as veritable a kind as is either spasm of the stomach or of the intestines. The distinction is a matter of very great importance in practice, as the life of the patient might be sacrificed by any want of discrimination on the part of the attendant, and that within a space of time calculated to startle any observer. But the difference between an organic and spasmodic attack is usually to be drawn from the suddenness of the latter, coupled with the slowness of the pulse and general absence of fever. Of the existence of spasmodic contraction within the finer ramifications of the intra-pulmonary muscular structure, there exists no doubt whatever, and it has universally been admitted to be the immediate cause of a fit of asthma. Analytical nosologists have divided asthma into spasmodic, organic, dry, moist, vapourous, &c., &c. All this I take to be an unnecessary complexity, for asthma is always essentially spasmodic, whatever may be the exciting cause, and we are no more entitled to puzzle the observer by mixing it up unnecessarily with other coincident conditions than we are entitled to divide and subdivide coughs and sneezings, &c., &c., until the acquisition of their mere names becomes an irksome task. All such affections attack by fits, according to the irritation of the exciting cause, or the excitability of the nervous system, and the only important distinction we have to draw is, as to whether that cause comes from within or from without, that is to say, whether it be a perturbed functional state of the nervous centres or chords themselves, or whether it arise from a foreign irritant applied to the local sensorial surface, or elsewhere, and propagated back by reflex action to the motor expansions of the same organ. Thus a cough, or a fit of coughing, is clearly a nervous act, whether it proceed from inhalation of dust, or from tubercle or pneumonia; and so asthmatic constriction is a truly nervous condition, whether it be dependent on some change in the constitution of the atmosphere, or on the presence of blood or other matters in the lungs, or on simple mental emotions. It is, in short, a morbid muscular contraction, and is never to be confounded with any permanent narrowing of the respiratory tubes by organic deposits. This may appear a self-evident proposition, but it often becomes necessary to remind people of such axioms, and bring back their excursive speculations to the simplicity of natural reasoning. It may be averred that such divisions are useful, because, if they were not ever present to the mind of the practitioner, he might be apt to apply simple antispasmodics in cases involving great engorgement of blood, or solid or fluid deposits. But I contend, that so far as spasm is concerned, it would be relieved by such agencies, even in the presence of organic causes; and certainly the physiological facts and reasonings upon which this view is based leave no ground for the assumption, that any practitioner so disciplined in his profession should be likely to expect that the physical conditions that excited the spasmodic action, could be removed by the agencies alluded to. The presence of a surgical wound, or of irritating matters within the uterus or intestines, does not pro-

hibit us from using, with good effect, sedatives and antispasmodics, when these organs are excited to painful contractions thereby. And neither do I see why a parity of reasoning should not apply to the lungs or any other part of the body, but I shall touch upon this subject again when I speak of the organic changes.

The usual symptoms of asthma are, a sense of the existing constriction, with a blueness of aspect dependent on deficient oxygenation. The patient finds his difficulty of breathing much increased on lying down, and therefore props himself up in bed when the attack is severe, or sleeps in a chair. On listening over the chest all varieties of sounds may be heard, from the sibilant chirp to the rough base note; and, if fluids are present, there may be gurgling sounds, or even the smallest crepitation, quite resembling that of pneumonia. This latter sound was very markedly heard in the chest of Peakman, whose asthma obviously depended on extensive bronchitis and œdema of the lungs, the fluid sound being, most probably, due to mucus retained within the distended vesicles. In asthma the inspiration is rather prolonged and laboured, but the expiration is much more so; and, from the fact that the retained air must have the effect of distending the vesicles, or even of making them burst into one another, a condition is produced in old asthmatic subjects called emphysema, which gives rise to that peculiarly hollow resonance under percussion which is called amphoric. But this condition, so far from affording any relief to the dyspnœa, rather increases it; for, inasmuch as the capacity for ærifiation in the blood is not dependent on the mere hollowness of the lung, but on the comparative extension of the oxygenating surface, so this breaking up of that finely-spun tissue of vessels diminishes to a considerable degree the basis of operation in the proper pulmonary function.

The proneness to asthma is commonly congenital and hereditary; but, as already observed, it may arise, like cough, from numerous external causes of irritation, and is to be treated according to the same principle as other nervous disorders. Whether there be sneezing, therefore, or common, or croupy, or hooping-cough, or asthma, they are all to be managed acccording to two rules, which are, to allay iritability, and remove, if we can, the irritating cause. The latter operation will be entered into at proper length when we come to consider the organic affections; and, for the present, I shall chiefly confine myself to the former. Pure spasm, or convulsion, is principally to be controlled by those agencies which we call sedatives, tonics, and, for paramount distinction, anti-spasmodics. All of these might act with pretty nearly the same effect, provided we had a genuine case of purely nervous action; but, inasmuch as the nervous excitation is so very often a secondary result of previous organic change, so we must be careful to appreciate all such physical causes, and refrain from the administration of such remedies as might increase them. Thus opium, arsenic, or hydrocyanic acid, might each possess equal virtue in allaying the irritability and renewing the normal powers of the nervous system; and yet opium might be highly objectionable in one case, from its tendency to produce congestion and dryness of the mucous surface; arsenic might be contraindicated in another, from the presence of acute inflammation; and hydrocyanic acid might be forbidden in a third from a consideration of the low condition of the vital powers, and a consequent tendency to faint. Thus, though in each case there is but one path to take, there are a great many paths to be avoided; and it is the nicety of perception that is here requisite which constitutes the therapeutical skill of the physician. But, while cautiously regarding the various physical changes that may have taken place, and thus avoiding the use of any medicine which may augment their intensity, there are certain pure anti-spasmodics which can seldom do harm under any circumstances, and generally effect the highest amount of benefit in almost all; such as fœtid or aromatic ammonia, or mild tobacco fumes, or castor, or sulphuric æther, or lobelia. More especially that combination of the two last medicines known as *Whitlaw's Æthereal Tincture of Lobelia*, have I found most efficacious in asthma, as illustrated by so very numerous a list of cases at our hospital; wherein the arrest of the constriction was effected, in so brief a space, that no doubt whatever could be left on any mind as to its being essentially a nervous disorder. Amongst a great many others you may recollect one lad in particular, John Taylor, aged 13, subject for eighteen months to the disease, whose respirations were so high as sixty in the minute, and whose wheezings were the loudest, roughest, sharpest, and most extensive I ever heard. With such a violent fit he entered on one day, and having taken only two doses of the tincture, he was perfectly well the next morning. I therefore draw your especial attention to this admirable compound.

I have entered thus fully into the subject, not from any shadow of doubt existing in my own mind, but because I wish to reconcile the views of the two sections of the profession called symptomatologists and morbid anatomists, and blend them into some shape of distinct pathological doctrine. Drs. Corvissart and Clutterbuck, as you may be aware, recognised the local physical causes alone in these affections, and did not admit any instance whatever of eccentric spasm or convulsions. Such assertions only illustrate the tendency of that mechanical school of philosophy which, in modern days, has darkened our horizon, and sometimes obscured the highest truths. Dr. Majendie was one of the leading apostles of it in France, and too many microscopists, chemists, and physiologists have recently been drawn down to it, to the annoyance of the observant and reflecting physician. But one glaring instance of the perversion and inconsistency of such minds is exhibited in this fact that, while they sceptically ridicule the admission of any inefficiency in immaterial, or unseen causes, they will yet admit, with the fondest credulity, the necessary presence of a physical one, even though they can neither exhibit it to others nor see it themselves. But as to asthma, cough, dyspnœa, and other like affections of the respiratory system, they will frequently be found in

nervous and hysterical patients, without any visible source of irritation whatever, and only traceable to the intangible influences of mental emotion. Several of you may recollect the patient Emma Simkiss, who had frequent cough without any expectoration, a pulse of 120, occasional wheezings, and great dyspnœa, so that the respirations were upwards of forty in the minute, though the resonance was clear. She took antimony, digitalis, and ætherated lobelia, after which the pulse came down, and the wheezing and cough diminished, but the frequent respirations remained as before—at 40. Observing her excitability, she was put under the test of the spirometer. After trying again and again for at least ten or twelve times, she seemed able to expire no more than 32 ounces or so; yet, at length, after a deep sigh and a determined perseverance in expiration, she emitted not less than about 96 ounces of air, which of course was decisive as an evidence of the nature of the case. The same observations apply to hooping cough, under the admonitary recollection that it depends on a specific morbid poison, which is apt to induce inflammatory action in the stomach, lungs, and medulla oblongata itself, which shall run a determinate organic course, irrespective of the greater or less amount of the concurrent diaphragmatic and laryngeal convulsion.

OBSERVATIONS ON HYDATID DISEASE OF THE LIVER.

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PART II.*

At the conclusion of my last paper it was mentioned that the hydatid consisted of an external fibrous sac, which contains the true acephalocyst which is formed of numerous concentric laminæ, and of a fluid enclosed by these; the echinococci were described, and my belief that the refractile globules which, after a certain age, are apparent within their bodies, are ova, asserted. In the present communication there will be found a description of the development of the secondary acephalocysts and of the echinococci; the method of generation of the primary acephalocysts is dwelt upon, and their distribution and decadence noticed.

The primary acephalocyst, having, in a manner presently to be explained, obtained a position suited for its growth, rapidly enlarges, and developes within itself secondary cysts and echinococci. The two innermost laminæ of the acephalocyst have to do both with the generation and development of the echinococci and secondary cysts.

The innermost lamina, it is to be recollected, is washed on its inner surface by the fluid of the acephalocyst; its outer surface is in apposition with the inner surface of the second lamina. The secondary cysts are developed in the following manner:—A mass of jelly-like substance is deposited from the inner surface of the second lamina; it necessarily causes a projection of the first or innermost lamina, which it separates from the second. In fact, an interlaminar space is formed, which is occupied by the new deposit. Highly refractile molecules soon appear in the deposit, which rapidly becomes opaque and granular. The first lamina is now stretched tensely over the deposit, and becomes more so as this increases in bulk. Clear spaces now form, and the indistinct outlines of microscopic cysts are seen in all parts of the deposit. By rapidly increasing in number and in size, these miniature acephalocysts rupture the first lamina, and escape into the fluid of the parent acephalocyst.

It is to be noticed that the second lamina has nothing to do in this affair, but to throw out the deposit; it undergoes no thickening. The first lamina is rendered tense, and bursts with a rent commensurate with the dimensions of the new formation. Occasionally the cysts grow to a considerable size whilst between the laminæ, and render the parent cyst very opaque in the spots occupied by them. After escaping from the interlaminar space, the newly-formed cysts sink, by their weight, to the bottom of the fluid in the parent cyst, and remain in apposition with the first lamina, whence they draw their nourishment. Growing more or less rapidly, according to circumstances, the secondary cysts become more and more laminated, and soon produce others within themselves. It appears that the secondary cysts, when just developed, consists of two laminæ only, and that the third lamina is gradually produced from the most external by a kind of fissiparous development; the fourth appears to be produced in a like manner from the third, and the fifth from the fourth, and so on. The cysts developed by the secondary cysts are evolved in the same manner.

The importance of the second lamina is very great; it deposits the cyloblastema whence the secondary cysts are developed, and it adds to the size of the cyst, to which it belongs, by splitting, and thus producing another lamina; the echinococci are moreover developed by it in the following manner:—At certain spots the second laminæ undergoes thickening, and at corresponding situations a slight deposit occurs upon its inner surface; the first lamina is slightly stretched upon the new formation. Gradually the thickened part of the second lamina, with the deposit covering it, contracts at the base, and enlarges at the part most remote from the unaffected portion of the lamina, and in a short time quite a change takes place in the position of the tissues. The innermost or first lamina is seen to form a sac, which encloses a mass with a constricted base; this mass consists of a central stalk-like prolongation from the second lamina and of a faintly granular body placed upon this. These projections into the fluid of the acephalocyst sometimes exist in such numbers as to give quite a ragged aspect to its interior. As yet there is no sign of animal life, but after a while the stalk-like

* Continued from page 60, No. III., February 5, 1851. It is as well to have the former number at hand, as it is constantly referred to. The difficulty of obtaining specimens has caused the delay in the production of the paper.—P. M. D.

prolongation becomes covered with a deposit, identical with that it supports; it is in this new deposit that, first of all, little round bodies are seen; they are attached by their bases to the stalk-like prolongation, their free surfaces are surrounded by the granular deposit, and they are kept from the fluid of the parent acephalocyst by the interposition of the first lamina. These round bodies increase in size, their attachment becomes constricted, and in a short time the constricted part elongates into a stalk. The general appearance of the central stalk-like prolongation of the second lamina, with its little stalks, each terminating in a globular body, and the whole surrounded by the investing innermost lamina, is very peculiar.

The granular deposit gradually disappears. Very shortly after the globular bodies become stalked, a line of lighter tissue than the rest appears in each of them, near the centre, and at right angles to the long axis of the stalk; this bright line is afterwards the seat of the peculiar teeth. From a simple globule the echinococcus is thus rapidly developed, the stalk-like connexion between it and the central prolongation of the second lamina gradually attenuates, and finally separates. The sac formed by the first lamina is either ruptured before or immediately after the separation of the echinococcus from the stalk; and these creatures, still in imperfect states of development, pass into the fluid of the acephalocyst, and obtain nourishment by attaching themselves to the walls by their teeth. The fully-developed creature has no projection from its body, the immature echinococcus has the remains of its stalk. As the echinococcus advances in age the bright spots, which I believe to be ova, appear.

In those acephalocysts which have undergone a spontaneous cure, the fluid in which the echinococci float is nearly absorbed, and they will be occasionally found congregated in considerable numbers wherever there may happen to be an excess of moisture. In a case I have already mentioned numerous echinococci in the above predicament were found; they had lost their bright globular spots, and were surrounded by spherical cells with granular interiors.

Although I have been unable to make out the process of development of the echinococci in the secondary acephalocysts, I have no doubt but that it resembles that already described as occurring in the parent cyst.

A patient in the Colchester Hospital, who had had a blow on the loins, and is now suffering from a superficial hydatid cyst, has enabled me to satisfy myself as to the above particulars, and has added to our pathological collection a perfect globular secondary acephalocyst, containing others.

A weak solution of Goadby will preserve hydatids for any length of time, and a good quarter of an inch power is sufficient to distinguish the beautiful laminæ and the echinococci. It is most difficult to explain the method by which acephalocysts enter the system; most probably the ova of the echinococci produce creatures adapted for perforating tissues, and which deposit ova which develop acephalocysts within the structures of the body. We constantly find that entozoa, whilst free and unattached to the creature they are about to inhabit as parasites, differ in external conformation from those of the same species found within the creature. In one class the organs of locomotion and of perforation are successively lost as the entozoon passes into the body of its victim. In fact, the further an entozoon penetrates the simpler does its organization become. So we have some right in asserting, as a probability, that the echinococcus, before and whilst perforating, differs from that which is developed from the tissues of the acephalocyst. Neither acephalocysts nor echinococci have ever been found on the free surface of the body or even on the mucous membranes, but they have been found in the blood vessels, but, of course, subsequent to some perforation. Andral (Clin. Med. ii.,) p. 412, gives the following interesting case:—

A man, aged 55, with all the symptoms of organic disease of the heart, died asphyxiated. Both lungs were found to be filled with a great number of hydatids, which were first thought to be in the substance of the lung, but on careful dissection it was discovered they were all lodged in the pulmonary veins. Andral traced these veins from the heart to the lungs, and on reaching their almost capillary divisions he found that many of them presented a great number of pouches, which were formed by dilatation of a portion of the vessel, and which were filled with hydatids. Beyond each of these dilated portions the vein regained its former calibre, and a little further on became dilated again. The largest pouches were of the size of a walnut, the smallest scarcely as large as a pea. The hydatids had all the characteristics of acephalocysts.

This most important case gives us a clue to the means by which the acephalocysts are scattered about and located in the body; it explains how we find them in the brain, bones, liver, lung, mesentery, kidney, and in most of the tissues of the body; it gives us reason to believe that the germ, from which the acephalocyst springs, is translated from place to place with the blood until it reaches a vessel so small as to check its career. Dilatation of the walls of the vessel is then brought about by the increasing dimensions and consequent pressure of the acephalocyst, and the tissues around begin to suffer, and undergo those structural changes explained in my last communication.

The relation which the echinococcus bears to the acephalocyst, is indeed curious; the fact of a creature producing an offspring totally unlike itself strikes one as being very paradoxical, but the instances about to be given will, it is trusted, be satisfactory. In the distribution of hydatids, the enormous numbers of entozoa, and their ability to withstand external influences, must be held in mind. It is also to be noticed that very few out of the myriads of entozoa that attempt it, fulfil their destiny as parasites; and we must remember that there is a vis in the healthy body which enables the system to repel the attacks of both ento- and epizoa.

One of our greatest comparative anatomists, in noticing the immense number of ento- and epizoa, and the singular capacity they have for resisting destructive agencies, remarks, that in all probability every species

of entozoon has a different manner of entering the system of the animal of which it is to be a parasite. The more one studies the economy of entozoa, the more does the above remark strike the attention, in fact the variety of the methods by which a fragile little creature is enabled to reach a position in an animal larger than itself, where it can fulfil its destiny, is marvellous. Everybody is familiar with the fact that Nordmann*, some years ago, startled the scientific world by announcing his discovery of fifty-eight species of entozoa in the eyes of different fish. Now, Steenstrup made out their method of entrance, and distinctly proved that the chambers of the eye are the only places where these entozoa are fully developed. The life of one of these eye parasites is as follows:—Springing from an ovum a small, soft, and yet active creature, it grows rapidly, and speedily frequents the neighbourhood of the head of the fish it is destined to inhabit; it attaches itself to the cornea, and gradually insinuates itself through its layers, in a direct line, however. Arrived in the anterior chamber, it remains at rest close to the opening it has made, a film forms around it, and thus enclosed, it undergoes a metamorphosis. When this is completed, the film is ruptured, and the true eye parasite is at liberty to range about the interior of the organ. A white streak indicates, for some time after, the line of entrance through the cornea. But if the parasite happens to pierce any other part of the body of the fish, (the external tegument, for instance,) it undergoes metamorphosis all the same, but never escapes from its film; the conditions requisite for its future maintenance do not exist, that is to say, there is no expanse of fluid in which the creature, if perfect, can live after its emergence from its case. Steenstrup has, moreover, traced the path of an amphistomum through the mucous membrane of the rectum of the common frog, and has found it undergoing metamorphosis on the mesentery. He has also demonstrated the entrance of a cercaria into the skin of the common fresh-water snail. He has shown how it is modified in form to suit its new abode, how it pierces all the organs, even the heart itself, and how it lives upon the juices of the gasteropod. At this time of the year any careful observer may, by following Steenstrup's† directions, satisfy himself how thick tissues are pierced by soft entozoa.

It is evident that the structure of the acephalocyst differs from that of the cyst which encloses certain species of perforating entozoa during their metamorphosis. It is to be noticed also, that the ecchinococci are developed from the acephalosyst, and undergo no change. Much impressed with the value of Steenstrup's researches in the generation of the lower animals, I do not hesitate to recommend his book to all interested in natural history, especially as I believe that he gives us the strongest analogies by which we may explain the generation of acephalocysts. The medusæ or jelly fishes which frequent our shores, present in the autumn globular ova within the ovaries; whilst in the ovaries young are developed in the ova. These oval or cylindrico-oval young quit the egg, and are collected into special receptacles formed in the tentacles of the animals, whence, after a time, they escape.

Now, this progeny does not resemble the parent in any one particular; each newly-born creature swims about with the assistance of its ciliary covering, until it reaches a fit place for its future career. A depression now appears at one end of its sac-like body, and this depression soon turns out to be an apparatus by which the body is to be firmly fixed and located. Soon four, then six, then twelve, then thirty and more tentacles are developed from the free extremity of the animal, which then presents every aspect of a polype. Now, this polypiform descendant of a free swimming medusa does not produce ova, but develops creatures from its own body, both by fissiparous and gemmiparous generation, like unto its parent. In other words, a medusa lays eggs, which, when hatched, produce creatures unlike the progenitor, but which, by-and-by, without the interference of an opposite sex, develope medusæ. The cercaria I have already mentioned as attacking the fresh water snail, possesses the following peculiarity of generation:*—After the cercaria has lived for many months, in the water surrounding the snail, it will be noticed that its visits to the creature it is soon destined to inhabit as a parasite, become more frequent. Swimming about for a short time, these cercariæ attach themselves by their suctorial cavities to the snail's integument, so that their anterior extremities and their tails are free. After a while they endeavour to insert their head, and as much of the body as is possible into the mucous integument; they then lash out the tail forcibly from side to side, and at last wriggle it off, and their first phase of existence is ended. The creature now resembles a fluke or distoma, and it could not fail to be recognized as such, in case it were met with in the viscera of other animals. As soon as the tail has been got rid of, the cercariæ, which, during their late violent exertions, have been covered by a thick mucus, begin to turn round and round in a serew like motion, and endeavour to pass through the integument in which they are embedded, and to reach the adjacent organs. It is worthy of notice, that the deeper they penetrate the simpler in organization do they become, that is to say, they gradually lose the suctorial cavity and their skins become thinner, and their spines less distinct. Whether the cercariæ pass through the integument, or remain embedded in it, or simply remain attached by their spines to the outside, in a short time the mucus around them hardens, they beeome quiescent, cast off a thin skin, and surrounded by these as by a cyst, undergo a metaporphosis. Emerging, they after awhile produce ova. The ova produce creatures which bear no resemblance to their parent—creatures which grow rapidly, take on a yellow colour, and which do not produce ova. These yellow beings are to be seen at this time of year in all the organs of the fresh water

* Nordmann, Mikrographische Beilräge Zur Naturgeschichte der Wirbellosen Thiere. Berlin. 1832.

† Steenstrup's Alternation of Generations—Ray Society.

* See Busk's Translation.

snail; they soon begin to develope little circular cells within their integument. Now, these cells are not ova, but become gradually developed into cercariæ, which at last burst the integument and escape. So that the cercaria produces an ovum, out of which comes a creature, the yellow worm, which produces in itself creatures like its parent cercaria, before it had entered the body of the snail.

It is found also, that some of these yellow worms do not produce cercariæ inside them, but creatures like themselves, which in their turn develope cercariæ. This wonderful series of structural changes singularly adapts the cercaria for its abode; and Nature, knowing how few of these entozoa fulfil their destiny, and how many die before they are capable of reproducing others, evidently formed the yellow worm to prevent their extinction. This yellow worm has the same destiny as the fixed offspring of the medusa, they both produce creatures from their own bodies, unlike themselves, but resembling their parents. Steenstrup calls them "Ammen," wet nurses. This remarkable natural phenomenon of an animal producing an offspring which at no time resembles its parents, but which, on the other hand, itself brings forth a progeny, which returns in its form and nature to the parent animal, is seen in many of the lower classes of animals, and has been studied in the medusæ, claviform polypes, salpæ, trematoda, and cestoidea. It is also to be noticed, that in higher animals a peculiarity exists—in aphides for instance. In the spring, male and female aphides are hatched, and the female is impregnated and brings forth eggs; these produce aphides, which, even to the twenty-fourth descent, produce eggs and progeny unlike the parent, without further impregnation. The last eggs of the season produce male and female insects, which in the usual manner contribute to the existence of the next year's numbers. The fact I have wished to establish, is, that it is frequent for certain lowly-organized animals occasionally to produce creatures unlike themselves, which develope others resembling the parent. To suggest that the acephalocyst is an "amme," which develops creatures like those by which it was generated, viz., echinococci, and which, like as the "ammen" of the cercariæ is capable of developing others like itself, or in other words, of producing secondary acepalocysts.

I think that we may reasonably believe that the ovum whence the acephalocyst springs, is the product of an echinococcus, that this ovum is introdrced from without into the system, that when it obtains a nidus, it after a while produces a globular albuminoid cyst, which, if it can overcome the resistance of the surrounding parts, and that natural resistance of the healthy body against all parasites, gradually enlarges, and, when it becomes visible to the naked eye, is called a simple acephalocyst hydatid. During the course of its growth, by its pressure, it produces alteration in the contiguous parts, bones, blood-vessels, nerves, and whatever may be in the way, become absorbed or degenerate into tough fibrous tissue, which forms the protective wall of the hydatid. After a while echinococci are developed in the lamina of which the acephalocyst is formed, they soon pass into the limpid fluid, which gives it form and tenseness, and either float about or attach themselves by their circlet of hooks. The echinococci, when first developed, are elongated shut sacs, of a brownish colour, and possessing the rudiments of the circlet of teeth; they have no markings on their surface. Dr. Budd, in his correct description of the mature echinococci, writes as follows:—"Studded with globular bodies, which, from their refracting light strongly, have, under the microscope, a strong dark outline and a bright centre." I have noticed in my last communication, that these bright globules are ova.

These ova, I believe, produce echinococci modified in external form for the purpose of being able to perforate tissues, and these echinococci deposit in the blood vessels ova, which are the germs of acephalocysts, producing, by gemmiparous development, ova, bearing echinococci. The acephalocyst, once deposited in one of the blood vessels, passes onwards with the current until it is stopped in some capillary, the smallness of whose calibre could not allow it to pass; it becomes stationary, the liquor sanguinis nourishes it, and produces, according to the resistance of surrounding tissues, a more or less rapid growth. In bone, and in the denser tissues, the acephalocyst grows slowly, but in the folds of the mesentery its growth is exceedingly rapid. The walls of the capillary first suffer; becoming distended, (the apertures being soon closed,) they, in all probability, form the innermost layer of the fibrous sac. Subsequently the progressive growth causes absorption of all the soft parts. Influenced by its pressure, the blood vessels and masses of white fibrous tissue by which these are pervaded, remain in a degenerate state, as part of the sac; and in the liver, bile-ducts of no small size, with their cavities obliterated, undergo the same fate. There appears to be no limit to the growth of well-nourished acephalocysts; they attain to their greatest size in the mesentery. Killing by their pressure or exhausting effects, they occasionally undergo an intrinsic degeneration. It is worthy of notice that occasionally acephalocysts are solitary, that is to say, they may attain a considerable size without generating within themselves secondary cysts. There appears to be no limit to the numbers in which acephalocysts may exist in the system, the presence of one alone is indicative of a loss of that power of resisting the entry of parasites which is peculiar to a healthy being; it is therefore not to be wondered at that many are gradually introduced. I totally disbelieve that whilst in the body one acephalocyst can generate others externally to itself; but there is no reason why, if a large acephalocyst bursts into a cavity, the secondary cysts, providing they can be nourished, should not progress and live.

Hydatids very frequently are destroyed by suppuration of the inner layers of their fibrous sac; this may be caused by violence, or by perforation with knife, cautery, or trocar. And it does not follow that the acephalocysts are materially injured; they are to be found entire, floating about in creamy pus and their peculiar fluid, but as a rule the echinococci perish. I have

mentioned that decadence which invariably occurs after a while of the tissues of the fibrous sac in my last communication, and lately whilst satisfying myself on the correctness of some of the above remarks, I had several beautiful specimens of degenerating acephalocysts. The acephalocyst does not appear to suffer any structural change until long after the deposition of that exudation matter within the vessels and tissues of the external fibrous sac, which has been accounted for in the last paper. It is necessary to recollect that the acephalocyst consists of numerous concentric layers, each of which is in close apposition with a layer on either side. In the healthy acephalocyst the layers are in most perfect contact, no fluid even exists between them, but as the supply of nutrient fluids is cut off by the structural changes in the external fibrous sac, so do we notice in many places slight granular deposits between the laminæ. Now these deposits have, as a rule, this peculiarity: they occur between successive laminæ, and each is in the line of a radius, or of an imaginary line, drawn from the most external laminæ to the centre of the acephalocyst, consequently the line of deposit is at right angles to the direction of the laminæ. Generally speaking not more than twenty interlaminar spaces become affected in one of these lines; the deposit is small in the most external interlaminar space, larger in the next, and increases in successive spaces till the tenth or twelfth, when it decreases gradually to the twentieth. These deposits soon undergo a change highly refractile, globules become evident, and after a while the whole mass becomes hard, occasionally crystalline, and destroys, by pressure, the portion of lamina in its immediate neighbourhood. After a while the linear series of deposits is no longer broken by intervening portions of laminæ, but is in perfect continuity, the integrity of the acephalocyst is suffering, and ere long perforation ensues, the fluid escapes, and comes in contact with the fibrous sac, and suppurative inflammation is a natural result. Occasionally the interlaminar deposit is confined to one interlaminar space, and when such is the case it frequently crosses the track of one of the before-mentioned linear series, a crucial mass results. Having thus noticed the generation, development, and decadence of hydatids, the next paper will include the symptoms, diagnosis, prognosis, and treatment of the disease in the various organs usually affected.

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WHAT OUR ASSOCIATION MIGHT DO.

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An abuse to which people choose to submit cannot be put down. It will die only from inanition, when its supporters one by one have dropped off. It is, therefore, quite out of our power to put down any form of quackery; but it is quite in our power to draw the line of demarcation between it and medicine so plainly as to deprive it of all countenance from established truth. Let it stand alone. At our last annual meeting, the Association spoke out strongly and well against the prevalent quackery of the day; but through its individual members it might do much more than this. Observe the anxiety of all quacks to be considered as part of the medical profession. The lower grades—for there are gradations in this—filch the names of our men of eminence; the less vulgar seek our titles; would fain be on terms of professional intimacy; are delighted when an established practitioner will meet them in consultation; send their patients to authorities on a given speciality "for a diagnosis," as one might send an unmanageable horse to be broken in for his own bestriding; in short, they seek to obtain both the profit of the charlatan and the position of the honourable professional man. Let them seek to combine these incompatibles; but let not us assist them in the search. The public are taught to speak of the New System of medicine. They are not aware, as we are, that homœopathy is no *system* of anything, nor that it has no connexion with medicine at all. How should they, so long as we speak of allopathy on the one hand, and of homœopathy on the other?—so long as our eminent men, both Physicians and Surgeons, coquet with homœopathists in high places, speak mincingly of homœopathy in society, and in no respect discountenance it?

There are two reasons why certain amongst us have done this injustice to themselves and to medicine. The first is the "*auri sacra fames*;" and that we may leave undiscussed. The second is, the assumed impolicy towards legitimate medicine of fanning homœopathy into greater notice by illtimed opposition. And this reason deserves consideration.

It is neither judicious nor dignified for a medical man to obtrude the subject of homœopathy upon his patients or in society, any more than the subject of pathology. Neither is it generally useful or becoming to make the public our court of appeal in any form. To decide a question of law, the public must apply to honest lawyers. If they act otherwise, they suffer. To decide a question of medicine, the public must apply to honest men who have made medical truths their special study. Law requires the diligent study of numerous and various facts, and the exercise of sound reason upon them. Medicine requires precisely the same. When a non-professional person has gone through the work, study, and reflection of the lawyer, he is a competent judge of law, not before. When a non-professional person has gone through the work, study, and reflection of a medical man, then, and not until then, is he a competent judge of medicine. We forget all this practically, when we appeal to the mind of the public by discussing medical theories with or before them. It is for the public to inquire from us what in our profession is true and trustworthy. They will respect our opinion so

soon as we are unanimous in respecting it ourselves. They respect a legal opinion. The law is one—or is supposed to be—and an appeal to the *litera scripta* is decisive. Our *litera scripta* is Nature; a book more difficult to read correctly, unintelligible to the many in proportion to its difficulty, but unexceptionable and all true when it is read. Every special chapter is sealed to all but the special student, and the amount of the ignorance of others concerning its contents, must be unknown to every one but him. It is quite impossible, therefore, for unprofessional people to realize their own utter ignorance of medicine, and consequent incapability of arriving at a just conclusion on theoretical medical questions. The loosest analogy is enough to mislead them. They are asked why doubt the power given by rubbing to a decillionth of mercury, when you see the power of friction to elicit electricity? Or, why question the efficacy of infinitesimal particles of matter, when mental emotion, which is no matter at all, can shock or kill? Or, why deny the transmuting efficiency of the minutest particle of medicine over the condition of the blood in therapeutics, when an inappreciable quantity of contagious matter can derange the entire economy? And what answer have they ready? Ignorant of the facts in point, but acquainted with those which erroneously seem to appertain;—ignorant of the laws of physiology of either body or mind;—unaccustomed to weigh evidence in scientific questions in the same scales which they employ in the routine of life, the only scales they or any one ought to use;—bewildered by the charm of mystification, and pleased with the newness of ideas, so fresh and strange, non-professional persons may be smitten with the theory, or the several theories of homœopathy, without any grave disparagement to either their character or their judgment. It is not, then, to them we can with advantage expose the fallacies of homœopathy in theory. But shall we, therefore, pass by a question honestly asked, in silence, or worse? Shall we answer with a yea, yea, or nay, nay, when asked our opinion on the subject? If we do so, can we wonder that the public suppose homœopathy to be really medicine, but in a new and improved dress? and suppose, moreover, that we ourselves are really of that opinion but will not own it? We should avoid the possibility of this mistake. We cannot, it is true, say anything that will convince the impressionable, who have seldom any convictions upon anything; or the prejudiced, who rejoice in their bigotry; but we can clear ourselves from all suspicion of agreeing in their views. We can, without using uncourteous language, render it quite clear that we are obliged to consider all homœopathists as a distinct class, having nothing with us in common; that whilst we can make no reflection on a non-professional person for espousing homœopathy, we can find no excuse for a professional one. A student to whom the truths of medicine have been disclosed, cannot shut his eyes to them except wilfully. Either, then, a homœopathist has never gone through the labour required to learn these truths, or else he wilfully ignores them. Upon ascertained facts there can be no difference of opinion. No one disputes that a pound of black paint will make a certain extent of surface black. If then, some one declares that a decillionth of a grain of black paint will make the same extent of surface *blacker* than the entire pound, we consider either that he is ignorant of all the truths connected with the subject, or that he is unable to appreciate truth when he has it; or that he has something to gain by differing with his Fellows and with experience. Especially when the apple of his new tree of knowledge is a gilt one; when his espousal of what others reject happens to be fashionable and profitable, we are usually right in concluding that of the common two-horned dilemma which suggests itself, such an one is not the fool.

If we cannot, without much self-restraint, discuss calmly and seriously amongst ourselves the theories of homœopathy, any more than we could calmly discuss maniacal illusions if presented to us as scientific doctrines, it is still more trying to discuss them with non-professional persons. Probably it is never useful, and therefore seldom desirable to do so. A simple denial of all credence in them, and of their analogy to any real facts in physics or physiology, which is the plausible ground of reasonableness generally put forward, is all that is necessary. But the main point in consideration is—the facts. Ask a homœopathist to furnish one *fact* capable of being proved to an unbeliever. Ask him to do by homœopathy anything that is visible;—to clear away the lymph in syphilitic iritis, as medical treatment will clear it away;—to remove purulent ophthalmia;—cure a varicose ulcer, stop a phagedænic one;—cure severe ague, or severe delirium tremens, or congestive apoplexy, as completely and as soon as medical treatment can;—or, at all sooner or more effectually than nature, favoured by hygiène, but unaided by medicine, does. Homœopathists keep the visible in the back ground.

In like manner, when a patient mentions having heard that Dr. Globularius has cured ninety cases of croup, without losing one, in the course of the winter, in a locality where the disease is rarely to be met with at all; or, has succeeded in preventing scarlatina in all of the families he attends (who have escaped the epidemic); or has "stopped" typhus fever from pursuing its course in eighty-six cases in three months; it may be well to explain to the narrator why these statements cannot by possibility be correct.

In the proper way, and at the suitable opportunity, every member of our Association might say a word in season in regard to homœopathy. To fear the impolicy of so doing, is to doubt the prerogative of truth. She will support us, if we never fail to maintain her.

There are some homœopathic practitioners who avow their disbelief in the infinitesimal doses, but adopt the name of homœopathist because they see some truth in the doctrine of "*similia similibus curantur.*" And, apart from the rest, this doctrine, when used with considerable latitude of meaning, is in many instances true enough. In chronic diseases we habitually select as remedies those drugs which specially act upon the diseased organ, and which, by so acting, induce in it some

manifest departure from its ordinary condition. As a result of this alterative influence, the organ will sometimes cease to pursue its morbid mode of nutrition, and by degrees will regain its normal one; in other words it will be restored to health. Now, as all such alterative remedies are abnormal stimuli to the organs on which they act by preference, we should expect to perceive when they have been administered for a sufficient period to a person in health, some departure from normal nutrition in the particular organs in question. And so it is. Mercury, for instance, in a healthy person, will often *produce* a cutaneous eruption. And mercury will *cure* many varieties of cutaneous eruption. The same holds good of iodine, sulphur, and arsenic. Here, then, the remedy will remove in disease that, which in health it will produce. So far we have an illustration of *similia similibus*. But this knowledge is as old, at least, as Paracelsus—who was in some respects, intellect excepted, a very fit representative of Hahnemann—and is and has been constantly acted upon by honourable medical men A man needs not to become a homœopathist in order to believe and practise this. Is this, then, all that *similia similibus* signifies in the jargon of the craft? It is all that can be proved to be true.

Does mercury occasion precisely those forms of cutaneous diseases which it can cure? By no means. If it did it would produce almost the entire catalogue. Can it produce psoriasis gyrata, or herpes circinnatus? To remove chronic diseases of the skin, remedies are useful which act upon the nutrition of the skin. If they can do this in disease, they can do the same in health; and in health they will manifest their action by *some kind* of outward sign—some kind of blush or eruption. But these same remedies will cure *many other kinds* of eruption than the one they give rise to in a healthy person. Hence, the expression *similia similibus* is a very loose one, even when applied to its pattern-examples. But whether precise or vague in its signification, to how few of the facts of therapeutics is the expression applicable at all. The homœopathists make it the one ruling principle of all their treatment (we mean they *profess* to do so) of all diseases. When congestion of the brain is relieved by purging, plethora by abstraction of blood, iritis by the action of mercury, or when hæmorrhage is checked by turpentine, flux by acetate of lead, is there any resemblance whatever between the effects which the remedies can produce in health and do produce now, and the morbid conditions which they remove? To deny the facts would falsify experience; to ascribe them to the principle of *similia similibus*, or *to any other one single principle* would be to stultify the judgment.

An universal doctrine in therapeutics that shall be applicable, without exception, to all diseases, is a sheer impossibility. A law can only be universal in its strict application so long as its subject consists of two elements, and no longer; any third element introduces exceptions which neutralize the law. Thus the law of gravitation is unmodified only so long as matter in a passive condition and space, are the constituent elements of the problem. Add a third element in the shape of force, such as heat, elasticity, &c., and the influence of gravitation is modified, opposed, and, it may be, virtually overcome. If this be so, that a law is only conditionally universal in respect of inanimate matter, how much more certainly will the more complex and numerous elements of a living system preclude the possibility of expressing the sum of their operations in any one form of words. And what is a general principle, a doctrine or law of nature, but the expression of the essential truths of the subject in the fewest words.

Does *similia similibus curantur*, if we admit its truth in a vague sense in regard to some of the facts of therapeutics, explain *all*, or even *most*, of the ascertained truths of the practice of medicine? Not a tithe of them. It cannot then be an universal principle of medicine. So far as it is true, it is old and constantly carried into effect. The man who adopts homœopathy, *minus* its infinitisimals, for the purpose of practising according to this tenet of *similia similibus*, does so practise only where he would have done it before. He treats the great bulk of his cases by the means which experience has sanctioned, whether they agree with his principle (medical) or not. He chooses to assume that all such successful treatment accords with his adopted doctrine; but he knows that he cannot prove it. Does he ever believe it? Would he believe any doctrine in science which could bring no profit with it on similar evidence? If not, the adoption by him of the name of homœopathist can proceed only from contemptible motives. Let every such renegade be held by every member of our Association in the contempt he merits.

There are two occasions on which we provincial practitioners may, with propriety, exercise whatever influence we possess in giving patients a proper bias. In recommending a medical attendant during an occasional residence in town, we ought scrupulously to avoid suggesting the names of all who have coquetted with the homœopathists. Let us, as far as possible, dissuade patients, if so inclined, from consulting these men, and refer them to others who have always maintained what is due to their own position and to their profession. There can be no difficulty in learning of the magnates in our profession "Who is who, in 1851?" The *Lancet* will, doubtless, supply those who require it with a list for their guidance and avoidance.

Secondly, in cases where more than domestic hydropathy is suitable, desirable, and desired by the patient, we may generally prevent him from applying to establishments kept as water-hospitals by omnivorous dealers in homœopathy, mesmerism, and cold water. But on this, and on several other points touched upon in these papers, little needs to be added to the admirable remarks on "Orthodox Medicine," published at page 393 of this journal.

Hospital Reports.

BRISTOL ROYAL INFIRMARY.

SURGICAL CASES ADMITTED UNDER AUGUSTIN PRICHARD, ESQ., SURGEON TO THE INFIRMARY.

Case X.

Gun-shot wound of the Hand.

Joseph Pierce, aged 22, was admitted under my care on the 17th of September, 1850, having just received a severe wound of the right hand. He had been quarrelling with the owner of some quarries about some trespass, when the latter fetched his gun, and taking a deliberate aim, fired at him. They were standing about five yards apart, and Pierce suddenly lifted his hand to protect his face and head, and received the entire charge in the palm, as if he had caught a stone or a ball thrown at him. Not a single shot seemed to have passed beyond his hand.* There was no great hæmorrhage, but a general swelling of the dorsum of the hand, and a hard projection opposite the proximal extremity of the metacarpal bone of the ring finger, as if the end of it was thrown backwards from its articulation with the carpus. My little finger passed readily into the wound at the palm of the hand, and appeared to reach the dorsum without encountering any broken bone; shots were to be felt all around, and the tissues appeared much cut up. He retained the power of slightly moving each finger. The pain in the hand, arm, and shoulder was described as being intense. The hand was placed in a poultice, and an opiate was given him.

18th.—The hand is more easy, but very tense upon the dorsum.

19th.—His arm was placed on an inclined plane, and the swelling soon began to lessen. The swelling at the back is the charge of shot. The skin of the palm being free from the gunpowder, the wound in the centre can be seen, surrounded by innumerable small points or holes, where the shot, just beginning to spread one from the other, perforated the skin of the hand. Two days afterwards I made a free opening in the back of the hand, and gave exit to a few shots. The constitutional symptoms have almost subsided.

23rd.—More shots escaping; very fœtid pus escapes at each wound. Flexor muscles of fore-arm seem to be contracting; to have the arm placed on a splint. From this time he slowly mended, until the middle of October, when the hand became much worse, the external wound having partially healed, there was not sufficient escape for the pus. I therefore made another incision on the back of the hand, and subsequently another on the anterior surface of the wrist, where a collection of matter had formed. As soon as the abscesses had fully emptied themselves, and the wounds looked clean, they were dressed and bandaged, and he began to regain the use of his fingers. He was made an out-patient on the 19th of November, after which I saw him twice. He has collected about one hundred shots from the hand. The powers of motion are gradually being restored, and it appears likely that he will have a useful limb.

* The old man who fired the shot died after a week's confinement in prison.

Case XI.

Gun-shot Wound of the Hand; Tetanus; Recovery under the use of Cannabis Indica and Stimulants.

Benj. Brock, aged 17, admitted on Sunday Aug. 3rd, about 7 P.M., having just received a severe wound in the left hand from a gun, his hand being upon the muzzle, and the gun charged with powder, paper, and probably with small stones.*

There is an irregular wound between the metacarpal bones of the second and third fingers, with exposure of the flexor tendons. The soft parts are much burnt, and the tendons rough. Posteriorly a considerable flap of skin is turned back, the extensor tendons exposed, and the same burnt opening exists between the metacarpal bones. The middle finger is much lacerated, and the veins between it and the forefinger entirely and clearly dissected out, and black. The hand smells of burnt flesh. He suffered intense pain, and an opiate was ordered. It was determined in consultation to adopt nothing in the way of operation. Turpentine was applied to the hand. In three days the flap of skin upon the dorsum of the hand sloughed; it was poulticed, and he was ordered a pint of beer.

7th.—Considerable fœtid discharge from the wound. Lot. Sodæ Chlorinatæ. From this time the wound gradually became cleaner, and among the sloughy matter discharged was the paper wadding of the charge. Granulations very flabby. Zinc lotion ordered to be applied under the poultice.

15th.—The greater part of the middle finger sloughing, I therefore removed it at the middle of the first phalanx with a bone-nipper; a part of the tendinous tissue was divided by the scissars. The bone bled rather freely. A large quantity of pus is daily discharged. To have two pints of beer daily.

29th.—Complains of soreness of the tongue, which he bit once or twice involuntarily in his sleep about a week ago. He states that it first happened in the night of the day when I removed the finger. Upon telling him to put his tongue out, he opens his mouth about three-fourths of an inch, with great difficulty. He always had an impediment in his speech, and formerly used to walk in his sleep. He says that he has had a stiffness of the jaw for some days, but did not think it worth mentioning, except that he was laughing with the other patients, saying that he had lock-jaw, without having any suspicion that he really had it. Bowels confined; hand looking quite healthy. Pulv. Cathart. statim.

30th.—Bowels well opened; muscles of the face and

* This uncertainty depends on the contradictory statements of himself and companions. He says there were no stones. They say that after he had put in the powder, and left the gun in the hands of the other boys, they put in a quantity of small stones.

abdomen very stiff; he is occasionally seized with spasms, which draw him backwards. To take Tinct. Cannab. Indic., in camphor mixture every two hours.

31st.—Profuse sweating, and intense stiffness; pulse very rapid. In the evening he was very much worse, almost sinking under the spasms of the muscles, and the sweating. He was ordered sherry *ad libitum* during the night.

September 1st.—Revived by the wine, of which he took twenty-eight ounces during the night. Enema Cath. statim. To go on with the wine and the Indian hemp.

2nd.—Not quite so well, being in a constant state of spasm. To take the Indian hemp every hour, and the wine in the intervals. Bowels confined, the injection not having acted. Tongue foul. He is able to open the teeth just enough to enable me to see his tongue. Is in as much perspiration as before. The abdomen as hard as a piece of board. To take a minim of croton oil every four hours.

3rd.—Took two doses of croton oil, which acted freely. He appears relieved, and says that he is better. He is extremely stiff, so that when he is moved from the bed, to be cleaned, &c., (one man taking him by his shoulders the other by the heels,) his body does not bend at all, but remains perfectly rigid. Sweating and exhaustion extreme; pulse very rapid. To go on with the Indian hemp, but to take in addition, as a draught to-night, eight grains of quinine, half a drachm of dilute sulphuric acid, and twenty-five minims of liquor opii sedativus, in an ounce of water.

4th.—Has passed the best night since his attack, and is obviously better, but still as stiff as a board. To take the medicine as before during the day, and have the quinine draught at night.

5th.—Better. To leave off the Cannabis Indica, to take a quinine mixture and to go on with the wine and beef-tea.

8th.—Hand looking well. The spasms of the muscles have subsided; he has had but little of it for the last two days; bowels confined. Ol. Ricini., oz. ss., stat.

9th.—He refuses to take any more quinine. Has had a return of the spasms of the muscles of the back, limbs, and throat. He was in a state of great alarm last night from the difficulty of breathing brought on by the spasm of the throat. To return to the Cannabis Indica, which he says he likes, for it relieves the muscular contractions.

10th.—Better. To take the mixture every two hours.

11th.—Can open his mouth now about three quarters of an inch. Asked for beer instead of the wine. To have two pints of strong beer daily.

12th.—Appetite good; tongue clean. The muscles of the face and abdomen are still rigid. He cannot stand, from want of power to balance his body and to guide the limbs by his will. He can, however, lie on his side, and draw up his legs a little. Has had no spasmodic contraction since the 10th. To take his mixture three times a day.

He took thirteen bottles of wine from the 31st of August to the 10th of September—*i. e.*, in eleven days.

16th.—To sit up, and leave off all medicine. Legs still too stiff to allow him to stand, although he can sit. Abdomen and face rigid. Opens his mouth rather better.

18th.—Is able to walk about a little. He cries out and moans in his sleep, as he did during the height of the spasms.

October 6th.—Has been improving daily since the last report. He can open his mouth freely; but there is still an unnatural contraction of the muscles of the face. He was discharged with the wound almost healed, the fore and ring fingers being perfectly stiff. He can move the little finger, and touch the tip of the thumb with it.

Case XII.

Disease of the Cranial Bones and Abscess of the Cerebellum, following an Old Injury of the Head.

A bargeman aged 26, who received a severe injury from a fall on the back of the head nine months ago, was admitted on the 17th of April, 1851. Three months before admission he began to suffer from headache and throbbing. There is a scar of rather more than an inch in length on the upper part of the occipital region. The back of the scalp is much puffed and swollen, and very tender to the touch. He complains of the pain and uneasy throbbing much below the position of the scar. He has little or no sleep by night, and has an anxious desponding look. He was ordered leeches to the scalp and some purgative medicine, and after two days he began to take five grains of blue pill three times a day.

With this plan he persevered until the 28th, when the mouth became sore, and sarsaparilla, with iodide of potassium was substituted for the mercury. I proposed to make a longitudinal incision and issue in the scalp, but deferred it, as there was a case of erysipelas in the ward. He was therefore occasionally leeched, and on one occasion an opiate was ordered, as he complained so much of want of sleep, but without any good effect.

On the 21st of May the issue was made, and was followed by a decided and immediate improvement for a short time, after which he relapsed into his former condition.

On the 15th of July the portio dura of the seventh nerve was suddenly paralyzed upon the right side, with all the usual symptoms of inability to close the eye, &c.

July 21st.—The portio mollis of the same side became similarly affected, and he was entirely deaf with this ear. Now the diagnosis became more precise; for although it was obvious before that there was disease of the dura mater or bone within, resulting from the injury, yet it now became clear that there was some morbid product actually situated at the base of the brain pressing upon the seventh nerve, either at the side of the cerebellum or at the entrance to the internal auditory canal.

24th.—He has been vomiting occasionally for the last

day or two, and for this a Prussic acid mixture was ordered. After a consultation with the physician the issue was enlarged by means of caustic potash.

August 4th.—Great difficulty of swallowing, depending without doubt, as did the vomiting, upon affection of the par vagum. He never had any paralysis of the limbs, but he gradually became weaker, and died on the last week of August, having been comatose about twenty-four hours before his death.

Post-mortem examination.—The upper surface and substance of the cerebrum were healthy. Upon dividing the tentorium and removing the cerebellum, an abscess in the right hemisphere gave way and discharged about two drachms of pus; it was situated between the grey and white matter, encroaching upon both. Parts of the cerebellum were adherent to the fibrous covering of the temporal and occipital bones. There was an effusion of fibrin, infiltrated with pus, in a mass as thick as the finger, along the inner crest of the occipital bone, and in the right lateral sinus, and a considerable quantity of pus was between the dura mater and the bone. The edge of the foramen magnum was carious, with pus on the surface, as far as the temporal bone anteriorly. The occipital bone was much softened and rough over the lower part, and was easily perforated by the point of a scalpel. There was also pus among the muscles of the neck.* He had never had syphilis.

* About this time the following case occurred to me, in what may be called "private practice." Among some chicken which I was rearing behind my house, was a young cock with a little "game blood" in his veins, which, when about eight months old, attacked his progenitor, a fine bird of the Polish breed, and, after a morning's fight the young one was victorious, and the old one was found almost insensible, and lying under the wall, with his head bleeding severely. I applied cold affusion and had him watched and nursed, and in a few days he was convalescent, when he renewed the contest, and ultimately remained master of the field. About two months afterwards I observed that the old bird had ceased to crow, that his wings drooped, and that instead of strutting about as heretofore, he was crouching most of the day on the grass; I therefore had him nursed again, and he improved, but a day or two afterwards he was found dead under the roost, having (from the position of the limbs) evidently died before he fell. His head was cut off, and I intended to make an examination of it, but neglected it for want of time, until it was too late, and therefore I simply placed it in water to make a preparation of the skull, as I am in the habit of doing. Upon cleaning this skull a few days ago the cause of death was obvious. He had had fracture of the upper portion of the cranial bones and caries of the edges of three or four openings, which exist in it, and I have no doubt that there was suppuration within for the bone appears a little thrust upwards as if by some growth or effusion in the interior.

Provincial Medical & Surgical Journal.

WEDNESDAY, NOVEMBER 26, 1851.

The Central Council of the Provincial Medical and Surgical Association desire us to announce, that they have, with the sanction and concurrence of the Manchester Council, been led to alter the place of holding the Anniversary Meeting in 1852, from Manchester to Oxford, and it appears to be due to the members of the Association, to make a statement of the circumstances which have led to the change.

Soon after the Brighton meeting, which was held in August, the President of the Council received a pressing invitation from the late lamented Dr. Kidd, for the Association to hold an early meeting at Oxford, as it was his strong desire to witness another gathering of the Members in Oxford before his death, and as he could not naturally expect his life to be spared much longer, he was induced even to hope that the Manchester Members might not object to wave their claim for 1852, in favour of Oxford. This wish, expressed by Dr. Kidd, was communicated to the Manchester Council, who very kindly passed a resolution to the effect, that under the circumstances of Dr. Kidd's advanced age, they would give up their right to have the Anniversary Meeting held in Manchester, in 1852. Whereupon the Central Council passed a resolution appointing Oxford as the place of meeting for that year, and in conformity with the nomination of Dr. Kidd, Dr. Ogle was appointed President-Elect, instead of Mr. Wilson, of Manchester.

This arrangement was scarcely completed, when Dr. Kidd was suddenly removed by death from the scene of his exertions, and the question was then again forced on the Central Council,—Whether the meeting should be held in Manchester or Oxford? Dr. Ogle and the members of the profession at Oxford, most handsomely came forward, and whilst they expressed their desire to have the meeting at Oxford, intimated that they were anxious for the welfare of the Association, and would be guided by the wishes of the Council. A reference therefore was again made to the Manchester Council, who concurred with the Central Council, that the meeting for 1852 should be held in that ancient seat of learning, the University of Oxford, and that Dr. Ogle, who has been appointed Regius Professor of Medicine, be the President-Elect.

We had hoped that the melancholy case in which Dr. Murphy met a homœopathic practitioner at Norwich, would have been the last instance of so unholy a compact which we should be called upon to notice. It is, therefore, with unfeigned regret that we are in a position to inform our readers that Dr. Holland, a Fellow of the Royal College of Physicians, has so far forgotten his professional *devoirs* as to have

met in consultation this identical Mr., or Dr. Bell, which ever he may be. That he has done so we have the word of a highly-respectable practitioner in Norwich, who unavailingly endeavoured to prevent Dr. Holland from committing himself, by telling him the exact character of the person whose patient he was called upon to visit.

We are informed that a meeting of the Norfolk and Norwich Hospital staff took place, to take into consideration this extraordinary conduct on the part of Dr. Holland, and that they in strong terms expressed their disgust, that while no physician or surgeon can be found in that city who will disgrace himself by meeting a homœopathic practitioner, physicians of eminence in London appear to have no scruples in doing so.

Whether Dr. Holland can find any excuse for this dereliction of professional duty, we know not, if he can we shall be delighted to give his explanation equal publicity with the present notice.

Proceedings of Societies.

GLOUCESTERSHIRE MEDICAL AND SURGICAL ASSOCIATION.

Copy of the proceedings at the Quarterly Meeting held at Cirencester on the 9th of October, 1851.

The minutes of the proceedings of the last meeting were read, and also an article in the *Lancet* of August 2nd, 1851, in relation to those proceedings.

The Secretary stated that he had several letters from members who were unable to attend, which he proposed to read, when those points were brought under discussion to which the letters referred; that one of them being applicable to the present stage of their business, he would proceed at once to read it. He then read part of a letter from Mr. Rumsey, of Gloucester, which concluded with recommending a resolution to the meeting. The Secretary said as Mr. Rumsey was absent he would himself propose the resolution, as it met his entire approval.

The resolution being read, Mr. Watts, of Frampton, and Mr. Goodlake, of Painswick, immediately rose to second it.

Mr. Warner, of Cirencester, suggested some verbal alteration, which was acceded to.

Dr. Collings Robinson inquired whether Mr. Stokes, the late President, to whom the resolution applied, was a homœopathist.

The Secretary answered in the negative, and stated that in one of his letters which he held in his hand, to read as the business of the day advanced, Mr. Stokes distinctly says, "I am no homœopathist."

The President then put the resolution, which was carried unanimously,—

"That our late worthy President, not having fully completed the period of his services at the time when the vote of thanks was passed to him at the last annual meeting, the Association regrets that in the discharge of the concluding duties of the day he should have been exposed to unjust and hasty censures with respect to the resignation of Dr. Adrian Stokes; and they feel assured that those censures could have originated only from an imperfect knowledge of the facts of the case, and of the objects of the Association, and that this meeting desires to record its entire approval of Mr. Stokes' conduct as President, and its thanks for the interest he uniformly manifested in the welfare of the society."

Dr. Collings Robinson then addressed the meeting on the resolutions, of which notice had been given by Dr. Brookes; he expressed his regret that Dr. Brookes should not have been present, and stated that he had undertaken on behalf of Dr. Brookes, whose professional engagements caused his absence, to bring the resolutions before the meeting. He declared his full approbation of the principles of those resolutions, although he liked those framed by the Council of the Medical Society of London, better; he would, however, submit to the meeting those of which notice had been given, and after urging the necessity of their adoption, he proposed the first, namely:—

"That the reporters for the medical journals be eligible for admission to all meetings."

It was observed by several members that the eligibility of reporters for admission had never been doubted. Mr Wilton said that they had been admitted whenever proposed, and were always considered admissable when the members present desired it.

On this representation Dr. Collings Robinson abandoned this resolution, and proceeded to propose the next, namely:—

"That there are three classes of practitioners who ought not to be members of this Association:—1st, real homœopathic practitioners; 2nd, those who practise homœopathy in conjunction with other systems of treatment; and, 3rdly, those, who under various pretences meet in consultation, or hold professional intercourse with, those who practise homœopathy."

After some pause, the President inquired whether any gentleman would second the resolution just moved? No answer being returned, after some further time, the President said,—"As Dr. Robinson's resolution is not seconded, it is lost."

The letters received by the Secretary on the subject of those resolutions were, therefore, not read; and immediately on the President's decision, Dr. Collings Robinson handed to the Secretary copies of three resolutions, which he said he should bring forward at the next meeting at Cheltenham. The following is a copy of them:—

1st.—That the practice of homœopathy, or the prescribing medicines in what are called "infinitesimal doses," under a pretence that they are useful in the cure of disease, is founded in palpable error, is a delusion on the part of the practitioner, a deception on the public, and manifestly dangerous to its welfare.

2nd.—That the members of this Association cannot honourably hold any professional communion with homœopathists.

3rd.—That, consequently, any member of this Association who shall hereafter practise homœopathy, or who shall knowingly meet in consultation any professional homœopathist, will thereby render himself unworthy of the membership of this Association.

Foreign Department.

PROCEEDINGS OF THE FRENCH ACADEMIES.

ACADEMIE DE MEDECINE.

The last few meetings of this Academy have been almost without interest, if we except one at which the subject of *congenital syphilis* was revived by the relation of an instructive case by M. Paul Dubois.

A young woman, aged 19, was admitted into the Obstetric Clinic in the seventh month of pregnancy, having symptoms of secondary syphilis, as roseola, sore-throat and mucous tubercles. She was delivered on 7th of August of a small but lively infant, which had several round red patches, one on the plantar aspect of the left foot, and another on the ankle. Next day similar patches appeared on the upper extremities. While the fresh patches were coming out, the older ones gradually developed into perfect bullæ of pemphigus. In spite of the most assiduous attention the child gradually shrunk away, and died. This case gave rise to a discussion in which the old arguments were produced, (*vide Provincial Medical and Surgical Journal*, No. xxii.,) and which we will not, therefore, again allude to.

M. Latour read a paper on the "*Therapeutic Processes, the Action of which resembled the Action of Impermeable Varnishes on the Skin.*" In this essay the author reviews the various topical applications in general use, and shows their analogy to impermeable varnishes. Among these he mentions plasters of various kinds; unguents, as mercurial ointment, liniments, and oils. He also cites in further illustration, Velpeau's and Dr. Seutin's starch-bandages in the treatment of fractures; the utility of these he considered to be due, in part at least, to the effects of the exclusion of the air in preventing or subduing inflammation.

The benefits that have been supposed to be derived from compression in certain local inflammations, *e.g.*, orchitis, M. Robert-Latour considered to be owing to the impermeability of the dressings.

The dressing of wounds by occlusion, and the advantages of subcutaneous incisions, the author also regarded as instances of the benefits to be derived from the prevention of the contact of air with inflamed surfaces. The essential and initial phenomenon of inflammation, according to M. Latour, consists in the exaggeration of animal heat in a more or less circumscribed space, while the redness and swelling are but the result of dilatation of the blood globules, the inevitable physical consequences of this increased temperature. Observing the rapid reduction of temperature in parts covered with an impermeable varnish, the author had come to the conclusion that the action of the air on the skin is an indispensable condition of the calorification, and therefore, to be rational, the treatment directed against inflammation should be that which attacks the very source of the disease.

M. Robert-Latour concluded by pointing out the objections and difficulties attending the application of collodion, and stated that these may be obviated by adding a fifth part of its weight of turpentine deprived of its essence by evaporation, and five or six drops of castor oil in thirty grammes (= about seven drachms, Eng.) This combination forms a varnish, which, without losing its impermeability, acquires a suppleness and elasticity which is wanting in ordinary collodion.

Arsenical Poisoning.

A very interesting case has recently come before the French Tribunals, in which the question arose, as to the possible contamination of a corpse buried in an arseniferous soil. M. Barse, who was ultimately consulted, appears to have shewn more than ordinary toxicological acumen. (*Union Médicale*, September, 1851.)

A man and his wife were accused, the one of poisoning his former wife, the other her former husband. Both coffins, buried in different cemeteries, were exhumed. The female was in good preservation, the coffin being intact; the male less so, the coffin being much decayed and earth being found within it. Arsenic was found in both bodies, but the surrounding earth in both cemeteries were found to contain arsenic also. The chemists were puzzled, but from the fact that in the coffin of the female no arsenic could be detected in the cerements or other matters interposed between the corpse and the earth, they concluded that it was a case of poisoning.

M. Barsa being appealed to, decided that this was the correct opinion, as the native arsenic in the soil was always mixed with iron, cobalt, or antimony, and could not be detected by ordinary reagents. Its insolubility would also prevent its reaching the bodies by filtration. To confirm this view he likewise examined other bodies buried in the vicinity of the two in question, but no arsenic could be detected. He further searched the chamber in which the man died, and finding splashes on the walls and on the floors, which indicated the vomitings of the patient, had the spots scraped carefully, as also other parts of the room distant from the bed. The former matters contained arsenic, the latter none. The parties, on this were found guilty.

A Clay Pipe Swallowed and finally ejected per Anum: Death.

M. Gosselin, a few days ago, brought before the Surgical Society of Paris the following extraordinary case:—A man, thirty years of age, of a pretty strong

constitution, had of late made it a trade to swallow various objects for small remunerations. About two months ago he wagered that he would swallow a clay pipe; the latter was of the ordinary size, about three inches and a half in length; it had only been smoked four times and contained no tobacco. The wager was taken, and the foolish man won it. He had no difficulty in swallowing the foreign body, but as soon as it had reached the stomach, severe pain was felt, and vomiting and diarrhœa came on.

The patient sought relief at the hospital of the town of St. Germain, but he obtained no relief during the fortnight he stayed in that institution. He was now advised to go to Paris and was admitted into the Hôtel Dieu, where M. Gosselin tried in vain to put a stop to the vomiting and diarrhœa. The man was becoming very weak, and looked very much like a patient dying of phthisis; the tongue was red and dry, and the sickness recurred five or six times a day. M. Gosselin felt very much embarrassed. In consulting systematic writers, he found that Hevin had removed foreign bodies from the stomach by the operation of gastrotomy; but as to the method to be followed when the foreign substance is lying in the intestines, he discovered only a few precepts but no facts.

By careful percussion with the plessimeter, dulness was discovered in the right iliac fossa over a space of about two or three inches; no gurgling or tumour was observable on the spot, and it was very probable that the pipe had reached that region. On the next morning this dulness had disappeared, and in the course of the same day the clay pipe was evacuated per anum, quite intact, with the tube unbroken. The system had, however, been very severely tried, and the patient sank five days after being freed from the foreign body. No trace of redness or congestion was found in the stomach or the small intestine, but in the colon numerous ulcerations were observed, some quite recent, and others completely or almost cicatrized. Membranous exudations covered the convex surface of the liver and the inferior aspect of the diaphragm. In the chest, traces of pleurisy and pneumonia were discovered.

On Relaxation of the Symphysis Pubis after Labour.

It is not an uncommon occurrence after delivery, to find relaxation of the pubic ligaments; but from the uncertainty of the symptoms developed by it, it is liable to be mistaken for disease or displacement of the womb. M. Marten, (*Gazette Médicale*, Juliet,) hopes to throw some light upon the subject.

In all patients suffering from this affection, standing is peculiarly painful and difficult, so that the patient can barely walk a few paces even with the help of crutches. They also complain of more or less dysuria, with frequent micturition. If the hands are placed on the ilei while the patient attempts to walk, he will find that the hip of the leg which rests on the ground is pushed up, while the opposite, from contrast seems lower than natural.

In treating this accident, M. Marten makes use of a steel girdle, which entirely encircles the pubis. By means of the support thus afforded, he has known a patient walk with ease, who a few days previously could with difficulty stand upon her feet.

Speedy Cure of Drunkenness.

In the *Abeille Medicale* M. Lalaux mentions a novel, and, according to him, unfailing way of dissipating the effects of alcohol, viz., enemata of common salt. Among the most remarkable cases he narrates are the following:—

In 1840 he was summoned to three youths who were said to be dead drunk. He found the most complete relaxation of the limbs, with total insensibility, cold extremities, livid countenance, and stertor. A clyster of salt acted like a charm, and in an hour they were able to walk without staggering.

The effect of the enema is to produce copious stools.

General Retrospect.

ANATOMY AND PHYSIOLOGY.

Why is a true Corpus Luteum formed only in cases of Impregnation?—By Dr. Alexander Harvey.

Taking it for granted that the assumption is a true one that a *genuine* corpus luteum does only occur in impregnation, though a *false* one appears after each oviposit, the author seeks for a reason, and finds one in the following explanation:—

1. When a mature ovum is impregnated, provision is forthwith made to retain it in utero, and both ovum and uterus became the seat of active vital processes, which cause a prolonged determination of blood to the reproductive organs. The ruptured ovisac participates in this afflux, and the organizable deposit which it contains is placed under circumstances favourable to the exercise of its inherent powers of growth, and thus it becomes developed into a true corpus luteum.

2. On the other hand, when the ovum is not impregnated, it is thrown off in the menstrual discharge, no prolonged afflux taking place as in the former case; the organizable deposit is not favourably placed for further development, and a *false* corpus luteum is the consequence.—*Monthly Journal of Medical Science*, Oct., 1851.

PRACTICAL MEDICINE AND PATHOLOGY.

Laryngitis; Treatment by Topical Application.—By Dr. Hughes Bennett.

Dr. Bennett records two cases of laryngitis treated on Dr. Horace Green's plan, by passing a sponge charged with a strong solution of nitrate of silver upon and through the rima glottidis. Dr. Horace Green himself, happening to be in Edinburgh, operated in both instances. The instruments used are a tongue depressor, and a small piece of sponge strongly *sewn* on to a piece of whalebone. To introduce this the patient must be seated on a chair in a good light, the operator standing on the right side, and depressing the tongue with the left hand. Holding the probang in the right hand, it is to be passed over the upper surface of the depressor, exactly in the median line, till it is directly over the glottis. The patient is then told to inspire, and as he does so the tongue is dragged forward

by the depressor, and the probang is dipped downwards. Its passage through the inner glottidis is indicated by a sense of obstruction, which is felt to be overcome.—*Edinburgh Monthly Journal*, Nov.

[Nothing seems more easy of performance than this operation, as we read of it, but it is very different in reality, and not unaccompanied by danger and inconvenience. We have heard of one case of positive suffocation, and in all cases a transient suffocation is induced, sufficiently alarming to witness. There is no doubt, however, that where it is well borne, the effects of the operation are most satisfactory.—Ed. P. J.]

The Influence of Fear on a Quasi Paralytic.—By Dr. Atkinson.

[We report the following case, because it shows what power strong emotion has in removing the results of disease, and gives us a clue to the marvels of Prince Hohenloe and the not lesser wonders of modern mesmerism or electro-biology, which ever may be the correct designation.]

Dr. Atkinson tells the story of an acquaintance between forty and forty-five years of age, long subject to rheumatic affections of the joints of the inferior extremities, and who had become not a little stiffened or unpliant by repeated invasions of that complaint, who had determined on going to see a sick relative about ten miles from London. He got into the railway carriage after many irregular locomotive movements and some difficulty. Dr. A. seated himself by his side as he was proceeding on the same route. It happened, unfortunately, that he got into the wrong carriage, as it afterwards proved, for on division of the train into two parts at a particular junction, or rather a *point*, as it is understood in railway language, the bell rang for a change and a fresh start to two different directions. The whistle sounded: the invalid then for the first time discovered his error—he was clearly in the wrong box. The effect of *fear* of being carried away from his destination was instantaneous, or rather electrical; for simultaneous with the expression of "Good God!" he jumped out of the carriage with as much agility or nimbleness as if he had never undergone stiffening, and proceeded on his journey, wondering at the miraculous effect of a little fright. Dr. A. reports further, that he has continued much less inflexible than before the sudden convulsion of system.—*Lancet*, Nov. 1851.

SURGERY.

On the Treatment of Aneurism.—By Professor Syme.

Professor Syme appears to be a most uncompromising enemy to the treatment of aneurism by compression, and has repeatedly recorded cases with the object of illustrating the superiority of the ligature. His chief objection appears to be based on the length of time occupied by the former operation, which takes up time amply sufficient for crossing the Atlantic, visiting the wonders of the western world, and returning with the prolonged agony of compression, submitted to only through the authority of military discipline and tolerated only through the frequent administration of opiates, &c. &c.

In contrast to this vivid picture of the discomfort of the "clamps," he gives a case treated by ligature, in which the ligature came away at the end of a fortnight. —*Edinburgh Monthly Journal*, Nov., 1851.

Reduction of the Dislocated Femur without Pulley's or other Mechanical Contrivances.—By Dr. Reid, (U.S.)

The patient was a robust woman, and was bled and nauseated as a preliminary process. She was then placed on a lounge, on which a wide board was laid, and covered with a folded quilt. This made a firm table, about fourteen inches high, and about twenty inches wide, which gave Dr. Reid the opportunity of throwing the whole weight of his body on the flexed limb, while it gave him perfect command and control over it in every way. The patient was placed on her back, and a sheet, folded lengthwise, thrown across the upper edges of the pelvis bones, and each end given to an assistant, for the purpose of fixing the pelvis. Placing himself on the right and injured side, Dr. Reid seized the knee with his left hand, and the ankle with his right; he then flexed the leg upon the thigh, at the same time slowly carried the knee and dislocated femur over the sound one, pressing it firmly down upon it, and upward over the pelvis, constantly pressing it close to the body, moving it upward with a circular sweep over the abdomen, till the thigh was in a line with the right side of the body and the knee, pointing towards the right axilla. While the thigh was being carried up to this position, the bone or axis of the femur was performing a kind of rotation on itself, whereby the toe was coming more outward and the heel more inward. In other words, as the knee went upwards, the obturator externus, quadratus, &c., drew the head of the bone downward and inward towards its socket. When the knee and thigh were in the position above indicated, the heel was strongly rotated inward, the knee drawn outward, and the foot carried across the thigh of the sound side, when the head slipped into its place, and the limb glided gently down into its natural position. In doing all this comparatively very little force was employed, and very little pain produced, for the obvious reason that, by this evolution, the muscles that were in a state of extreme tension and irritation by the displaced bone, were gradually relieved and relaxed, as the head of the bone descended and approximated its proper place, which it did by the action of these same extended muscles.

It will be perceived, that by this mode of operating, we make a *lever* of the shaft or bone of the femur, and fulcrum of the edge of the pelvis, and by this means lift or dislodge the head of the bone, while the abductor muscles draw it downward and inward, making it as it were, *back* into its place, through the rent of the capsular ligament. Whereas, if it were drawn by direct force, as by the pulley, the head and neck of the bone would act as a kind of hook, and would tear away the capsular ligament, if it were only slit, and in some cases also, tear off the tendon of the pyriformis, for the abductor muscles are so strained, and hold the head of the bones so firmly to the dorsum, behind the ridge of he acetabulum, that it is next to impossible for it to mount over this ridge and into the socket, and must therefore descend behind it, tearing everything before

it—ligaments, muscles and all—and hence the immense power required to reduce it by these means; and hence, too, the failures, the fractures of the neck, and the cripples that have been made for life, by this barbarous and unscientific mode of reduction.—*New York Journ. of Medicine*, September, 1851.

HOMŒOPATHY AT TOTNESS: INQUEST.

A copy of the Evidence given at an Inquest held at the Exeter Inn, in Bridgetown, within the Borough of Totness, on the 12th day of November inst., and adjourned until the 14th, before W. Cockey, Esq., Deputy Coroner for this Division of Devon, to inquire into the cause of death of Alexander Charles Screach, aged four years and a half.

Rev. James Shore: (Not sworn.) Says he calls for an inquiry in consequence of his being accused of the murder of the child, or that he had killed it by his treatment, which he will shew by his witnesses, and that he will prove himself both justified and qualified to treat any sick person, and to prescribe medicines, having studied medicine for thirty years. That the medicines had cost him formerly fifty pounds, but now he permitted certain ladies to receive money as a remuneration; that those persons prepared the medicines in the breakfast room in his house, from his prescriptions, and delivered the medicines to his patients at his house.

Mr. William Bowden: (Sworn.) I am a surgeon residing at Totness; I examined the body of Alexander Charles Screach on the 12th day of November inst.; there were no marks of violence externally, no emaciation of the body; skin tinged yellow generally over the body, giving an idea that the child had jaundice. I then opened the head. On removing the cap of the skull, I found the membranes of the brain congested, the exterior membrane or dura mater was tinged slightly yellow; on removing the brain I found it quite healthy. I then opened the chest, the lungs were perfectly healthy, there were no adhesions or appearance of any former disease; the heart was also healthy; the abdominal organs were generally healthy; the stomach contained no food, and only a small quantity of mucus; the vessels of the small curvature were slightly congested, as well as those of the duodenum; the liver was healthy; the gall bladder was empty, with the exception of a little mucus; the kidneys were healthy; bladder full of rather high-coloured urine. I believe the child to have died from congestion of the vessels of the membranes of the brain.

Mr. W. Kellock: (Sworn.) I am a surgeon residing at Totness, I attended the examination of the body of Alexander Charles Screach with Mr. Bowden, and agree with him as to the cause of the child's death.

Mr. Shore: (Asked.) If jaundice might not produce congestion of the vessels of the brain?

Mr. Kellock: Certainly.

Mr. Shore: Might not violent sickness produce the same effect?

Mr. Kellock: Yes, but not permanently; the congestion might be the cause of sickness.

Mr. Shore: You said some of the vessels of the stomach and duodenum were congested; might not that effect be produced by ginger administered internally?

Mr. Kellock: That would depend upon the quantity given; I cannot answer that question unless you state the quantity, which I should think must be large to produce such an effect.

William Screach: (Sworn.) I am a tailor residing in Bridgetown, I am the father of the child, it had been ill since last Monday fortnight, I considered it looked yellow, and had the jaundice. Mrs. Turpin, a neighbour, told me that Mrs. Monteith had a child cured of jaundice by Mr. Shore, or from a prescription of his. My wife took the child to Mr. Shore's house, he prescribed for it, and I sent my son for the medicine to Mr. Shore's house twice; the first time there were twelve or fourteen powders sent, I cannot say which, and the second time twelve or fourteen powders, about twenty-six altogether; the powders were directed to be given every four or six hours, he did not know which; they were given to the child; the medicine produced no apparent effect; there was no alteration in the child up to Wednesday in the last week, it was running about and occasionally lying about very heavy. On Thursday my wife heard that Mr. Thompson had ordered some medicine for a child of Mr. Butland, chemist, of Totness, for the same disorder, and had soon cured it. She went to Mr. Butland and asked for the same medicine, and received four powders. [The prescription in Butland's hand writing was put in, it was powdered rhubarb, 5 grains, carbonate of magnesia, 5 grains, and ginger, 1 grain.] One powder was given on Thursday evening, one on Friday morning, and one on Friday night, 9 o'clock; in the course of half an hour the child vomited very much, and continued in that state for a long time, it was restless for many hours; it then became quiet; on Saturday night it appeared to be much worse, when I sent for Mr. Derry. He came directly and sent it four powders, but he did not say the child was so dangerously ill. I saw it take one of Mr. Derry's powders; it took no effect; the child was quiet until 5 o'clock on Sunday morning, it then became convulsed, and remained so until 7 o'clock in the morning, and died at 9 o'clock, about five minutes before Mr. Derry came to my house.

Elizabeth Seycombe: (Sworn.) Called by Mr. Shore and examined by him. Did not say Mr. Gillard had said that Mr. Shore had killed the child. I went to his surgery at Mr. Thompson's for medicine. Mr. Gillard was there and the dispenser; Mr. Gillard said, "so they say Mr. Shore has killed the child (I thought he meant Screach's child); what does he know about medicine." No name was mentioned.

Gervas Holmes: (Sworn.) Went with Mr. Shore to Elizabeth Seycombe, fearing she might prevaricate, to hear what she said about this case; she stated having had a conversation with Mr. Gillard, and that Mr. Gillard had made use of these words:—"Mr. Shore has

killed the child; what does he know about medicine." She then varied by saying that Mr. Gillard said:—"They say Mr. Shore has killed the child; what does he know about medicine."

The Coroner then remarked that they must be all satisfied as to the death of the child, and if other parties were aggrieved at Mr. Shore's practising medicine they must apply to another court; and Mr. Shore, if he considered himself charged with the death of the child, must apply elsewhere.

The Jury then retired for a short time, and returned their verdict that the child had died from congestion of the membranes of the brain, and that there was not the slightest blame to Mr. Shore.

Correspondence.

TREATMENT OF THE INSANE.

To the Editor of the Provincial Medical and Surgical Journal.

SIR,—I have had forwarded to me two extracts from your journal, of letters from a gentleman who signs himself E.B., apparently the proprietor of a private lunatic asylum, the first of which is dated the 4th of September, and the other two appear to have been published about the 20th of September, on which I shall be obliged if you will permit me to make the following observations:—

In his last letter, E. B. states that he has read a paper "calling itself the alleged Lunatic's Friend Society," (*sic*,) and adds, "a more impertinent paper calling itself 'a report,' I never read." He then proceeds to allude to my name, I having signed the report in my capacity as Honorary Secretary of the Society, and according to the strict rules of justice adhered to by persons of his calling, alleges my wild enthusiasm and want of common sense as a ground for not wondering at that of the report,—that is, writes me down a madman or a fool, probably upon hearsay evidence. He then proceeds to give his description of that report, of which I will take the liberty of furnishing you with a copy, that you may judge for yourself of its merits, and I am sorry to say, falsifies the weight of it, when he declares that it only shows that "irregularities have been proved," &c. &c., but the characters of the proprietors remained unimpeached." In two cases, on the contrary, the characters of the proprietors are severely impeached, and I have no hesitation in saying that if justice had been done, they ought to have been very heavily find or deprived of their licenses altogether. E. B. further supposes that he makes a serious attack upon the report of the Committee of the Alleged Lunatic's Friend Society, by stating that it can find nothing to detail but what has been already before the public and adjudicated. Forgetting that in reporting cases which had been adjudicated upon, we were treading on sure ground, and calling the attention of the members of the Society and of the public to facts that could not be denied, and giving a detail of the result of our labours, whereas he appears to have looked, perhaps, from the habitual practice of his mind, for some *ex-parte* information, which we are very cautious about relying upon, and for a report of what we were doing and had left undone, instead of that which we had accomplished, which indeed would have been a very strange kind of report, and somewhat like certifying myself as a proper inmate for a lunatic asylum.

Leaving, however, E.B.'s strictures upon the report, which I have no doubt from his position, he feels a little sore about, I desire to remind him, that the objects of the Alleged Lunatic's Friend Society are two-fold,—1st, to procure an amendment of the Law of Lunacy affecting private patients; 2nd, to prevent the confinement and detention of persons upon allegations of insanity which are originally false, or which may have ceased to be true. Now, with regard to the first point, E.B., though regarding the law from a different point of view from ourselves, is a strong witness in our favour; for he says the act is difficult of comprehension, and in regard to certificates from the county, *impossible* to be immedidtely *obeyed*. With regard to comprehension, I would observe that none are so dull as those who do not wish to understand, and that the dulness that does not comprehend the law, whether real or artificial, does not go far to qualify the pleader of it for the care of an establishment of insane people. But it is evident that a law that cannot possibly be obeyed requires reform, and in this E.B. therefore coincides in opinion with the Society, only he desires it to be amended for his interests, to facilitate the admission of patients into asylums, we for the interests of mankind—that the safeguard against unjust confinement provided by the Legislature should be real and not *impracticable*.

We agree with E. B. also in another point, although again looking at the law in different views, when he complains of the power of the Commissioners being inquisitorial, their court a star chamber, and the Act giving no appeal. E. B. is very sensitive for his own rights and for the interests of those of his class. We do not blame him, but he blames us apparently for complaining of the same nature of proceeding in regard to the unfortunate persons confined in asylums, whose complaints, when they have the opportunity of making them, and the good fortune to secure attention, are investigated behind their backs, without the presence of any friend or attorney to represent them, and in a court bound by oath to secrecy, from which they have no appeal. Surely their position is still more touching than that of the lunatic doctor, in health and in the possession of wealth, and of liberty, and able at any rate to appeal to public opinion. This is one part of the law which we desire to be reformed, as well as E. B., and we have no objection to have his reasonable complaints attended to which he and his comrades have full power and liberty to sue for, but for God's sake do not let the complaints which we make for others, and which are, of injustice, of a still more cruel description, be treated as the result of want of common sense, or of wild enthusiasm.

E. B. has asked a question in his first letter, and I will ask another. Is there such a vice as injustice? Should not the Legislature pass a law declaring that there is no such vice, and that confinement or restriction of liberty, under the presumption of being guilty of any

imputation, is no violation of the rights of the subject? If the word or suspicion of a medical man, of the proprietors of an asylum for the insane, of his keepers, and of the relations of a party, are not taken as to the guilt of a common thief charged with taking a bushel of apples or potatoes from their gardens, and the accused cannot be committed to prison without investigation before a magistrate, minute, and on oath, or without trial before a jury of his countrymen, what renders the word and opinion of these parties so immaculate, that it should be sufficient at once to consign a person of some wealth or standing, male or female, to indefinite confinement, and loss of property and reputation, without any appeal to any tribunal? Such a diabolical system does not exist in France or America, or even in our channel islands, at least it does not exist recognized by the law, and it is a disgrace to our Legislature at our age. To remedy this system, and to give every patient, in person or through his friends, a fair investigation in his case, and appeal to some proper tribunal for a re-hearing of it, when there is reason to suppose that he is convalescent, is the sound object of the Alleged Lunatics' Friend Society, not in order to throw difficulties in the way of persons who are really insane and dangerous, or who need protection, being restrained, but to make the unjust confinement of sane persons, or of weak, nervous, but harmless and innocent people, next to impossible.

E. B. cannot object to me, as others do, that my apprehensions and those of my friends on this subject are fantastic, exaggerated, and so forth, for he acknowledges in his second letter—"at present it is perfectly impossible for any Commissioner's opinion to be of any value," and consequently the protection intended to be afforded by them to parties unjustly detained, is of no effect. Now, with all my wildness, Mr. Editor, I have never ventured to make, I believe, so sweeping an assertion; I am glad, however, to find myself out-hectored at last, as I have been in other instances, and on other occasions. *Now*, by E.B., and I am far from venturing to deny his authority, though I have hitherto contented myself by stating that from the hurried nature of the Commissioners' and Justices' visits, it was impossible that their opinion could be *relied* upon. It is true that E.B. uses this argument in a contrary sense to that in which I use it, but the testimony of opposing parties to the same fact is the best proof of its truth, and therefore I thank E.B. for wielding his sword in this cause even against myself and my friends, though he did not know when he did so that it was a two-edged one.

That which renders the existence of private lunatic establishments incompatible with the principles of sound legislation, is the temptation afforded to human weakness—to receive without much scruple, or to detain when no longer necessary to do so, persons, as patients, whose residence is profitable to the proprietor, or who may damage his interests by making an unfavourable report of his establishment; and the temptation to stint the patients in medicine, food, accommodation, exercise, amusement, or attendance, to make a greater profit out of the allowance for their maintainence. I do not know if these objections to such institutions can be effectually removed, because so much duplicity and plausibility is exercised in these matters. But as the first can only be taken away by giving the most perfect security and facility of appeal to the law to any party who conceives himself aggrieved, and guarding most effectually against any uncalled-for aggression upon the personal liberty of the subject, on the pretence of insanity, and by treating the suppression of the appeals of an alleged patient to his relations, to his friends, and to the authorities, as a henious offence. I trust that E. B. will see that the interests of his patients and his own are the same, and that the objects we pursue are so far conducive to his own interests also; as unless they can be obtained there can be no question that private asylums for the insane are a nuisance that must be abolished, and an expensive nuisance, costing so much for their present—even as acknowledged by himself—ineffectual surveillance.

I have the honor to be, Sir,
Your obedient humble servant,
JOHN PERCEVAL.

Parthenon Club, Regent Street,
Nov. 1, 1851.

Medical Intelligence.

ROYAL COLLEGE OF SURGEONS.

The following gentlemen were admitted Members on the 7th instant:—Robert Bowman, Richmond, New South Wales; William Taylor Colby, New Malton, Yorkshire; Henry Samuel Colston, Bombay; Walter William Harris, Australia; William Haughton, Dublin; John William Howard, Fenchurch Street; John Black Paterson, London; William Robinson, Carlisle, Cumberland; John Wills, Shaftesbury, Dorset.

The following gentlemen were admitted members on the 14th inst.:—Charles Chibnall, Tothill Street, Westminster; James Collier, Aberdeen; Wm. Edward Day, Bristol; Joseph William Eastwood, Chesterfield, Derbyshire; Edward Ross Prance, East Stonehouse, Devon; James Martin Roche, Fermoy, County Cork; James Edward Turford, Boston, Lincolnshire.

SOCIETY OF APOTHECARIES.

The following gentlemen were admitted on the 6th inst.:—William Adams, St. Austell; James Cornish Crossing, Devonport.

Gentlemen admitted on Thursday, the 13th inst.:—James Joseph Cregeen, Ramsey, Isle of Man; Robert Wilkinson, Bradford, Yorkshire.

APPOINTMENTS.

Dr. Parker has been elected Assistant-Physician to the London Hospital, in the room of Dr. Pereira, appointed Physician.

OBITUARY.

On the 15th inst., at Craddock House, Uffculme, Devon, John New, M.D., in the 83rd year of his age.

TO CORRESPONDENTS.

Communications have been received from Mr. Harvey (twice), Dr. Tunstall, Mr. Bree, and the Birmingham Pathological Society.

LECTURE

ON THE

DISEASES OF CHILDREN.

DELIVERED IN THE

Chatham Street School of Medicine, Manchester,

By Dr. MEREI,

Fellow of the Hungarian Academy, late Professor of the History of Medicine at the University of Pesth, Clinical Professor of the Diseases of Children, and Director of the Children's Hospital at Pesth; Fellow of the Imperial Society of Medicine at Vienna, etc.

Lecture VII.

Examination; Diagnosis; the First Steps of the Practitioner; Milk, Food, Diet.

Gentlemen,—The examination of an infant, or a little child, that cannot answer our questions, is a difficult task, which requires particular qualities on the part of the physician; without the qualities of an exact observer, and without a good deal of delicacy, patience, and cleverness in the whole proceeding, the results will be quite uncertain. I will not speak here about the natural dispositions, nor am I able to point out all the particular means, and variations of these means, suitable to the various cases, by which, in some instances quickly, in others only after a long and repeated series of observations and inquiries, we unveil the malady. I recommend, however, and will bring before you, a certain method and order in this business to which a young practitioner must in general attach himself, in order to obtain by practice a satisfactory degree of skill.

All your senses must co-operate in this task; but, above all, your eyes should be accustomed to read the countenance of the child, and to survey so closely the whole frame, that not a single muscular movement in any part of the body may pass unnoticed. Be not deterred by the difficulties. I have no doubt you will more than once look into this book of nature before it becomes legible to you: you will fix your eyes upon, and watch the countenance of the little patient, and find no clear expression in it, and this, perhaps, in a great number of your first cases. But continue, nevertheless, to employ the same method with intense application; the time will come when you will perceive impressions and understand signs, which formerly have been hidden before your eyes, and which, to superficial observers, continue to be so.

At your *first visit*, in particular, if you are a stranger to the child, and this latter older than five or six months, you must be careful not to frighten the little patient, either by the sound of your voice or the fixity and expression of your eyes and countenance; you must avoid even to attract its attention, because a sick child once alarmed, irritable and crying, becomes a subject the more obscure as it is intractable.

If I find the child either in its bed or in the arms of its mother, in both cases when I enter the room I take position at a certain distance, which allows me, however to observe it by an occasional glance. Then, supposing the child to be in its bed asleep, I observe it for a certain length of time as closely as possible, with particular regard to the respiration, occasional sighs, moans, and movements of the head, the body, or the limbs; and there are cases in which it is possible to accomplish our task for that visit without consenting to awake the child. In general, however, it will be necessary, after a time, to awake it, to put it into various positions, to observe its respiration and general behaviour, in the dorsal as well as in both lateral positions; then we request the mother to take it up into her arms.

If I find the child in the arms of the mother, in certain cases (in particular, of suspected or evident affections of the organs of the chest,) it will be desirable to observe it also for a while in the mentioned various positions in its bed; but after this, and almost always, I accomplish the most important parts of the examination whilst the child is in the arms; this being in general the more favourable position for our eyes, ear, and hand, and the less likely to provoke the child's reluctance.

Directing, then, the person attending on the child to walk with it to and fro in the room, I follow it with my eyes, observing its countenance, the keeping of its head, and every movement or expression.

When the position of the child gets changed, and the body or single members moved, an occasional moaning, or cry, or other expression of pain, must not escape our attention, as it may lead us to discover some affected locality.

During all this time we ask for information with regard to all points of the management and habitual behaving of the child, the progress of its development, and the circumstances connected with the present malady.

It is most important to get a just idea of the complexion and disposition of the child. Accordingly, we cause the belly and the legs to be for a moment uncovered; after which, if the case seems to require it, we do the same with the chest and arms. If the patient is above six months old, we ask about the progress of the dentition, the ossification of the fontanelles, and the muscular power of the legs and arms.

Then we approach (in cases of irritable children, the best from behind and unnoticed) touch the region of the fontanelle, in order to ascertain the state of the ossification, and touch then for a short time, and in a delicate way, the pulse. Then we advance cautiously our right hand from behind under the clothes over the belly, and exert gradual pressure in different regions of it; at last, if we suspect a disorder of the respiratory organs, we press in a direction and degree to push the viscera upwards towards the diaphragm, by which act the inspiration becomes difficult and forcible, so that we may perceive a significative change in the breathing of the child.

All this manipulation must be performed, in general, quickly and in an easy manner, with more or less

caution and subtilty, according to the various temper of the child, in which, if it is very irritable, it is desirable that one or more persons assist us, by distracting its attention, whilst we touch its body in a more or less concealed way. The success of our diagnostic operations depends very much upon its crying being avoided before and whilst we examine the abdomen.

Then we proceed to the chest, by auscultation and percussion; and, as I mentioned in the third lecture some particulars concerning these most valuable means with children, I will here only advise you to commence in general with auscultation over the dorsal and postero-lateral regions of the chest. In or near these regions is the usual seat of the greater part of the affections of the lungs and pleura; and it will be easy to give to the child a position on the arm of the mother or nurse by which we are enabled to auscultate upon these regions from behind, and perhaps unnoticed by the child. Then, if we deem it necessary, we auscultate on the anterior part, and as this most frequently causes crying, I recommend you to auscultate at first over the heart, inasmuch as loud crying, and the arterial excitement caused by it, conceal or pervert some movements of this organ, whilst the sounds and râles of the bronchi are not so easily veiled by it. If I see or suspect the child to be very irritable, I use always on the anterior part the stethoscope, but posteriorly the immediate auscultation.

Finally, as percussion almost invariably causes crying, we must practise it the last, and in all those cases, at first upon the abdomen, in which we deem an exact investigation of this cavity necessary, which by crying becomes the most difficult. The percussion of the chest, the most enlightening in children, can be successfully practised even amidst violent crying.

We must, then, pay all our attention to the condition of the skin and of the joints, including their mobility. Nothing is more usual than a superficiality in this latter respect, by whichI have seen severe rheumatic affections, and even a degree of swelling overlooked by the physician in repeated visits.

If the little patient cries from time to time very violently, with all the expression of severe pain, of which we know not yet the seat, in this case we must carefully investigate the state of the ears, the gastro-intestinal, and the urinary functions; because pains and spasms in these parts are the most severe, and much more common with infants than with adult patients. We shall be able in general to detect the seat of pains and spasms, partly by a certain series of questions, partly by the directions which we give to our own observation, and to that of the attendants.

It would be too long to enter here into a detail concerning the abdominal, including the urinary symptoms. Some particulars upon these, as well as the other parts and functions, I tried to expose to you in the former lectures, from their objective point of view; in the present, I wish only to offer a kind of *general scheme* of the examination of a little patient,—a scheme and an *order* which every intelligent young physician will be able to modify according to each single case.

I beg, however, to recommend warmly to your attention, the order and the reasons of that order in the procedure of the examinations, which occasionally you may modify, shorten, or prolong, and strengthen by the microscopic and chemical tests, with the utmost minuteness, according to the nature of the case, whilst I can assure you that irregularity, superficiality, and want of cleverness, have still their share in the examination of little children, and engender many faults in their treatment. In spite of all exactness and cleverness in examination, however, a practitioner, well aware of the difficulties and obscurities in this department of medicine, will frequently postpone until his next visit the accomplishment of the diagnosis and of a decisive line of treatment. The parents in general ask with eagerness our opinion upon the case, and expect anxiously the prognosis; but the rapidity of changes with children's ailments, makes it necessary on the side of the physician, to speak and act with careful reflection and reserve, in order to avoid future disappointment and contradiction.

If the case be not the most evident, our first prescription, if at all necessary, must not be too active nor too special; but, if possible, of that kind which may contribute to enlighten the case for to-morrow. Thus, suppose we cannot make it clear, whether the pain of which we see the unequivocal manifestations, has its seat in the abdomen, in the brain or the ear, a mild purgative or soothing injection, and linseed poultices on the belly, will frequently enable us at our next call, to settle the diagnosis by its effects, positive or negative.

Milk, Food, and Diet.—It will be almost invariably necessary, to give at the first call our opinion and directions concerning the nourishment of the child. I will bring before you in a few words the principal points of my experience on that subject.

A healthy mother ought to suckle her infant, this is the most favourable for both parties; but a mother of an unhealthy complexion, or very delicate, subject to nervousness, or being of an hysterical irritable temper, or one who feels very much weakened, with pains in the chest during the act of suckling, ought to be strongly requested to abstain from, to shorten, or end the lactation. It is, however, not always an easy task for the physician to decide in this matter of lively feeling. It is not rare to find, with very delicate females, plenty of milk, and their infant prospering by it, whilst they become weaker and thinner themselves every day. This we may concede for a certain time, but oppose earnestly, as soon as pains in the chest, or disturbance in the functions appear. In a nurse I would also very much look on the state of the skin and teeth. Excepting certain acute and decidedly local affections of the skin, of a short duration, all others, even light but *chronic* eruptions, seem to me objectionable in a nurse; the pustular more than the vesicular, and porrigo more than impetigo. Ladies of a fatty complexion, who are *embonpoint* and have large fatty breasts, frequently secrete too little milk, or of a thin innutritious quality. We see this by pouring a few drops into a

glass full of water, when thin milk will not form those bluish-white pearl-coloured molecules, proper to a more nutritious quality, but soon dissolve and mix with the water. By the microscope the milk in the first weeks after delivery presents a small number of regular spheroid milk-globules, and a large amount of irregular little bodies (Dr. Donné's "corps granuleux") and another kind of viscid or mucous matter floating in the serum, but after that first period a good milk must show a large amount of regular milk-globules. Casein, the essentially nutritious element, is by the soda of the milk kept in a dissolved state; consequently it is less perceptible by physical means.

A thick and heavy quality of milk is not always proportionally nutritious; it may contain a large amount of fat globules, and other lower elements, and less of the most important casein, it will not consequently be recommendable. It may be also too heavy for the infant's digestive powers. It appears already from this, that in case we should have to recommend a nurse, we must not recommend one whose milk is much older than the infant. There are, however, some qualities, both positive and negative, in the milk, which we cannot yet discover, though experience convinces us of their existence; these are certain *vital* qualities, in one case beneficial, in another mischievous, to the digestion and vegetation of the nursling, and we must frequently in cases of lactation form and pronounce our judgment according to the observation of the effects upon the child. Thus the existence of the catamenia of suckling mothers and nurses is, in the majority of cases, a circumstance announcing a damaged milk, and the necessity of abstaining from lactation. This is often imperious with females who, during the catamenial periods, suffer very much from headache, abdominal spasms, and loss of appetite. This is, however, not the case with some plethoric women, whose catamenia do neither disturb their health, weaken them the least, nor disturb or pervert the effects of the lactation upon the child.

If the suckling mother or nurse is of a suitable complexion, it will be the best plan to limit the nursling's nurture only to the milk till about the fourth month, or even above; then the next addition to the milk of the breast may be, at first once, and further, twice in the day, a decoction of cocoa, with the addition of a little milk and sugar, or a light chicken or mutton broth, (not fat); towards the seventh month with a little biscuit or sago boiled in it. There are some other kinds of food also admissible for that age; for the one child the one will do better, and for the other another. And the complexion or state of health of the child requires also, in many cases, modifications of the general rules. Common sense and observation is the best teacher also in that particular. I beg, however, to recommend to you the following points, as leading principles in the great pleurality of cases. Milk, or other likely liquid food, should not be given oftener to a young infant than at intervals of three hours; this secures a better digestion. The age naturally fit for weaning is that of from nine to twelve months; in some cases of delicate children we prolong the period of suckling something more.

If circumstances necessitate the feeding a newly-born infant without the breast, or to wean it long before the natural period (the eruption of the teeth), the best, at least the safest, substitute in the first month will be two parts of *boiled* fresh cow's milk mixed with one part of a very light infusion of aniseed, so as to impart only a slight aromatic property to the milk, and give a little sugar with it. The addition of the aromatic water can then be, in the second month, gradually diminished, and at last entirely left off.

Before the ninth month it is scarcely ever necessary to give more substantial food than that I mentioned before, beef-tea or broth, with sago, biscuit, and semola.

After the age of from the twelfth to the fifteenth months it is almost invariably advisable to accustom the child gradually to a more substantial food; for instance, besides sago, barley, or rice, boiled with broth, a little of mild vegetables, as a second dish, and to advance about the eighteenth month to a little tender meat. These points, however, are subject to modifications by the complexions or particular dispositions of the children.

If the child has a large abdomen and skull, and its hair resembles flax, if there is great voracity of bread or other farinaceous food, in this case we must try in a proper way to accustom the child more and more to animal food, and to restrict all that is farinaceous. I have described the disposition in question in the sixth lecture, under the name of "scrofulo-impetiginous" habitus.

For the mentioned complexion (not unfrequent) a common fault and mischief is committed by feeding them already in their tender age with a composition of milk with bread, or other farinacious articles, which combination is the worst of all for them, being generally very liable to produce acidity and flatulence, not seldom an unhealthy chylus, and bad assimilation.

Those complexions which I have described (lectur sixth) as nervous and sanguine do not want much of animal nourishment, not even in the second year of age; and the children with dark-coloured hair and brownish skin, with a dark red hue on the cheeks (bilious and plethoric) require in particular and essentially the use of preserved fruits and boiled greens.

Sometimes we are obliged to change the kind and manner of nourishment; but, as rules of importance, I wish to establish the following:—Till about the fourth month only milk; till about the eighth month only one liquid kind of food, besides milk, once or twice every day, in regular hours and quantities; during the second year twice thin liquid and twice more substantial; during the third and fourth year twice liquid with some bread, and twice a more solid food; only one of these meals, however, ought to consist of two qualities of dishes, one of which may be meat, as the principal repast of the day.

If we observe regularity of time and simplicity of kind—that is, if we give to the child continually, at the same periods of the day, the same kind of food, two

advantages are obtained:—the stomach and other abdominal organs will at that time and of that kind digest better, and it will be more easy under this regimen to detect the first commencement of functional derangement and malady. Frequent variations with the kind of food lead to voracity and indigestion.

I forgot to mention the occurrence of pregnancy as an imperative reason for weaning the infant. Sore nipple, if severe, unmanageable, and causing to the mother, during the act of suckling, insupportable pains, may also be regarded as a circumstance making weaning necessary.

With regard to *diet and hygiènic means* I think I need not enter into particulars. The important specialities of *therapeutical diet and hygièna* I suppose to be in general known to you; and some indications and modifications of the kind result also from what I have brought before you when speaking of the different kinds of food convenient to the different dispositions and ages of children. A good ventilation of the room, a convenient sort of clothing, a suitable kind of bed, and attention to be paid even to the position of the child, different in different maladies; these are points easily to be understood. Let me, finally, remark that in inflammatory diseases a reduction in suckling, viz., in the quantity of the milk of the breast, and, at the same time, the frequent use of cold water; in acid and flatulent dyspepsy, again, complete abstinence from farinaceous food. These measures act sometimes more powerfully in children's ailments than pharmaceutic substances. Next I shall speak upon the most useful remedies in children's practice.

ON THE IMPORTANCE OF DISCRIMINATING BETWEEN

PREGNANCY & ABDOMINAL DISEASE.

ILLUSTRATED BY A VERY RECENT CASE.

By DAVID NELSON, M.D., Edin.,

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There is no subject upon which it behoves the medical practitioner to exercise more care and caution than the above. Considering the magnitude of the physical and moral consequences involved in the question, and the well-known obscurity of many of the symptoms presented to us, along with the great difficulty of determining either their positive or their relative value, we ought to search diligently for every available proof on the one side and on the other, and yet, after all, ponder over the matter well and deeply before we commit ourselves to a decided opinion; for, if we only recal to mind the ordinary symptoms of pregnancy, we shall at once see that almost all of them are beset with doubts, and that their strength consists more in their number than in their individual weight. Thus, for instance, the increase of size in the abdomen may be due to sundry other causes, as polypus, ossification, hydrops uteri, and hydatids. So may the irregularity of the menses, which discharge, from being profuse in the earlier or irritative stages of ovarian or uterine disease, may be quite stopped in the later. Sickness is certainly no criterion of itself. The enlargement of the breasts and of their areolæ, and also the secretion of milk, may take place under other irritations of the ovary, as well as pregnancy. Kiestine in the urine has now been shown to be a very doubtful mark. Even the supposed movements of the child, when only felt through the parietes of the abdomen, may be simulated by rushes of gas under certain forms of disease; and, though the stethoscopic signs of the cardiac and placental sounds within the womb must always afford proof positive of the presence of a living child; they are, of course, not applicable to one that may be dead. Ballottement is certainly a very valuable sign, but when that and the stethoscopic evidences are wanting, it becomes us to look with much discredit on any of the other symptoms, the most of which are merely sympathetic. Moral considerations are also to be taken into account in such a review of any case, as the station, known principles, and habitual manners of the patient. That great difficulties will beset certain cases, even when there exists the most earnest desire to arrive at truth, there can be no doubt, as witnessed in the memorable instances of Queen Mary and of Lady Flora Hastings. But these difficulties should only afford a wholesome lesson against rash conclusions, especially when ladies are unmarried, of mature years, and of superior character; and the following case, as resembling in the most essential point that of the late Lady Flora, is now adduced, to enforce such caution, especially on the part of our younger brethren. The writer holds a very strong opinion in regard to the non-publication of cases occurring in private practice, but he conceives that that principle does not apply to occasions such as the present, when he can positively vindicate, and feels that he ought to vindicate, the injured reputation of a deceased female patient, who, though conscious of innocence, was yet deeply wounded by the widely-spread suspicion against her. The facts are as follows:—

Miss P—— of this town, and late of Henly-in-Arden, aged about 34, of pious reputation, and unmarried, had, about eight months ago, or more, first become conscious of an uneasy pain at the lower part of the abdomen, which was by and by followed by a swelling in that region. At first, without being subjected to any particular examination, she had been treated for dyspepsia, and some hepatic affection, by a general practitioner, to whom she did not seem to have mentioned the above notable fact of enlargement. Afterwards, as the disease advanced, and assumed a more serious aspect, others were called in, and a physician of some standing, and others of obstetric experience, at length thought it necessary to declare positively that she was pregnant, in order to save professional reputation. Accordingly she was treated under this idea for some time, until, from certain communications to that effect, the patient and her friends declined further

attendance, and decided on calling the writer in to pass an opinion. He visited her, accordingly, on the 12th of last September, requesting that Mr. Partrige, of the same neighbourhood (Bordesley), should meet him, as that gentleman had had some general management of the case before that period. On arrival, he heard from the mother and the patient what previous opinions had been given. Mr. Partrige also stated that pregnancy had been affirmed in the case, limiting, however, his own view to a statement of the plain physical facts alone, viz., that there was fluctuation, with a solid or fluid body in the neighbourhood of the uterus, and occasional movements.

On examination, the patient was observed to be of small stature, and much emaciated, with a calm and interesting expression of countenance. The head was cool, the tongue clean and rather red, stomach tender, bowels obstinate, and kidneys torpid. The pulmonary sounds were natural; heart's action small, smart, and rapid; pulse 100 to 112. The abdomen was enormously distended with fluid, having a most distinct fluctuation all round, except just over the pubes and under the liver. The parietes were so tense that it was difficult to press them down. Still, however, they could be sufficiently dimpled to permit of the discovery of a more solid and pretty large body, like a child's head, in the left iliac region, which twice or thrice seemed to move with a jerk against the hand; while, on the right side, under the liver, there was an extensive doughy mass, distinctly margined, and giving the idea of hepatic enlargement. The os uteri was high up, and the cervix was scarcely distinguishable; but neither the placental blowing, nor the cardiac tic-tac was to be heard. The breasts were not enlarged; there was no remarkable areola, nor any milk in the nipples. A scum did form on the urine, but that disappeared under acetic. acid. She had also menstruated some time before (explainable, perhaps, by the exhibition of certain medicines). The test by ballottement was not tried, as, besides the above negative evidences, she had that calm and straightforward look of the eye which seldom accompanies any such concealment as was supposed. The opinion then given was, that there was no evidence of pregnancy; but, certainly, every evidence of universal abdominal fluid, possibly ascites, with a solid body within it, most probably an ovarian tumour or cyst. Respect was certainly paid to former opinions on the subject, especially as they had been formed at an earlier period, before the abdominal fluid had so buried the tumour within, and thus beset the case with innumerable difficulties; but still the diagnosis was sufficiently confident to justify a decided plan of treatment. She had much flatulence, and was ordered pills of aloes and assafœtida, along with a course of iodide of potassium, and blisters; under which treatment a patient of the writer's, now in the Queen's Hospital, has obtained much relief, with a diminution of the tumefaction. On the 14th, however, it was discovered that her digestives were so irritable that they could not bear the iodide of potassium, which was, therefore, discontinued, and a preparatory treatment substituted, of compound tincture of gentian with hydrocyanic acid. On the 16th three leeches were applied over the liver, where there was pain, while she commenced some mercurial frictions over the abdomen; and, as the bowels and kidneys did not act, purgatives and diuretics were also resorted to. These, however, had no effect; and, as the legs began to swell to a great degree, while the fluids, &c., pressed upwards on the diaphragm, and fluctuated even over the pubes, the writer proposed that tapping should be resorted to. As, however, there was a married female friend present, who specifically put the question in regard to pregnancy once more, and recalled to mind the positive affirmations formerly made, it was considered proper, in full justice to the patient, that some eminent *surgical* opinion should be taken before that procedure was adopted. Accordingly, after a day or two, Professor W. Sands Cox, F.R.S., met Mr. Partrige and the writer in conference. He conjoined in the opinion that there was no evidence of pregnancy, but that there was a vast accumulation of fluid, and some very solid body within it. He deferred tapping, however, and only advised the feet to be punctured for the œdema, which operation was performed by Mr. Partridge, and gave, for the time, some relief. Shortly afterwards some erythema set in, and healing measures had to be resorted to forthwith. The distress now increasing, Mr. Cox was again summoned; and on the 19th of October, in the presence of the writer, and assisted by Mr. Partrige, he performed the operation of tapping, per vaginam, without inflicting the slightest pain, when there drained away about two gallons of thick fluid, like pea-soup, found to be almost pure albumen. After this had ceased to flow, the belly still remained very large, but was much softer. The tumour, also, in the left iliac region had disappeared, though the doughiness of the right side remained as before. It was not deemed prudent, for the present, to tap again through the parietes of the abdomen, and she was accordingly bandaged round, and left at rest, feeling considerable relief in her breathing, &c., while the œdema of the legs had almost at once diminished. She was so wasted and faint, however, from her long protracted sufferings, that this ease proved but a brief and partial respite. Her appetite and flesh were gone, and all her organs so torpid that, with the view of hastening her improvement, she exceeded the prescriptions given her, and swallowed of herself, one after another, many strongly purgative pills. These only increased the flatulency and gastro-enteric irritation, without producing the desired effect, and she gradually sunk and died on the 24th.

On the 25th, Mr. Cox being from home, an autopsy was instituted by the writer and Mr. Partrige, in the presence of the nurse and another female attendant. On cutting through the abdominal parietes in front, a large thick sac was found closely adherent to the walls, and from this sac was drained off upwards of three or nearly four gallons of an albuminous fluid, as before (for there were no means of exact measurement). There was then seen a large solid mass attached to the right wing of the uterus, and stretching away under

the liver. The uterus itself was pulled up by it. This mass appeared to be of the weight of about four pounds. On cutting into it, it had a fibrous covering, and appeared partly solid, and partly of honey-comb structure, from which exuded a bloody and brownish-white matter. This, under the microscope, was observed by Mr. Partrige and Dr. John Wright, Resident Officer at the Queen's Hospital, to consist partly of fibrous filaments, with pus, and blood corpuscles, granular matter, and fusiform cells. The sac was universally adherent, of a thick, leathery, fibrous structure, interspersed with large vessels, and here and there it presented extensive patches of inflammation and effused lymph on its inner surface. The liver was soft or almost diffluent in some parts, and of a dirty grey colour. The uterus was of natural size and structure, and on being cut open, there was *no pregnancy*.

Birmingham, Nov. 1, 1851.

SOME REMARKS

ON CONSTIPATION AS ATTENDANT ON CHRONIC UTERINE DISORDERS.

By JAMES TUNSTALL, M.D., Edin.,

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That an intimate sympathy exists between the reproductive organs of the female and those of digestion, is a fact so self-evident that I need not dilate upon it. Familiar instances occur in the vomiting of early pregnancy and the diarrhœa which more or less attends upon the catamenial secretion in those in whom this function is attended with pain and difficulty. In these latter cases costiveness, of an habitual character, is the general state of the bowels, and it is in them that the greatest amount of mischief is produced by the habitual use of the stronger aperients and mercurials. I do not think that contiguity of structure affords a sufficient explanation of their phenomena, but that they are to be regarded as examples of reflex nervous action.

If we proceed to consider the hysterical paroxysm in its completeness, we find the majority of the organs supplied by the great sympathetic, more or less participating. We have irregular or painful menstruation, excessive secretion of urine, costiveness, difficulty of breathing, with palpitation, giving rise to convulsions, partial paralysis, and other results of reflex actions. While the paroxysms are intermittent in their character, the functional derangements of the uterus and larger viscera remain, the reflex action still continues, in some cases manifesting itself in a short, dry, husky cough, in the majority constipation. These cases are characterized by an irregular action of the muscular fibres of the intestines, producing irregular and atonic propulsive power, just sufficient to enable the patients to pass small quantities of scybalæ only, with great pain, the great mass of fæces remaining; resort is then had to cathartics, an artificial diarrhœa is sought to be produced, and thus the bowels are excited into an undue action, to relapse again into an additional degree of torpor. Mr. Collett, in the *Journal* for November 12th, has, I think, clearly shown, that many of the ordinary cases of simple constipation may be relieved by the judicious plan pointed out by him, but in cases similar to those I am about to relate, I conceive we want something more, in other words we require to subdue the nervous irritability, both of the uterus and intestine; not merely to subdue the constipation, but to remove the exciting cause, to regard the two organs as acting and reacting upon each other, and to endeavour to restore the healthy function to both. I shall assume, for granted, that the constipation depends upon irregularity of muscular action, and not upon the capacity of the female abdomen and pelvis, and that its remote cause is uterine functional derangement. Thus, then, our treatment must be tonic and anodyne, rather than aperient, and the diet of the patient should be strictly regulated. Conium appears to me to exert a peculiar action in uterine cases; it does not constipate like opium, and is far more manageable than belladonna. In small doses it does not affect the head, which in the cases under notice is a great desideratum.

Shortly after Stork had introduced conium to the notice of the profession, as a valuable remedy in cancerous affections, the celebrated Dr. John Fothergill published some observations upon it in the third volume of the "Medical Observations and Inquiries," lamenting that it did not answer his expectations, he says it proved beneficial in various obstinate complaints. In the conclusion of his paper he makes the following remarks:—"The extract of hemlock is apparently anodyne; it promotes rest, and eases pain; it seldom occasions that kind of morning headache which succeeds an opiate. In most cases it produces a laxative stool the following day. In some habits it offends the stomach, producing spasmodic twitchings. I have been induced to try it in painful discharges from the vagina, and often with success; also in fixed excruciating pains, probably arising from acrimony."

Fothergill being engaged in testing its efficacy as a remedy for cancer, gave it in large doses. He prescribes the extract to the extent of two scruples during the day, and continued it until its physiological effects were produced. I have never exceeded five grains during that period.

In the cases now under consideration, its evident effects were first anodyne and soothing and then mildly aperient. It produces, as it were, an evacuation by its direct action upon the muscular fibre, by subduing irregular contractions, in addition to its sedative effect upon the uterus.

The following illustrative cases are selected from my diary:—

Case 1.—Mrs. K., aged 30, who had suffered 7 years from prolapsus uteri, caused by severe abortion, attended with great nervous irritability and habitual constipation, having been advised to come to Bath for the use of the waters, placed herself under my care in the early spring of 1850. When examined, I found the pulse feeble, 60;

the tongue large, clean, indented at the edges, and very pallid; breathing natural, no affection of head or chest, slight globus hystericus, stomach and bowels morbidly irritable with constant borborygmus, obstinate constipation with scybalæ, and great discharge of fibrin; secretion of urine irregular; prolapsus complete. She described her state as one of imperfect paralysis, being unable to walk without assistance. She stated that her bowels never acted without an aperient, the operation of which increased all her symptoms. I commenced the treatment with a thermal bath three times a week, under which her strength and appetite improved. After a fortnight, I prescribed Extr. Conii, gr. ij.; Pulv. Rhœi Turc., gr., j., in a pill to be taken every night, directing her to continue the bathing. After taking the pill regularly for a month, her state was thus recorded:—"Evidently better, the bowels act every alternate day; she is able to cross her room without assistance; the catamenia have occurred with less pain than usual; the prolapsus is not nearly so distressing." She continued the treatment for three months, when she returned home, enabled to attend to her household duties with comparative ease, and enjoying a fair share of health, in which state she still continues.

Case 2.—A lady, aged 46, unmarried, became my patient in September, 1850, suffering from severe dyspepsia and constipation, menstruation profuse at short and irregular intervals, with great prostration of strengh, and extreme nervous irritability. She informed me that the catamenia had always been attended with so much pain that she dreaded the return of the periods, that her life had been a constant burden, and that she had never been able to do without the constant use of cathartics. She had tried every remedy, dietetic as well as medicinal, without effect. She had, prior to consulting me, drank the Bath waters, but as they increased the discharge and caused headache, I directed them to be omitted.

Having satisfied myself that the menorrhagia was purely functional, I first applied myself to its relief, and having succeeded, I prescribed as follows:—R. Extr. Conii, gr. iij.; Pulv. Rhœi Turc., gr. j. M. Fiant pilulæ ij., omni nocte sumend.—R. Magn. Sulph., scr. iv.; Ferri Sulph., gr. iv.; Tr. Hyoscyam., dr. iij.; Aquæ Distillat., oz. vss. M. Capiat cyathum bis die.

This treatment I continued for six weeks, the bowels recovered their tone, the catamenia appeared at irregular intervals for a few hours only, and she returned home improved. Three months after her return she wrote to inform me that the menstrual function had entirely ceased, and that the bowels acted regularly and well.

Case 3.—S. H., aged 26, a domestic servant, applied to me at the Eastern Dispensary on June 19, 1850. She suffered from obstinate constipation, severe headache of an intermittent character, with hæmatemesis and menorrhagia. I directed her to take the disulphate of quina, in infusion of roses, which removed the headache, and she discontinued her attendance.

On the 24th of July she again presented herself, suffering from profuse menorrhagia and vomiting of blood, attended with obstinate constipation. I prescribed Ol. Terebynth. and Ol. Ricini, of each half an ounce, to be taken the following morning. This resulted in the expulsion of a tape-worm, with relief to the symptoms. I directed her to repeat the dose on the 27th, which brought away a large quantity of offensive fæces.

On the 1st of August I prescribed Argenti Oxyd., gr. ss.; Extr. Conii, gr. iij., in a pill, which I directed her to take twice a day; this she did for seven weeks, when she reported herself cured. I should not omit to mention that the sanious secretion from the stomach ceased with the exhibition of the first dose of turpentine, and that I have seen two other cases in which tape-worm and menorrhagia occurred in the same person.

Case 4.—Mrs. H., aged 32, one child aged 7, suffered severely from uterine hæmorrhage in her confinement, from which she has never properly recovered, consulted me on the 27th of May, 1851, complaining of the following symptoms:—"I have suffered," said she, "ever since my confinement, with headache, great irritability of nerves, with apprehensions of calamity. I am afraid to walk, for the slightest excitement produces palpitation, with a tendency to hysteria. I never have a proper evacuation from the bowels, I suffer from dyspepsia, and my fingers are half dead. In this case there was evidence of great prostration. The pulse, although natural in its beat, was deficient in calibre. Upon inquiry I found that the catamenia were irregular, both as to time, quantity, and appearance, and that all the symptoms were aggravated at the periods. The whole pharmacopœia had been sought in vain for anti-spasmodics and aperients. I interdicted the use of all medicines specially directed to the relief of symptoms, and directed her to take a nourishing rather than a stimulating diet. I ordered her a pill consisting of Extr. Conii, gr. ij.; Pulv. Rhœi Turc., gr. j., every night, requesting her to avoid all aperients, except castor oil. Early in June she went to the sea-side, and I did not again see her until the 22nd of October, when she reported that she had taken no aperient since leaving Bath; that when she required one, the pill was amply sufficient for the purpose; and that she was enjoying a state of health to which she had been for years a comparative stranger.

Practical Remarks.—I am perfectly aware that we are all disposed to look upon a favourite remedy wit approbation; I have, therefore, selected these four cases, because the means employed differed in each case. Taken as a group they illustrate the necessity of our endeavouring in all chronic cases to make ourselves thoroughly acquainted with the state of every organ likely to be implicated. That they act and react upon each other the case of S. H. proves. There can be no doubt that the presence of tape-worm was the cause both of the abnormal secretion from the stomach and

of the excessive secretion from the womb. The irritation of the extreme branches of the nerves of the intestines being conveyed to the trunk of the sympathetic, affected the more important function of the womb, while the atony induced by this continued excitement produced want of tone and constipation. The metallic tonic, combined with the conium, effected a gradual cure, not by any aperient effect, but by lessening undue irritation, and strengthening the muscular fibre. Cases 1 and 4 show the effect of severe shocks to the uterine system upon the intestinal canal—that irregularity of function, as well as malposition, produce by irritation a corresponding irritability on organs apparently remote. Case 2 is an ordinary case of continually-recurring dysmenorrhœa, gradually inducing irritability of intestine, leading to habitual dyspepsia and obstinate constipation.

I have endeavoured to make these remarks as practical as possible, anxious only to induce my professional brethren to make trial of a remedy which has, I think, fallen undeservedly into disrepute. I have curtailed the long relation of cases, presenting only their more salient points. I hope that I may induce observers more able than myself to study the interesting phenomena presented by abdominal and pelvic reflex actions, that they may be induced to believe that the notion, which has almost grown into an axiom, that women are more liable to constipation than men, because their pelves are more capacious, may be converted into the fixed rule, that this arises not from contiguity of position of organs, nor from the size of the pelvis, but rather from irregularity of function of the organs which are therein contained.

Bath, Nov. 17, 1851.

ON THE TREATMENT OF ARTHRITIC HEADACHE.

By WILLIAM HARVEY, Esq.,

SURGEON TO THE ROYAL DISPENSARY FOR DISEASES OF THE EAR.

In my last paper I endeavoured to point out the distinction between rheumatic and arthritic headache, showing that in the former the headache succeeded an attack of rheumatic inflammation of the structures of the ear, whereas in the latter the head becomes affected primarily, and the ear subsequently. Having also described other diagnostic symptoms peculiar to each, I now proceed to speak more fully of the treatment of arthritic headache. I have already alluded to the value of colchicum, in small and repeated doses, in those forms of the disease which are marked by tinnitus aurium and intermittent otalgia, as the result of gout in the cerebral mass. This medicine requires, however, judicious regulation; and not less important is the rigid attention to the hygiènic rules advanced by recent authors on that subject, more particularly attention to the skin during its administration, combining with the colchicum antimonials and occasional vapour baths, the latter, I think, the more preferable. Dr. Todd's views on this point are so practical and important, and so accordant, for the most part, with my own experience, that I may be excused introducing them to the reader.

Colchicum should not be given in the asthenic form of gout.

Colchicum should never be given at the onset of a paroxysm, nor until the bowels have been duly acted upon by mild purgatives.

The first doses of the medicine should be very small; they may be gradually increased.

Colchicum should be always administered at first, uncombined with any other medicine, until the practitioner has satisfied himself that it is not likely to disagree with his patient; and indeed there is always a disadvantage in administering this medicine in combination with others, since it may become difficult, if not impossible, at times, to determine what effects should be ascribed to the colchicum, and what to the other ingredients.

It should not be administered so as to excite nausea, vomiting, or purging. These effects should be regarded as indicative of the unfavourable operation of the medicine.

Colchicum may be regarded as acting favourably when, under its use, the urine is increased in quantity, a more abundant bile is discharged, when the fœces, though solid, are surrounded by mucus, and the skin secretes freely.

The effects of colchicum should be carefully watched, as, like digitalis and other medicines, it is apt to accumulate in the system.

The use of this medicine seems chiefly applicable to the sthenic form of gout, which occurs in robust constitutions, and in the prime of life, but it is almost inadmissible in persons advanced in years, who have had several attacks, and in whom the malady would seem too deeply rooted to be influenced by the temporary administration of this remedy.

These aphorisms may not only be taken to be true in the limited extent to which Dr. Todd has applied them, but even in old age, with judicious management, I have found the medicine equally useful and necessary, with this reservation, that the doses should be so regulated as not to depress the system in any sensible degree.

The presence of this acid, or of its base—urea, in the blood of gouty people, may be said to be principally characteristic of this specific form of headache, if I may use the term; and if the uric element be not removed by appropriate treatment, the disease will most probably terminate in serious disordered action, either in the brain itself, causing the arthritic apoplexy, or else by a kind of repercussive metastasis, in the joints or organs usually affected by gout. The value of this medicine appears, indeed, to be better appreciated in proportion as its eliminative action on the kidneys is prominently kept in sight. In the November number of this journal Dr. Hughes Bennet has written some interesting observations on its influence in connection with other diuretics, in that species of coma which occurs as a sequela of scarlet fever. This appears, indeed, to be

more readily explicable of the sedative influence of this extraordinary medicine than the attributing to it a primary action on the nervous system. It likewise assists in explaining its happy influence as an anodyne, which is often observable *after* its diuretic action has commenced, and not before. The oppression of the brain, which produced restlessness, and a sense of weariness, is relieved by the separation of the urea from the blood, which had previously acted as a poison to the brain.

In the earlier part of my remarks on this disease I have alluded to the risk attending the use of depletory measures in the treatment of this variety of headache, the injurious results which follow from the practice may be taken as one indication of the true nature of the disease under which the patient is labouring, when, as sometimes happens, an error in diagnosis, and consequently in the treatment, has been inadvertently made. The following case is a type of the primary seizure, and the result which follows :—

Case.—John B——, 43 years of age, a butler in a nobleman's family, was admitted a patient at the dispensary last spring. He stated that he had been suffering from severe headache, more particularly at the upper and back part, and a fulness in his ears, causing at times an imperfect hearing, and vertigo. His medical attendant, thinking it to be a threatening of apoplexy, advised bleeding and other evacuants; he was accordingly bled ad deliqium, but relief being only temporary, and the symptoms afterwards becoming more severe, the operation was repeated, with the effect of relieving him for one or two days only, other constitutional symptoms setting in obliged him to keep his bed. After some days he had a severe pain in his foot, his headache and giddiness being considerably relieved. He was shortly afterwards seized with an intense pain in the lobe of his ear, accompanied with swelling and redness; this continued to enlarge, and remained swollen for upwards of a month, and suddenly subsided; his head, in the mean time, was relieved, and he returned to his duties. Two months after another attack, resembling the first, caused him to repeat the treatment, with the like unsatisfactory result.

I saw this man shortly after, complaining of a heaviness in the side of the head on which the ear was affected, a continuous and distressing noise, aggravated towards evening, and an occasional pain, resembling a tic, on the side of the face and behind the ear. On inspection the structures presented nothing very remarkable beyond a dryness of the meatus, and a slight duskiness of the membrane of the tympanum; the hearing distance only two inches on the diseased side.

The treatment pursued was the administration of half a grain of the extract of colchicum, twice a-day, a vapour bath three times a week, his diet regulated accordingly, no stimulants, and less animal food than he had been accustomed to. The case progressed with but little relief for ten days, excepting only that he became more tranquilized as to his feelings of nervousness, and a copious perspiration over the skin. He continued the colchicum for six weeks, with the gradual diminution of the tinnitus, and a considerable increase of the hearing distance.

It would be useless to continue the narration of this case further, the patient perfectly recovered after a period of six months, not only of the hardness of hearing, but of a troublesome scaly eruption with which he had been tormented for some years. The aggravation of symptoms after the bloodletting is too demonstrative of the injurious effects of depletion, and evidently and forcibly points to the caution necessary in all such cases when any large quantity of blood is drawn from the system.

Case.—Colonel C., a corpulent and elderly gentleman, consulted me for a troublesome and heavy beating in his head and ears, always aggravated after meals, suffers from pains in the knees and ankles, and from some difficulty in swallowing, arising from a thickening of the mucous membrane of the pharynx, and some enlargement of the tonsils. When any freedom is permitted as to his appetite, the throat appears stuffed with a thickened mucus, and generally imperfect hearing, the meati on both sides were choked up with a deposit resembling gypsum, and although cleansed, repeatedly re-formed, accompanied with a discharge, leaving the meatus reddened and the membrane of the tympanum slightly opaque. These appearances I have so fully explained in a former paper "On Arthritic Inflammation of the Ear," both in the acute and chronic conditions, that it will be needless again to recur to them.

This gentleman was advised to pursue a course of treatment resembling the former case, with the exception that he commenced by active cathartics for ten days. The course of treatment was continued for a period of nine months, with marked relief both to the chalky formation in his ears, and the threatened suffocation which he has been for years suffering from. These cases are not unfrequently presented with the thickened mucous membrane of the throat, causing a temporary obstruction to the Eustachian passage. Although freely relieved by catheterism, this tube does not remain long patent, and the case seldom does well without the adoption of the constitutional treatment before alluded to in these cases. Nevertheless, when the patient's sufferings are very great, and urgently demanding relief, I have found the internal exhibition of colchicum to be the most efficacious palliative; care should be taken, however, to direct its operation on the bowels early, either by small and repeated doses of sulphate of magnesia or the acetic extract of colchicum, which I prefer, in combination with colocynth, the circulation at the same time being attracted to the feet by mustard pediluvia. I have stated that it is not uncommon to find as a result, in many cases of arthritic headache, that the patients are seized with an obstinate discharge from the ear of one or both sides, more frequently of one, this discharge I have examined from time to time, and if allowed to dry on paper presents some of the earthy concretions; it is in these cases that colchicum will be found extremely beneficial. As a rule, these discharges should be encouraged, and if any application is used locally, none answers better or gives to the

patient a greater amount of relief than cleaning the meatus occasionally with warm water. "I know, (observes Otto in his Pathological Essay,) a person in whom, during an atonic attack of gout, the whole mouth, throat, and gullet, are largely covered with a whitish mucus, which, when dried on blotting paper, left behind a large quantity of phosphate of lime. These tophi, as they are more commonly called do not consist as was formerly supposed, of the phosphate, but of the urate of lime, that is of uric acid, which we have spoken of as the probable proximate cause of gout, when it exists in the blood, and of lime in combination. This has been ascertained by chemical analysis, and taken with the preceding facts, may aid in explaining the causes and nature of gout in all its varieties. Further evidence in favour of this view is afforded by the fact, that during the decline of every fit of gout, uric acid or a salt consisting of that acid, with a base, generally ammonia, is largely deposited from the urine, and we also find that the use of alkalies and other antacids, which have an indefinite influence in diminishing the formation of urea, and in causing its elimination are at the same time among the best preventives of an attack of gout. All other facts tend greatly to show that the theory that gout is dependent on the presence of uric acid in the blood for its proximate cause, or at least that it is in some way connected therewith, if not absolutely demonstrated, is at all events far advanced on the road to direct proof.

This theory, however, is not altogether novel. The ancients had a glimpse of the truth, but only a glimpse. Their views were necessarily very crude and unsatisfactory, for want of the knowledge with which the vast and extraordinary progress made in animal chemistry of late years has so amply furnished us. They believed in the existenee of a morbid fluid in the system, as causative of gout, but were utterly ignorant of its nature and character. This doctrine prevailed in a somewhat modified form, during the existence of the humoral pathology; but when that failed these different views respecting the causes of gout were put forth. Of late years, again, the dogma teaching that the fluids in the system may be partakers in disease, as well as the solids, and may even be connected with the causes of constitutional and hereditary maladies, revived; and with it was revived the theory that referred gout to a morbid condition of the blood, or, in other words, that placed gout in the category of the blood diseases.

M. Bayle some years ago, published an essay on gout in the *Revue Médicale*, in which, when treating on the causes of the disease, he says they are unknown; but after carefully examining the pathognomonic symptoms, he is inclined to refer them to an alteration of some one of the humours, or as the result of a particular morbid fluid, produced under the influence of certain causes, and circulating with the other fluids in the economy. He especially mentions the occurrence of chalk stones as leading him to form this opinion; but probably he was not aware of their chemical composition, and therefore did not advance further than the threshold of discovery. Nevertheless, he believed that the morbid fluid, whatever it was, circulated in the blood; and, in confirmation of that view, cites the somewhat apocryphal case recorded in the "Nuremburg Commentaries," where it is gravely stated that blood drawn from the arm contained small gravel! Later investigators have referred the proximate causes of gout to the presence of a morbid element in the blood; but it was reserved for Garrod to discover what that morbid element was. He distinctly ascertained that during an attack of gout the blood always contains uric acid, and that that body can be crystallized from it in the shape of urate of soda, the acid being either much less in quantity or altogether absent from the urate. Dr. Bence Jones has since confirmed Dr. Garrod's statement, the results of his own experiments having satisfied him as to their correctness. Murray Forbes had, however, so far anticipated him as to have promulgated the opinion that the morbid material poisoning the blood was lithic acid; but he did not support his views by direct experiment, and, consequently, it is to Dr. Garrod that the profession is indebted for the elucidation of this important and interesting subject.*

WHAT OUR ASSOCIATION MIGHT DO.

By C. RADCLYFFE HALL, M.D.,
Torquay.

For the "Provincial Medical and Surgical Journal."

No. III.

Having considered the attitude we might take in regard to quackery, let us next inquire how we may improve our present one in regard to medicine. If we can find not a single positive excellency in homœopathy, we must not disguise the weak points in legitimate medicine. And first, of our shortcomings in the daily routine of practice, for which the practitioner and not scientific medicine is responsible. It were difficult to prefer an indictment against ourselves that should neither exaggerate nor underrate; and it is quite unnecessary to make the attempt. Our end will be sufficiently gained by directing attention to a few points wherein we might accommodate ourselves somewhat more than heretofore, perhaps, to the temper of the times, without infringing upon what is due to self-respect or to our patients. It need scarcely be stated that these points lie quite upon the surface. Expressly intended to raise the ordinary style of practice in the estimation of the public, to disabuse the public of some of their prejudices, and to remove some of their commonest objections, as these

* "I have stated," says Dr. Graves, in his Clinical Medicine, "that gouty affections of the brain have long been known; and I am not sure that some of the older authors may not have alluded to gouty affections of the spinal marrow; but as our knowledge of the peculiar state of the brain and spinal cord termed ramollissement is comparatively recent, and not dating with any degree of accuracy earlier than the works of Abercrombie, Roston, and other modern authors, it is obvious that any observations made by the older writers concerning gouty affections of the nervous centres can have no distinct reference to this lesion."

prejudices and objections, however deep and influential, refer only to what is superficial, inasmuch as they refer only to what is intelligible to persons ignorant of medicine, hints for our guidance cannot be very profound.

It may be that the following directions are superfluous, and are not required by any amongst us to be expressly laid down as ordinary rules of practice.

1. Never prescribe medicines when hygèine will do as well and can be enforced.

2. Never permit the patient or those around him to expect more from medicines than medicines can perform.

3. Never prescribe medicines, except avowedly as mere palliatives, when the period is gone by for them to be of ultimate service.

4. Never conceal the *general* intention of the treatment; *i.e.*, whether it be adopted with a view to cure, or only to mitigate the disease, or merely to alleviate a symptom or symptoms.

5. Never prescribe medicines more powerful than are necessary; or continue a powerful medicine longer, or repeat it oftener, than the disease actually requires.

6. Never attribute to the medicine-giving part of the management of a successful case more than its due share of credit.

Never to prescribe medicines when they can without disadvantage be dispensed with, is by no means the easy rule to be observed that it seems. Confidence in the work of Nature unaided by its time-honoured handmaid and namesake Physic, requires a species of abstract faith more difficult to meet with than faith in the physic itself where the object is palpable.* Medicines may not be needed for the disease, but they may be for the patient. Distrust would hurt him, and of nature alone he is distrustful. The rule, therefore, cannot be made absolute. But as often as it can be adopted it should. By degrees, the doctrine will work its way, that medical attendants are required to survey, superintend and direct disease, to watch lest harm accrue unnoticed, to employ active remedies when required, or not to interfere at all, as seems to their own judgment best. Every case of successful treatment without medicines will assist to indoctrinate the public with this view. By learning how much Nature can do without medicines, people will be able to perceive more correctly how much medicines, when they are necessary, can assist Nature. Witnessing for every case of recovery after globules, a parallel case of recovery without medicines of any kind, homœopathic patients will by degrees accept the truth. Most forms of quackery are killed by a newer and more plausible species. The old description is superseded by the new. Homœopathy, however, is so specious and so outrageous, that it would indeed be a clever piece of new quackery that should despoil it of its charms. Truth must kill it.

And must we, as a consequence of so raising the veil, sink in estimation, in occupation, or in remuneration? Without arguing that the question, being one of principle, is not to be decided by such a consideration, we answer unhesitatingly that we need not fear any such result. Every patient sensible enough to permit the treatment, will be sensible enough to appreciate him who directs it. Medical attendance can never be dispensed with. Natural solicitude in most, and an occasional error of judgment in the rest, will effectually ensure that. On the other hand the advantages are real. Every indisposition which is recovered from as well without medicines as with, is recovered from better without than with. The homœopathist tells his patients that by taking his infinitesimal doses until they are cured, they are spared the debility and wear and tear of system produced by what he nicknames the Allopathic mode of treatment; and that they will have less ground to make up. And *when* the case happens to be such as will do well under hygiènic treatment alone, without medicines, unquestionably he is right.

"Verily, there is nothing so false, that a sparkle of truth is not in it."

Of all recommendations, this is the one which has most influenced the sensible non-professional adopters of homœopathy. Such persons can be taught only *by examples* that the cases will recover just as well without globules as with them.

If any one doubt the extent to which a patient will mislead himself in judging of what affects his own body, be it a globule or aught else; or, the extent to which confident assurance will produce a predicted result; let him consider the facts which are mixed up in the fictions of the so-called electro-biology. These facts and ordinary medical experience conspire to show how great is the importance of confidence on the part of the patient in the effects promised by his attendant, and how happy a gift for the homœopathist is the possession of a due share of modest assurance. In pitting hygiène and nothing, against hygiène and the globules, in the

* This feeling is by no means restricted to medicine. It is natural, instinctive, and universal in its application. All little-cultivated, or rather little-exercised minds—and they constitute of course the great majority—are quite unable to believe anything that does not furnish them with an appreciable object of sense either past or present. Hence, in the History of Religion we find that the first phase has always been Idolatry. If we may without impropriety refer to things sacred, we find the highest illustration of accommodation to this requirement of the human mind in the Divine scheme of Religion, arranged as it is to meet the necessities of all men for all time. In the Saviour, Christianity presents an object impersonate, on which all may build their faith. Without such an object, teaching by example as well as by precept, the great bulk of mankind would be incapable of realising the perfect exercise of faith at all; and to every one faith is easy in proportion as it is more objective, less abstract. This is not mere matter of theory or of metaphysical inference. It has been put to the test of experience. When Robespierre, alarmed at the political results of an open denial of all religion, caused pure Deism to be preached in the churches of Paris; after the novelty wore off, congregations would not attend. The people could feel no faith in abstractions. When the first missionaries to Greenland preached Natural Religion (*i.e.* Abstract Religion) they excited little attention and made no converts. So soon as they began to preach Christianity, and thus to furnish an object which was intelligible to the untutored minds of their hearers, the difference in result was great and striking. But it is in the time of greatest need when reason is failing in its power, when the strong mind becomes weak, in protracted sickness and at death, that we perceive most forcibly that instance amongst so many of the perfect adaptation of Christianity to our nature, which consits in its not merely explaining and commanding faith, but in furnishing us with an object of faith cognizable to the senses once, and to the mind's eye for ever. The natural history of Human Faith, its extent, its limitations, and its laws; illustrated in its abuse, by the evils of superstition, the absurdities of credulity, and the unreasonableness of scepticism; and, in its use, by support under trial, comfort in sorrow, and happiness in the exercise of it; has yet to be written. In such a book, how large a page must be devoted to quackery in Law, Physic, and Divinity! And it could not be otherwise. To expect to have the uses of faith and not its abuses, would be to expect to have one part of our moral nature, and that the highest, perfect, when all the rest is imperfect.

management of suitable cases of illness, the legitimate practitioner must maintain the confidence of his patient in the mode adopted, as fully as the homœopathist does; otherwise, the conditions are not the same, and the potent influence of the *morale* will support the one and oppose the other method, and nullify the trial for all purposes of comparison.

The cases and the circumstances in which hygiène may be trusted to, exclusive of medicines, must be left entirely to the discretion of the attendant, who will seldom be at a loss to decide when he may be the careful looker-on, and when the energetic actor; when he must oppose the enemy like Fabius, or conquer him like Hannibal. As an example, we adduce the following every-day occurrence:—A child, above the age of infancy, is chilly, looks dull around its eyes, has headache, pain in the back, quick pulse, and no appetite. It is not known that the digestive organs have been over-taxed. The case may prove—anything. A local inflammation not yet made manifest by local pain; the commencement of continued, or remittent, or exanthematous fever; in a word, there is scarcely any ailment of children of which this may not be the commencement. *If*, on careful examination, no local disease can be made out, we have no correct indication for special treatment. Give Nature fair play. Put the child into a warm bed in a warm room, keep it quiet, stop the supplies of food, but not of water, and wait. When reaction takes place, if there be anything serious it shows itself, and we then know what to attend to. Very frequently, the case is one of mere ephemeral febrile disorder, from exposure to cold; and in two or three days the child is perfectly well again without having taken either medicines or globules. But have we done nothing? When the heart was striving to restore the balance of the circulation, by adopting the recumbent posture we gave it less work to do. The equable warmth of bed was soothing to the nervous system, and solicited the afflux of blood to the surface. By abstinence, we avoided ministering to congestion of the viscera, and introducing food which, as it could not be properly digested, would decompose and irritate the stomach and bowels. We have not thwarted Nature; in a measure, we have assisted her. She has done her own work, and done it well. The convalescence in such a case does not exist. Treat the case in the same way *quoad* hygiène, and give globules. The result is the same. The only difference being that the credit is now given to the globules, and considerable respect and gratitude are felt towards the talented and ingenuous Globularius. Treat the case with an emetic, a dose of calomel and saline mixtures, and at least there will be a stage of convalescence to be passed through.

It is in such a case that the homœopathist "cuts short" an attack of fever, or "prevents it from passing on into typhus!"

In all chronic blood-diseases, medicines are useful, but hygiènic treatment must rank the first. In all acute blood-diseases, when mild and occurring in a previously healthy constitution, as they must run through a special course and last for a certain time, cases will frequently do very well without any medicines. More frequently, a little medicine occasionally to meet a temporary requirement is serviceable; but in every case of this kind, however severe, the difficult point of medical judgment is, rather, when to do nothing, than what to do. Hygiènic treatment is invariably necessary. Acting on the principle of the accoucheur, that Nature is to be carefully watched, but that so long as she proceeds well, she is to be let alone, we shall meet with few cases of illness in which we cannot find opportunities to judiciously dispense with medicines.

And if we openly make it our rule of practice as far as possible to dispense with medicines, will the public begin to dispense with us? This consideration is low ground to take, but the reality and importance of its influence must be our excuse for again reverting to it, and for answering it emphatically in the negative. Do the public dispense with the accoucheur because they are quite aware that in many cases, his scientific interference with Nature will not be needed. His scientific knowledge and experience are always needed to give confidence in Nature's work, the assurance of safety, and to prevent mistakes. It occasionally happens in the experience of the country practitioner, that some farmer's wife glories in the number of olive branches she has attached to the family tree without the aid of the accoucheur. Fifteen children born without the doctor! and at her sixteenth confinement she dies of flooding. The occurrence affects the Œsculapius of the neighbourhood, very much as an occasional fire affects an insurance office.

No. The old adage concerning the man who is his own physician expresses the public sentiment as well as our own. Moreover, the reply to the question is given already by the custom of those who employ homœopathic advisers. According to the doctrines of homœopathy, he cannot err who administers the proper globules for the given symptoms. The knowledge of pathology, physiology, or anatomy, is entirely unnecessary and superfluous. Symptoms alone guide the treatment, and therefore symptoms alone require attention. Now, in the *ad captandum* books on domestic homœopathy, the symptoms and their remedies are so clearly and explicitly laid down, that he who reads may learn. Any one suffering from "a Cough," for instance, may ascertain immediately by considering its particular accompaniments, whether he must take decillionths of a grain of "aconite, belladonna, chamomilla, hyoscyamus, ignatia, ipecacuanha, nux vomica, pulsatilla," or "arsenicum." It is true he may be a little puzzled to find some of the same (*similia similibus*) remedies enumerated as proper for chilblains, measles, erysipelas, nettle-rash, epistaxis, croup, quinsy, diarrhœa, infantile convulsions, and maternal milk-fever; but still none of these complaints are just now any concern of his, and the directions for treating his own disorder of "Cough" are so clear and precise, and each remedy has power over so many different symptoms, that, guided by the book, the selector can hardly go wrong. Indeed the effect of the given globule appears to depend entirely upon what is required to be

done; fulfilling the intention of the prescriber, whatever that may happen to be. As the patient, if his own doctor, can have but one intention in prescribing, of course the globules he may take can scarcely avoid curing him. "Sometimes," however, this patient must remember, "homœopathic remedies, even when administered in strict accordance with the homœopathic law, cause an aggravation of the symptoms." (Epps; p. 272.) Again, it must be admitted that cases do occur in which the patient ought not to prescribe for himself, or the parent for his child. For we read,—"No parent is justified in treating hydrocephalus; the physician's (*i.e.*, the homœopathist's) aid must be sought: and I (Epps *loquitur*) can add, from an extensive experience, that the homœopathic physician's aid is very often *successfully* sought: a result rarely, if ever, obtained under allopathic treatment." Still, in the majority of cases, provided he be not too ill to think, or rather to read, nothing can be more easy than for a homœopathic patient to prescribe for himself. Yet he rarely does so.

We must not in justice conceal that there may certainly be some reasons to prompt a believer in homœopathy to send for his adviser, which could not operate upon our patients. Thus, we may imagine a diffident patient in a fit of colic to refer to his book, and read that the proper remedy for colic, provided it occur "*in very mild dispositions*," is pulsatilla. As self-knowledge is at all times difficult, and as indisposition does not clear the perceptive faculties, the diffident patient may need his adviser to decide for him whether his is the colic that pulsatilla can cure, more especially since a mistake in regard to his own disposition might be serious, as this emphatic observation testifies:—"*Note.*—It is one of the peculiar features of homœopathic practice, that the *moral* symptoms are so highly important: in fact, in some cases deciding the use of a remedy. Precision is therefore one essential in successful homœopathic practice: and if precision is deemed a mark of a scientific mind, surely homœopathy, which requires such precision, is to be regarded as possessing a scientific character." (p. 205.) Surely; surely!

Again, we may imagine a homœopatbic patient of a logical turn of mind to feel a difficulty in understanding by himself how this same pulsatilla, for instance, can be a *homœopathic* remedy for so many diseases having different symptoms. He reads, as its definition, that "Allopathy (Αλλος, allos, another, and παθος, pathos, suffering,) is the doctrine that develops the principle that diseases are to be cured by inducing *other diseases in some parts of the system not already affected.*" Legitimate practitioners, he knows, have called their art and science allopathy: but the bill of fare was not tempting, so he has long since forsaken that. "Homœopathy (from ομοιος, omoios, like, and παθος, pathos, suffering,) is the doctrine that developes the principle that *diseases are cured most quickly, safely, and effectually by medicines which are capable of producing in a healthy person symptoms similar to those existing* in the diseases." (p. 241.) As an illustration, he finds that, "persons liable to toothache should abstain from coffee, toothache being one of the effects of *coffee.*" (p. 101). Accordingly, "coffœa," in an infinitesimal dose, is given as a cure for toothache. Thus impressed with the characteristics necessary for a homœopathic remedy, the logical patient looks through the list of symptoms of various disorders to find out his own, and discovers, in passing, that sulphur, in homœopathic doses is peculiarly efficacious in cases of of tape-worm. Now, as he knows that the only unmistakeable sign of tænia is the appearance of a portion of the parasite, the doubt arises—can sulphur in a large dose make a tape-worm? But, on the other hand, arsenic in homœopathic dose, he finds, is the remedy for the "fear of death;" and arsenic in large dose certainly does produce that symptom. He passes on, and is struck with the number of diseases having very dissimilar and opposite symptoms which pulsatilla, in homœopathic doses, will cure. Can pulsatilla in large doses, then, produce dissimilar and opposite conditions in a healthy body? If not, how can it be the *homœopathic* remedy for diseases which present opposite symptoms? He finds that pulsatilla is a homœopathic remedy in the following tolerable extensive catalogue of dissimilar ailments:—

Chilblain.	Hæmoptysis.
Measles.	Toothache.
Erysipelas.	Sore throat.
Nettle-rash.	Dyspepsia.
Inflamed wounds.	Vomiting, "when caused
Headache.	by food that is fat;"
Stye in the Eyelid.	Constipation.
Earache.	Diarrhœa.
Running from the Ear.	Colic, "in very mild dis-
Bleeding from the Nose.	positions;"
Catarrh.	Jaundice.
Bronchitis.	Inflammation of the Liver.
Cough.	Rheumatism.
Whooping-cough.	Varicose Veins.

The logical patient feels *l'embarras des richesses* Can pulsatilla, he asks himself, taken in any quantity whatever, really produce the symptoms of vomiting precisely resembling that "caused by food that is fat," in a healthy person who has fasted for some time previously, in order to give the drug "a fair field and no favour?" Can it really occasion the symptoms of measles? Can it make a healthy vein become varicose? Can it even cause a sound tooth to ache? And if it cannot do all these things, it cannot really be the homœopathic remedy for all these disorders. And if not for all, for which?

And on further reflection, can *any* drug or substance whatever, in *any* quantity whatever, really produce the symptoms of measles, scarlatina, small-pox, or typhus? or those of hydrocephalus, pneumonia, or peritonitis? Unless the answer be in the affirmative, there can be no *homœopathic* remedies for these complaints. But in what part of the book are the proofs? Is the recovery of patients after taking the assumed homœopathic remedies the only proof? It is all the logical patient can find as such. Then homœopathy did not

begin with Hahnemann. Two hundred years ago and more, patients with scarlet fever were treated by hanging the bed and bed-room with scarlet drapery, and they recovered after it. Doubtless, because the remedy produced the characteristic symptom of redness of the skin. And from time immemorial our rustics have cured jaundice with saffron tea, which if applied to the skin in considerable quantity would produce the symptom of yellowness. But, on the other hand, sometimes when owing to circumstances, no remedies whatever have been administered, patients have recovered equally well from scarlet fever and from jaundice. If, then, this fact of recovery be the sole proof,—1st, of the power of the remedy in large dose to produce the symptoms; and, 2nd, of the power of the remedy in infinitesimal quantity to remove the symptoms, and cure the patient; it is equally strong in proving in both these senses the potency and efficaciousness of *nothing*. Potentially are they one and the same?

"Quantum erat, ut sineres *hos* toto corpore jungi."

Again, has any *proof* ever been given that a millionth or a decillionth part of a grain, does possess more of the properties of the remedy than the whole grain? Will a drop of laudanum procure sleep like a hundred drops? Will a drop of hydrocyanic acid, of the ordinary strength, kill like a thousand drops? If not, the increased potency of infinitesimals can only commence when the particle of matter is too minute to be recognizable, and therefore too inappreciable to be submitted to proof. But does not the drug obtain some new power from the friction and shaking to which it is subjected in the preparation of infinitesimal doses, and so obtain a curative property, which in larger quantities it did not possess? Are not the globules *dynamized?* But if the globule cures the disease because it has gained something by dynamization which it did not possess before, then it does not cure in accordance with the fundamental principle of homœopathy. Not having the property whilst in large quantities, which renders it efficacious after infinitesimal division, it is virtually two things in the two conditions; one thing in large quantity, a different thing when dynamized in small quantity. What, then, becomes of the "law" of *similia similibus?* It is not one remedy to cause and the same to cure the disease, but virtually one to cause and another to cure. But, granting that this dynamization does transgress the great law of homœopathy, that is not an insuperable objection. Certainly not. Then *prove* the dynamization. Will ten shakes of a vial make one drop of laudanum as powerful as a drachm, or give to it any appreciable new quality? Will six rubs and a half make a twentieth part of a grain of aloes as potent as ten grains, or confer upon it any ascertainable fresh property?

Unable to reconcile his doubts with his preconceptions, the logical patient is more confounded than at first: like the reader, he is tired of the subject; he ceases to think, feels a heightened respect for the mind which can master what his own cannot, falls back on infallibility, and sends for Dr. Globularius.

Of the three doctrines of homœopathy,—*similia similibus curantur*, the power of infinitesimal quantities, and the dynamization of the globules, the last refutes the first, and the second must be exposed by illustrating on mankind the logic of Puff in the *Critic:*

"If the cure is very great when the dose is very small,
It must be greater still when the dose is none at all."

We may rest assured that how much soever we can with justice dispense with medicines in the treatment of disorder and disease, the patient will still require and appreciate our aid. The public will learn by degrees to trust more to the judgment of the individual medical attendant, and somewhat less to the medicines he prescribes. Such a consummation might be greatly hastened by the efforts of each member of our Association.

Provincial Medical & Surgical Journal.

WEDNESDAY, DECEMBER 10, 1851.

It has always been our earnest endeavour that no injustice should be done through our pages to the reputation or personal feelings of any individual. We therefore lose no time in correcting the erroneous impression which a notice in our last number might give rise to, as to the circumstances under which Dr. Holland was induced to hold professional intercourse with an avowed homœopathic practitioner. We then simply announced the fact that such intercourse did take place, appending such comments as we at the time thought deserved, but we are now with pleasure enabled to assure our readers, from Dr. Holland himself, that he had no *intention* whatever to act otherwise than in accordance with the strict line of medical morals.

It appears from the tenor of a communication with which we have been favoured, that Dr. Holland, when summoned from London, did not know whom he was going to meet, and that when informed of the character of the practitioner in attendance, begged it to be understood that he felt himself in a difficulty, stating at the same time his convictions respecting homœopathy. He also informed the friends of the patient, that in seeing the globulist, which he did next morning, and which he considered it was his duty to do, to obtain details as to the antecedents of the case, he wished it to be fully understood that he examined and prescribed for the patient on his own responsibility. It is clear, therefore, that Dr. Holland did what he

thought right under the circumstances, and did not consider that he was compromising either his own reputation or the honour of his profession. To so much we gladly bear testimony.

But while we thus perfectly exonerate Dr. Holland from any wilful indifference to the ethics of the profession, of which he has always been considered an ornament, we cannot admit that his conduct was judicious. Although *he* doubtless considered that there was no resemblance to a consultation in an interchange of remarks on the case at the bed-side of the patient, and although he particularly begged the friends not to consider it in that light, the public, as might have been anticipated, have done so; and the homœopath, we are given to understand, has studiously fostered the idea among his supporters, not only that Dr. Holland consulted with him, but that he—what we know to be untrue—also approved of his treatment. This, however, only shows the false position an honourable man places himself in by allowing his name to be mixed up with persons of this stamp, for there is nothing they more anxiously seek, than to entrap a regular practitioner into a communication with them, knowing that if he can be prevailed upon to discuss a case in the sick room, they will be able to boast of equality with him.

We are far from presuming to dictate to any one, much less to a gentleman of Dr. Holland's standing in the profession, what his course should have been in the present instance, and should be in any future case; but we will not disguise our own opinion, and from numerous communications on the subject, we know it to be the general one, that it would have been in all respects the proper course to have refused *all communication whatever*, with a professed homœopath. We know many London physicians who would have done so, and provincial practitioners in general know them, and doubtless do not forget to show when opportunity offers, that they appreciate their straightforward courage. Any indecision of conduct, let the intention be ever so pure, does but neutralize the intended effect, if it does not positively encourage the quackish proceedings which it is a sacred duty in every upright practitioner to denounce.

We here quit this painful subject, hoping most sincerely that we may never again be called upon to notice a case, in which, however good the object sought may have been, the results are so little satisfactory. The inference, however, is inevitable, that some more stringent line of demarcation must yet be drawn between legitimate medicine and the hundred and one *pathies* and other quackeries, which have been engendered in the prolific hot-beds of ignorance, credulity and avarice. The several Colleges must be roused to a due sense of what is expected of them by the profession whose honour they are sworn to protect, and to them we still look for such proceedings as shall compel their members to dissociate themselves either from quackery or from their communion. If they refuse to do this, and it be proved that they have the power to act, they will be alike unworthy of support or reverence.

Among other topics to which our attention has been called since our last publication, is the astounding fact, that Dr. Calvert Holland, who, after various metamorphoses has at length appeared as a full-blown homœopath, is allowed to call himself Physician Extraordinary to the Sheffield Infirmary. It is certainly very extraordinary of the ordinary medical officers, that they demean themselves so quietly under the insult—for insult it is whether they feel it or not—that an open abettor of quackery should be allowed to boast a title, of which he ought long since to have been indignantly deprived. We have not the pleasure of knowing who the ordinary Medical Staff of the infirmary may be, but if they feel any difficulty in shaking off their obnoxious colleague, through the stolid indifference of hospital governors, our advice to them is to resign in a body. We are much mistaken if this proceeding would not speedily induce a satisfactory attention to their wishes.

THE ROYAL COLLEGE OF SURGEONS OF ENGLAND.

DRAFT SUPPLEMENTAL CHARTER.

Victoria, by the Grace of God, of the United Kingdom of Great Britain and Ireland Queen, Defender of the Faith, To all to whom these Presents shall come, Greeting.

Whereas the body politic and corporate of the Royal College of Surgeons in London was incorporated or re-established under or by virtue of a certain Charter or letters patent, bearing date at Westminster, the twenty-second day of March, in the fortieth year of

the reign of King George the Third, or otherwise as in such letters patent mentioned or referred to, and further powers and privileges were granted to the said College by a certain other or supplemental charter granted by letters patent, bearing date at Westminster the thirteenth day of February, in the third year of the reign of King George the Fourth. And by our letters patent, bearing date at Westminster the fourteenth day of September, in the seventh year of our Reign, the name or style of the said College was altered to "The Royal College of Surgeons of England," by which name or style the said College is now called or known, and divers further powers and privileges were granted to the said College by our said letters patent: and the said College is now regulated and governed by and according to the provisions of the said several charters or letters patent, and also by or according to certain bye-lays and ordinances made by the said College for its regulation and better government: and whereas the body politic and corporate of the said College at present consists of persons created members of the said College, by the said first-mentioned charter, or constituted such members by letters testimonial under the common seal of the said College, of the respective qualifications of such persons to practice the art and science of surgery, and also of persons created fellows of the said College under the provisions of our said letters patent, and elected and declared to be fellows of the said College by one general diploma, under the seal of the said College, enrolled in our High Court of Chancery, and also of other persons appointed under the powers of our said letters patent, by the Council of the said College, to be fellows of the said College by diplomas under the seal of the said College, and also of other persons, who, after having attained the age of twenty-five years, and complied with the rules and regulations directed by the bye-laws of the said College, and having passed a special examination by the examiners of the said College, have been admitted fellows by diplomas under the seal of the said College. And the governing body of the said College consists of a Council of twenty-four persons, some of whom, being members of the said Council at the date of our said letters patent, were thereby continued, and are life members thereof, and others of them are elective members of the said Council, chosen from the fellows of the said College in manner mentioned, and directed by our said letters patent, and hold their office for a limited period only, and one of such twenty-four persons is the President, and two of them the Vice-presidents of the said College; and the Court of Examiners of the said College consists of ten persons, some of whom, being Examiners at the date of our said letters patent, were thereby continued, and are such examiners for life, and others of them have been elected by the Council of the said College since the date of our said letters patent, and under the directions therein contained, and hold their office of examiners during the pleasure of the Council of the said College.

And whereas, it appears to us expedient that the right of admission to the fellowship of the said College be extended to such persons as were members of the said College at the date of our said letters patent, subject to certain conditions and regulations hereinafter mentioned, and that the Council of the said College have power annually to elect certain members of the College to be fellows, without examination, in manner hereinafter mentioned. That certain restrictions now existing upon the eligibility of fellows to be members of the Council of the said College be removed, and that certain other qualifications be required of fellows offering themselves as candidates for the Council. That certain alterations be made in the electing of members of the Council. That power be given for admission to the College as hereinafter mentioned of the fellows, members, and licentiates of certain other corporate bodies, as hereinafter mentioned. That certain alterations be made as to the continuance in office of all future examiners of the said College, and as to the continuance of the president in certain cases as a member of the Council, and that a Board of Examiners in Midwifery be established, as hereinafter mentioned. Now know ye, that we of our especial grace and mere motion, at the humble petition of the said Royal College, have willed, ordained, constituted, and declared and granted, and by these presents, for us, our heirs and successors, do, will, ordain, constitute and declare, and unto the said Royal College of Surgeons of England do grant in manner following, to wit,—

1. That it shall be lawful for the Council of the said College at any time or times hereafter, by diploma or diplomas under the seal of the said College, in such form as the said Council may think fit and direct, and without any previous examination, to appoint any person or persons who at the date of our said letters patent was or were a member or members of the said College of fifteen years' standing; and also any person or persons who, being at the date of our said letters patent a member or members of the said College of less than fifteen years' standing, shall have attained at the time of such appointment the standing of fifteen years, to be a fellow or fellows of the said College, subject to the regulations hereinafter mentioned and directed.

2. That the appointment of every person to the fellowship of the said College under the powers herein contained, shall be determined by the vote or ballot of the Council, and be decided by a majority of votes or balls, and that every such person seeking to be admitted to the fellowship shall transmit or deliver to the Secretary of the said College, at such time before the day appointed for the ballot or election as the Council may think proper and direct, a certificate, signed by such persons as hereinafter mentioned, of the moral character and professional attainments of the person applying for admission to the fellowship, and that he does not sell or supply drugs or medicines otherwise than in the due exercise or practice of his profession of an apothecary: and shall also at such time, so to be appointed as aforesaid, transmit or deliver to the said Secretary a declaration signed by himself, to the effect that he does not sell or supply drugs or medicines otherwise than in the due exercise or practice of his profession of an Apothecary; and such certificate and declaration shall be in such form as the Council of the said College shall from time to time direct.

3. That the certificate to be produced by the persons seeking admission to the fellowship of the said College, as last aforesaid, shall be signed by six fellows of the

said College; or in the case of persons absent from the United Kingdom in the service of our Royal Army or Navy, by two fellows of the said College, and by the Director-General or other officer superintending the medical department of the service to which such persons shall respectively belong; or in the service of the Honourable East India Company by two fellows of the said College, and by the secretary to the military department of the said Company; or in the case of persons resident in any of our colonies, plantations, or dependencies, by two fellows of the said College, and by the Governor, Lieutenant-Governor, or Superintendent thereof, whose signature shall be certified by our Secretary, or one of our Under-Secretaries of State for the Colonies.

4. That the fee to be paid upon the admittance of every fellow of the said College, to be appointed under the powers hereinbefore contained (over and besides any stamp duty on his admittance or diploma), shall be the sum of ten guineas.

5. That it shall be lawful for the Council of the said College, by diploma or diplomas under the seal of the said College, in such form as the Council may think proper, to admit to the fellowship of the said College in each and every year from the date of these our letters patent, without examination, but subject to such conditions and regulations as the said Council may think fit, and by any bye-law or bye-laws direct, any two persons, being at the time of such admittance members of the said College of not less than twenty years' standing; and that the fee to be paid upon the admittance of each such fellow as last aforesaid shall be the same as the fee payable upon the admittance of Members of the said College to the fellowship under the authority of our said letters patent.

6. That it shall be lawful for the Council of the College, by diploma under the seal of the College, to admit without examination to the membership or fellowship of the said College, on such conditions, and on the payment of such respective fees as the Council of the College shall by bye-laws determine, the fellows, members, and licentiates respectively of the Royal College of Surgeons in Ireland, the Royal College of Surgeons of Edinburgh, and the Faculty of the Physicians and Surgeons of Glasgow, provided such fellows, members and licentiates shall be, at the time of their application for admission, in the *bonâ fide* practice of the profession of a surgeon in England or Wales, and shall have obtained their respective diplomas or licences after examination, and such persons so admitted to such membership or fellowship shall take rank amongst the members or fellows of the said College, according to the date of such last-mentioned diplomas or licences.

7. That from henceforth no fellow of the said College who shall not have been a fellow of the same for fourteen years, or a member of the same for twenty years, and no fellow of the said College who at the time of election shall not be in the *bonâ fide* practice of his profession of a surgeon, or who shall be practising as an apothecary, shall be eligible as a member of the Council of the said College; but every fellow of the said College of such standing as a fellow or member of the same as last aforesaid, and who, at the time of such election shall be in the *bonâ fide* practice of his profession of a surgeon, and shall not be practising as an apothecary, shall be eligible as a member of the said Council, any restriction or disqualification in respect of the practice or residence of such fellow or otherwise in the said letters patent contained to the contrary notwithstanding. But if any member of the Council shall at any time after his election cease to be in the *bonâ fide* practice of his profession of a surgeon, or shall practise as an apothecary, he shall thereupon cease to be such member of the Council, and shall forfeit all his rights and privileges as such member thereof; and it shall be lawful for the Council of the said College to declare the place of such member in the Council to be vacant, and the same shall be filled up in the manner hereinafter directed respecting vacancies in the Council.

8. That all vacancies which shall from henceforth occur in the Council of the said College, either by reason of any of the Members thereof going out of office by rotation or from any other cause, shall be filled up in manner hereinafter mentioned on the first Thursday in the month of July in every year, or within one calendar month afterwards, unless at any time the number of members of the said Council shall be reduced below eighteen, in which case it shall be lawful for the Council of the said College to appoint such day for filling up the vacancies as they may think proper: and that the Council of the said College shall cause a notice of the day appointed for the election of members into the Council to supply the vacancies occasioned either by members going out of office by rotation, or by any other cause, and of the number of vacancies to be filled up, to be advertised in the *London Gazette* at such time as the Council shall from time to time direct, before the day appointed for such election, and shall also cause such notice to be published or announced in such other manner as the said Council may from time to time direct.

9. That every eligible fellow who shall intend to offer himself as a candidate for a seat in the Council of the said College shall within such time as the Council shall from time to time direct from the publication of the *London Gazette*, in which the day of election shall be announced, transmit or deliver to the secretary of the said College a notice signed by himself of such his intention, together with a nomination signed by six fellows of such person as a fit person to be elected into the Council, and a certificate that he is in the *bonâ fide* practice of his profession as a surgeon, and that he does not practise as an apothecary, which certificate shall be signed by three fellows of the said College; and the person so intending to offer himself as a candidate for the Council shall at the same time transmit or deliver to the said secretary a declaration signed by himself that he is in the *bonâ fide* practice of his profession as a surgeon, and that he does not practise as an apothecary; and such nomination and certificate, and also such declaration as last aforesaid, shall be in such form as the Council of the said College shall from time to time direct.

10. That no fellow shall have power to nominate at any one election any greater number of persons as candidates for the Council than the number of vacancies which shall be to be filled up at such election; and if any fellow shall at any such election nominate any

greater number of candidates than as last aforesaid, then such fellow shall be incapacitated from voting at that election.

11. That no member of Council shall go out of office by rotation whilst holding the office of President; and that as often as it shall happen that the President shall be one of the members who would at any annual meeting go out of office by rotation, two members of Council only, instead of three as prescribed by the Charter, shall be elected at such meeting—and that at the next annual meeting such member shall go out of office in addition to any other members of Council going out of office by rotation according to our said letters patent—but any member whose going out of office shall have been postponed as above provided, shall in case of his re-election into the Council on his going out of office at such succeeding annual meeting as aforesaid, on all future occasions go out of office in the same order as if he had been re-elected at the time when he would, but for this provision, have gone out of office.

12. That the Council of the said College shall cause lists of the names of all eligible fellows of the said College who shall in manner hereinbefore directed be nominated as candidates for the Council, and shall have complied with the provisions hereinbefore contained respecting the notice, certificate, and declaration to be transmitted to the secretary of the said College, as and together with the names of the fellows by whom they shall respectively be so nominated, to be published in the *London Gazette* and in two London daily newspapers, at such time before the day appointed for the election as the Council shall from time to time direct.

13. That henceforth, instead of the name of every fellow eligible to be elected being announced to the meeting in the order and according to the priority in which his name shall stand in the register of fellows, as directed by our said letters patent, the names of all fellows included in the lists so published as aforesaid, shall be announced to the meeting as the candidates for election.

14. That the names of the members of the Council who shall in each year retire from office by rotation, shall, if they shall be desirous of re-election, and shall intimate such their desire in writing to the secretary of the said College within such period as the Council shall determine before the day appointed for the election, be placed at the head of the lists of candidates to be published as hereinbefore directed; and that such persons, if re-elected into the Council, shall take precedence of all other persons who shall be elected in the Council on the same day, and shall with respect to each other take precedence according to their former seniority in the Council.

15. That any nomination and certificate or declaration hereinbefore required to be made or produced upon or previously to the election of any fellow into the Council of the said College, being transmitted or delivered in the manner hereinbefore required, the same (as regards the matters or particulars so to be certified and declared as aforesaid, but no further) shall be final and conclusive as to the eligibility of such fellow. But if it shall afterwards appear to the satisfaction of the Council of the said College, that any such nomination or certificate or declaration is in any respect untrue or fraudulent, then it shall be lawful for the Council of the said College to declare the member of the Council, to whom such nomination and certificate may relate, or by whom such declaration may have been made, to be no longer a member of the said Council; and thereupon every such member of the Council of the said College shall cease to be such member thereof, and shall forfeit all his rights and privileges as such member thereof; and it shall be lawful for the Council of the said College to declare the place of such member in the Council to be vacant, and the same shall be filled up in the manner hereinbefore directed respecting vacancies in the said Council.

16. That every fellow of the said College who shall from henceforth be elected to the office of examiner of the said College, shall go out of office at the end of five years from the day of his election; but that it shall be lawful for the Council of the said College immediately to re-elect such person to the said office, and every such person being so re-elected, shall take precedence in the Court of Examiners, according to his former standing as a member thereof.

17. And it is our further will and pleasure, that a Board of Examiners be appointed by the said College for the purpose of testing the fitness of persons to practise in midwifery, and of granting certificates of such fitness; and that such Board shall consist of not less than three persons. And we do hereby authorize and require the Council of the said College, within twelve months from the date of these our letters patent, to appoint not less than three persons to be such examiners in midwifery, who shall continue in office for such period, and shall conduct the examinations in such manner, and shall grant certificates in such form as the Council of the said College shall determine and from time to time direct. And it shall be lawful for the Council of the said College, from time to time, as vacancies shall occur in such last-mentioned Board of Examiners, to appoint any persons to fill up the same.

18. And we do hereby further declare our will and pleasure to be, that all and every direction, provision, regulation, clause, matter or thing whatsoever, in the said several recited letters patent of our royal predecessors and ourselves, or in any bye-laws, or bye-law of the said College, contained, which may be repugnant to or inconsistent, or at variance with the several directions, provisions and regulations herein contained, or any of them, in so far as the same are repugnant thereto, inconsistent or at variance therewith, shall be, and the same are hereby abrogated, repealed, and rendered of none effect. But that except in the respects hereby altered, the said College and the Council of the same shall continue to have all such, and the same jurisdiction, powers, authorities and discretions for and with respect to the government of the said College, and the election and choice of the officers of the same, as well as the admission and expulsion of members and fellows, and for the making, ordaining, confirming, annulling, or revoking bye-laws, ordinances, rules, and constitutions, and transacting and ordaining all other matters and things whatsoever, for the regulation, government and advantage of the said College, as such College and the Council thereof respectively now have, under or by

virtue of the said three several hereinbefore recited Charters or letters patent, or either of them respectively, or in any other lawful manner.

And we do hereby for us, our heirs and successors, grant and confirm unto them all such jurisdictions, powers, authorities and discretions accordingly.

And we do hereby for us, our heirs and successors, further grant unto the said College, that these, our letters patent, or the enrolment or exemplification thereof, shall be in and by all things, good, firm, valid, sufficient and effectual in the law, according to the true intent and meaning thereof, notwithstanding the not fully or not duly reciting the said several letters patent, or the dates thereof, or any other omission, imperfection, defect, matter, cause or thing whatsoever, the same or any rule or law to the contrary thereof, in anywise notwithstanding. In witness whereof, we have caused these our letters to be made patent.

Witness ourself at our palace at Westminster, this day of in the year of our reign.

Proceedings of Societies.

EDINBURGH MEDICO-CHIRURGICAL SOCIETY AND HOMŒPATHY.

[The importance of the meeting, of which we now give an account, is incalculable, and must, we would fain hope, stir up the sister Society of London, to an equally vigorous effort. We admire particularly the manly honesty of Professors Syme and Simpson, and would recommend their example to certain great men in our own metropolis, who, for the present at least, shall be nameless.]

A full meeting of the Edinburgh Medico-Chirurgical Society was held on the 19th of November, no less than sixty-four members being present. After the transaction of routine business, the following interesting circumstances occurred :—

Professor Syme, in moving "*That the public profession of homœopathy shall be held to disqualify for being admitted or remaining a member of the Medico-Chirurgical Society,*" said,—that in addressing the Society on this occasion, he considered it to be quite unnecessary to enter into a formal refutation of the principles of homœopathy, but before proceeding further he would exculpate himself from the charge of inconsistency brought against him by Dr. Henderson, to the effect that he had himself countenanced homœopathy in two instances. This charge appeared at the time in the various medical periodicals. Now, regarding this inconsistency as tantamount to a practical falsehood, he (Mr. Syme) took the present opportunity of exhibiting the falsities of the accusation. The cases to which Dr. Henderson alludes are two in number. The fact is, there was a young man who had been under the care of Dr. Nimmo, and who had been placed under his (Mr. Syme's) care. Finding that he had been attended by Dr. Henderson, Mr. Syme requested a meeting, not for the purpose of consultation, but to arrange for placing the medical treatment under the hands of another physician, Dr. John Taylor, as Mr. Syme felt that he could not co-operate with Dr. Henderson. In the second case, he met Dr. H., being under no pledge not to do so. This is the whole extent of his countenance of homœopathy. Mr. Syme next stated what he conceived to be the duty of every member of the profession. As an individual, he had long refused to adopt homœopathy, because he regarded it as a mischievous folly. As a member of a licensing board he would not refuse any candidate who complied with the regulations of the University. If such an one were base enough to disguise his real sentiments in regard to the practice of physic, the disgrace would rest with him and not with the Board. The duty of a Society like the present, was, he said, clear. It was a voluntary Association for upholding sound principles of practice, and for elevating professional character. If, therefore, a member departed from the principles of the Society, and placed himself in opposition to them, he should be requested to withdraw from their body; or if seeking admission, he should be excluded. He trusted the motion would be unanimously adopted.

Professor Simpson seconded Mr. Syme's motion, and alike also defended himself from the charge of meeting homœopaths in consultation, which emanated from the same quarter. Dr. Henderson affirmed that Dr. Simpson had met him in consultation on some cases; Dr. S., therefore, called upon Dr. Henderson to ask what these cases were. It so happened that Dr. Simpson had anxiously attended Dr. Henderson's own wife, but she, with her husband's sanction, was *treated on the ordinary principles of scientific medicine*, and not *homœopathy*. In doing this no one would accuse Dr. Simpson of countenancing homœopathy. Dr. Henderson, however, mentioned two other cases,—one of uterine disease, and the other of disease of the labium. Dr. Henderson had, it is true, previously attended them, and had asked Dr. S. to take charge of them, but he did not attend them with, or for, Dr. Henderson. In one other case he certainly did meet Dr. Henderson at the bed-side, but this was a case involving an operation, and not internal treatment, but even in doing this much Professor Simpson was now convinced he acted wrongly; he had erred in going thus far. However, even if Dr. Henderson's statements had been true to a far greater extent, it only proved that hitherto the profession had been over-indulgent to him and his heresy, believing, as his friends did, that the delusion would soon subside. But, because they had been over-tolerant, it was no reason why they should continue so. It now became the duty of the Society to make their stand, feeling that every proper consideration for themselves and the noble science they cultivate, calls imperatively for a complete casting off of homœopathic practitioners, as abettors of delusions and errors. Dr. Simpson continued to draw a parallel between these impostors and the brothers in another profession—Joe Smith and the Mormons. These two heresies, the Homœopathic and the Mormonite, had in fact many points in common, and even both equally absurd. Some homœopaths profess Hahnemann to have been

despised, [Witness the ravings of the clerical witling, quoted by Dr. Cormack.—Ed. P. J.] as the Mormonites do of Joe Smith. It is true we have no standard of faith whereby to test medical opinions, but we have the standard of COMMON SENSE. Judged by this, Hahnemann's dogmas are a tissue of the strangest contradictions, and the wildest absurdities. If a grown-up man were seriously to say that two and two make five, he would not be considered sane, as he defies the dictates of common sense. When other grown-up men tell the world that they can cure this or that disease by the billionth or decillionth of a grain of a drug, they express an opinion more palpably absurd than that of him who says that two and two make five. If men would reflect what a billion or a decillion really is, they would not be so childishly credulous. There is no poison so strong that a billionth of a grain would in the least affect even a fly, much less a human being. These people tell us that division of their drugs invests them with "tremendous" power, but one of these "tremendous" billionths will not affect the frailest insect. For what is a billionth of a grain? Why, if a grain of sulphur were divided into billionths, and our first parent, Adam, had, when living, (6000 years ago,) swallowed one such billionth every second until the present time, supposing he had lived so long, he would not yet have swallowed half the grain. He must work on at the rate of sixty billionths a minute for 24,000 years to come to get through the entire grain. Yet, forsooth, these wiseacres believe that a few of these billionths will cure an attack of jaundice. Appealing to *common sense*, should not such men be requested to withdraw from scientific societies like the present. However, a billionth of a grain is a large dose; some give the tenth dilution or the decillionth of a grain. Little do they reckon what a decillion is. Here is its notation:—1,000,000,000,000,000,000,000,000,000,000,000,000,000,000,000,000,000,000,000,000,000,000,000,000,000,000,000. Now, the world contains nine hundred millions of human beings. If all these nine hundred had lived from the commencement of the world, and each had swallowed every second of their existence a decillionth of a grain, they would not yet have finished the grain. And say the homœopaths, a few of these decillionth globules of belladonna will cure scarlet fever. One remark of Mr. Syme reminded Dr. Simpson of a curious fact in the early history of homœopathy in Edinburgh, proving on the one hand how far imagination will go, on the other hand that all homœopathic globules are alike, or rather are alike inactive. Some eight years ago Dr. Simpson received a present of a box of homœopathic medicines from an old schoolfellow, who had set up as a homœopathic druggist. During the time it was in Dr. Simpson's possession it was given as a plaything to his son, then a child. The boy amused himself by uncorking the bottles, emptying their contents into a general heap, and then refilling them promiscuously. The effect of this was a complete compounding of the globules of different kinds, by mixing them together. It soon happened that a professional brother calling at Dr. S.'s, took a fancy to the box and carried it off. Many weeks after, the new proprietor of the box met Dr. Simpson, and told him he had been trying homœopathy, with the contents of his box, and that he had accomplished wonderful cures! Dr. Simpson enjoyed the joke, and said nothing about the box until, finding his friend had got deep into the homœopathic mine, and actually published a list of cases, he at length told him of the elaborate mixture the globules had undergone. This friend is Dr. Henderson!!! In conclusion, Dr. Simpson alluded to those impostors who, pretending to be homœopathists, prescribed ordinary doses in the guise of globules, and practised either way as best suited their own pockets and the caprices of the patient. These, he argued, should be expelled from the Society.

At the conclusion of this instructive as well as important meeting, the globulists Drs. Rutherford, Russell, and James Russell, had the good sense to anticipate expulsion by resigning their seats as members of the Society.

BIRMINGHAM PATHOLOGICAL SOCIETY.

AUGUST 7TH, 1851.

*Organized Polypus of the Heart growing from the left Auricle, and hanging into the Ventricle; giving rise to a peculiar bruit, distinctly audible some yards from the Patient.**—By Dr. FLETCHER.

PHŒBE BELL, aged 34, was admitted a patient under my care, at the Birmingham General Dispensary, Oct. 15th, 1842, labouring under palpitations of the heart, difficulty of breathing, and general anasarca, from which she had suffered more or less for some years. She does not remember that she was ever strong or in perfect health. At about eight years of age she had a slight attack of rheumatism, from which time she has been considered delicate; at times she has had cough and expectoration to a considerable extent, which do not trouble her at present. She now complains of pain in the head, giddiness, and singing in the ears; great difficulty of breathing on any exertion, and a constant sense of weight and oppression at the præcordium. The bowels are open. The urine is normal in quantity, slightly acid, of the specific gravity of healthy urine, and does not coagulate by the application of heat or nitric acid. The pulse is 100 and feeble. She feels great debility, and has a pallid bluish appearance of countenance, which led me to expect there might be slight communication between the right and left sides of the heart, but on questioning her and her friends, I could not learn that there was any increase of this blueness of countenance after exertion or coughing fits.

On examination of the chest the region of the heart was found more prominent (bombé) than the corresponding portion of the right side of the chest. The movements of respiration were equal on both sides of the chest.

Percussion.—The space opposite the heart was more extensively dull than usual, and this dulness extended for about four inches square, and especially towards the left side. The upper parts of the chest sounded clearly, the inferior portions not so clearly anteriorly as normally. The action of the heart was very violent, par-

* Read before the Royal Medical and Chirurgical Society.

ticularly on the right side of the dull præcordial space above alluded to, under the costal cartilages and sternum.

Auscultation.—The sound of the heart was very loud, so much so as to be heard at a distance from the person, and on applying the stethoscope it was observed to accompany the first sound of the heart. In its character it was sharp and prolonged, a little more than the first normal sound of the heart, and on close examination it was most intense, nearly on a line with the left nipple, and about two inches to its left side, but still it was very loud over the right ventricle, and indeed all over the chest. The respiration was normal, except in those situations of the chest where there was dulness on percussion, and here it was bronchial in its character, extending a short distance around a part, at which respiratory sounds were absent. The dull space over the liver was larger than normal. All other parts of the abdomen appeared healthy on physical examination. R. Pil. Scillæ Comp., gr. viij.; Hydrarg. Chlor.; Pulv. Digit. Utrq., gr. j. Misce et divide in pilulas duas mane et nocte sumendas. A saline mixture, with diuretics, every four hours, with mild diet and diuretic drinks.

24th.—These medicines having produced no effect in reducing the anasarca, it was thought better to give the following:—R. Elaterii, gr. ½; Extr. Hyos., gr. v. Mist. fiat pil. horâ somni alternis noctibus sumend. Repeat the mixture, diet, and diuretic drinks.

26th.—The elaterium pills having produced great sickness previous to acting upon the bowels, the following combination, which has been recommended as acting without producing that distressing symptom, was resorted to:—R. Elaterii, gr. ss.; Hydrarg. Chlor.; Pip. Cayen. utrq., gr. ij.; Extr. Col. Co., gr. v. Misce et divide in pilulas duas horâ somni alternis noctibus sumendas. Repeat the mixture, mild diet, and diuretic drinks.

November 11th.—These medicines have been continued from the last date, with great benefit to the patient. The sickness from the latter combination of the elaterium has been much less distressing than from the former. The anasarca has very much diminished, as well as the palpitations of the heart, difficulty of breathing, and other disagreeable symptoms. Repeat the elaterium pills every third night.—R. Tinct. Ferri. Sequichlorid, dr. ss.; Tinct. Digitalis, m. x; Infusi. Quassiæ., oz. iss. M. ter indies sumend. Repeat the mild diet and diuretic drinks.

18th.—There is a troublesome cough and difficult expectoration. The anasarca has almost disappeared. Omit the elaterium pills. Continue the last mixture. A linctus, with hydrocyanic acid, to be taken when the cough is troublesome.

22nd.—Is going on well in every respect. Continue the medicines. The dispensary note having nearly expired, a few doses of the elaterium pills were prescribed for the patient to take occasionally. She is very much improved in all respects. The action of the heart and its sounds are very much diminished.

December 2nd.—The comfortable state described on the 22nd of November continued until two days ago, when the disagreeable symptoms from which she had previously suffered began to return, and now exists with greater intensity. She says that she has neglected to take the elaterium pills, and, in addition, has exposed herself to cold, and that she now feels extremely ill, faint, and sinking.—R. Elaterii, gr. ¼; Hydr. Chloridi.; Piperi. Cayenn., gr. ij.; Extract. Colocynth Co., gr. vj. Misce et divide in pilulas duas alternis noctibus sumendas. R. Magnesiæ Sulphatis, dr. j.; Spt. Ætheris Nitr., dr, ss.; Tinct. Scillæ., m. x.; Tinct. Digitalis, m. vj. Mist. Camphoræ, oz. iss. M. ter indies sumend. Emplast Lyttæ regioni cordis.

4th.—The remedies have been neglected, and there is increased urgency of the symptoms.

6th.—The medicines have been taken and the blister applied, which has risen well. The symptoms are slightly alleviated.

8th, 10th, and 11th.—Continues the remedies. There is no improvement since the 6th.

12th.—Evidently sinking. The sound of the heart, which has increased latterly, is now most intense; it is very distinctly heard four yards off, even when the back of the observer is turned towards the patient; and her friends say they can hear it at times in the room below. I mention these circumstances to show that the sound of the heart was detected by the sense of hearing alone, unassisted by the sight of its action, which had so increased as to move the bed-clothes. The seat of the sound, namely,—two inches on the external side of the left nipple, was very marked, and could at this time more decidedly be detected than formerly. The sound gave me the impression that it was very superficial, and that it was caused by a cartilaginous elongated adhesion of the pericardium, which was doubled up at every diastole of the heart, and elongated and put upon the stretch whilst under pressure between the heart and parietes of the chest at every systole of the organ, being somewhat under the same circumstances as good broad cloth, when tried by persons who examine its quality. She kept the semi-erect position up to this time; the pulse had varied very little at either wrist from that described at first, namely,—100, and feeble; but now no pulse could be felt at the left wrist, and the pulsations at the brachial artery were scarcely perceptible in the left arm—the only part of the body not œdematous. The pulsations in all other superficial arteries of the body perceptible, but feeble. She was evidently sinking, and required support.—R. Pulv. Ipecac. Co., gr. x., statim sumend et nocte maneque repetend. R. Spt. Ammon. Arom., m. xv.; Tinct. Lavend. Comp., m. x.; Misturæ Camphoræ, oz. j. M. tertiis horis sumend.

13th.—She died about six o'clock, P.M.

Post-mortem examination, 8 A.M, *December 15th, forty hours after death.*—Body not at all decomposed; generally œdematous, except the left arm, head, and face; and much emaciated. *Head* not examined. *Chest:* Effusion of about a pint of clear fluid into the right pleura. No adhesions of either pleura. A patch of hæmorrhagic deposit in the inferior lobe of the

right lung, about an inch and a half across, softened in the centre; another in the upper part of the inferior lobe of the right lung, not quite so large, firm throughout; otherwise both lungs perfectly healthy in their structure, but remarkably free from moisture. *Heart:* Pericardium healthy. Right auricle dilated to about three times its natural size, and so thin that in many situations the bundles of muscular structure being separated, its parietes seemed formed only of the serous coat of the pericardium; this membrane even appeared then to be put upon the stretch. The foramen ovale open sufficiently to admit the point of the little finger. The tricuspid valve healthy. The right ventricle dilated to about double its normal size; its wall firm, dense in structure, semi-cartilaginous to the feel, and thinner than normal. The semilunar valves healthy. The pulmonary artery and its branches dilated to about half as large again as their normal size. The left auricle, about half as large again as its normal size, contains a large, fleshy, tuberculated polypus, of a bright carmine colour, and gelatinous in its appearance, and at its inferior portion dotted with white fibrinous points; it measures two inches in length, and three inches in circumference, and is attached by a narrow pedicle to the septum of the auricles, about half an inch below the remaining opening of the foramen ovale; it hung down through the auriculo-ventricular aperture, so that its inferior portion was seen hanging into the ventricle, on cutting it open, surrounded by the mitral valve, which must have struck against it at every act of closing. The left ventricle a little dilated; its walls softer and more flabby than normal, and in several parts transformed into fatty matter or strumous deposit. On cutting the polypus open, a cavity was found in its centre, containing bloody serum, about the size of a small nut, surrounded by layers of fibrin, and the whole covered by a membrane continuous with the lining membrane of the auricle. *Abdomen:* The liver much congested, and about a third larger than normal. Pancreas, spleen, stomach, and intestines healthy. The kidneys appeared affected with the commencement of Bright's disease, being yellow and somewhat granular on their exterior, and the division between the cortical and tubular portions not being well defined. The rest of the urinary and genital organs healthy.

The preparation is deposited in the museum of Sydenham College, Birmingham.

EPIDEMIOLOGICAL SOCIETY.

As we cannot doubt that our readers will be anxious to be made acquainted with the proceedings of this Society during the past year, we subjoin the address of the President (Dr. B. G. Babington) on opening the present Session of the Society, which contains a brief but interesting description of the internal arrangements and actual operations of the various special committees, as well as a list of the subjects of the different papers which have been read at the monthly meetings. We wish to direct particular attention to the inquiries issued by the Committee on Small-Pox and Vaccination, and to express a hope that the members of the Provincial Association will *all* contribute some information on so important a subject. It will also be observed that Dr. Babington alludes to the interest which Sir Charles Hastings expressed with regard to the Epidemiological Society at the meeting at Brighton, "calling upon the members of the Association to give it their warmest support."

ADDRESS.

"Gentlemen,—When I had the honour of addressing you from this chair, at the first ordinary meeting of the Epidemiological Society, in December last, I spoke of the origin of the Society, and of its progress up to that period.

"Part of the duty I have to perform on this the commencement of our second session, and, happily, under the same time-honoured and, to us, hospitable roof, is, gentlemen, to give you a brief account of what the Society has done since it held its first ordinary meeting here. A statement of this kind will not be without its utility, in showing to ourselves and others, that the tide of our undertaking is flowing on continuously and prosperously, as measured by the interesting matter brought forward at our monthly meetings, and, moreover, that we have an undercurrent, at least equally strong, in the more quiet but no less efficient working of our various Committees.

"On the 2nd of December, 1850, after I had concluded my address, a paper, by Dr. Bryson, 'On the Infectious Origin and Propagation of Cholera,' was in part read by that gentleman.

"At the second ordinary meeting, (January 6, 1851,) the reading of Dr. Bryson's paper was concluded.

"At the third ordinary meeting, (February 3,) a paper 'On the Origin and Progress of Cholera in Guernsey,' by Dr. Elliott Hoskins, was read by Dr. Gull.

"At the fourth meeting, (in March,) Dr. M'William read a paper 'On the Recent Yellow Fever Epidemy in Brazil.'

"At the fifth meeting, (April 7,) Mr. R. H. Cooke was present to read a paper 'On the Epidemic Mental Diseases of Children;' but the meeting having resolved that the discussion on yellow fever should be continued during that evening, Mr. Cooke kindly consented to postpone the reading of his paper until the meeting in June.

"At the sixth meeting of the Society, (May 5,) the discussion on 'yellow fever' was resumed, and, having continued longer than was anticipated, Dr. Snow, who began a paper 'On the Mode of Propagation of Cholera,' was obliged to defer its conclusion.

"At the seventh meeting, (June 3,) Mr. R. H. Cooke read his paper 'On the Epidemic Mental Diseases of Children,' founded on Hecker's two pamphlets,—the one entitled, 'Children's Pilgrimages,' and the other 'Sympathy;' after which Dr. Snow finished his paper on Cholera.

"At the eighth meeting, (July 7,) Mr. Hunt read a paper 'On the Uses and Limits of Statistical Science as applied to the Study of Epidemic Diseases.'

"At the ninth and last meeting of the Society, (Aug. 4,) a paper 'On the Nature of Epidemics,' by Mr. Grove, was read by Dr. M'William.

"The reading of each of these papers was followed by a discussion; and reports and abstracts of all the papers read at the Society's meetings have appeared in the London and Provincial Medical Journals.

"The paper by Dr. Bryson, 'On Cholera,' and that by Dr. M'William 'On Yellow Fever,' have each, by the permission of the Council, been published in the form of a pamphlet; and Dr. Bryson's paper having been collated from official documents, it was necessary for him to obtain the sanction of the Lords of the Admiralty, which I understand was willingly granted, prior to its publication.

"Having thus presented you with a brief outline of the proceedings of the Society at the ordinary meetings, I feel bound to mention, that, on each occasion, the members and visitors gave ample testimony of their sense of the value of the papers read before the Society. Gentlemen, it is to me a source of much regret—for our utility is considerably lessened by the circumstance—that the present state of its finances will not permit the Society to publish these valuable contributions. Let us hope, that the time is not far distant when, by a more general interest manifested in our labours, and a corresponding increase in our resources; we shall be enabled to do so.

"I may however state, that in the meantime, although there is a law of the Society to the effect, that all Papers, after being read, shall become its property, the Council will not refuse to permit their authors to publish them either in the medical journals, or in a separate form.

"While on this subject, I may add, that a resolution of Council has been passed, that the discussion on any paper shall not be prolonged beyond the second night, as a contrary practice was found to interfere with the business of the Society.

"As there may be present some of our members who have not seen the medical journals in which, from time to time, the working of the Society has been noticed, I may state, that the various committees formed for special purposes have been for some time steadily engaged in the performance of the duties they have respectively undertaken; and, with your permission, I will therefore say a few words respecting their progress

"*The Committee on Small-pox and Vaccination* have issued nearly one thousand printed forms of queries to hospitals and dispensaries, to union medical officers, and to other members of the Profession in London and in the country. Besides these, about thirty copies have been transmitted through the Hon. the Board of Directors of the East India Company, to medical men officially employed in the three presidencies of India. There have been already received by the Secretary of the Committee 254 replies to the queries—a number considered sufficient to enable the Committee to proceed with their analysis without waiting for others that may come in. The Committee are however of opinion, that at least 800 more forms might be very advantageously distributed, so soon as there are funds to cover the necessary expense.

"*The Common Lodging-houses' Committee*, for the purpose of investigating the condition of common lodging-houses, as influencing the propagation and spread of epidemic diseases, have distributed 250 forms of queries, to which a sufficient number of replies has been received to enable them to draw out a Report which has already been submitted to the Council.

"The *Hospitals Committee*, or Commitee to inquire into the epidemic diseases originating and prevailing in public hospitals, have held several meetings at the house of the Chairman, Dr. Addison, and have drawn up a tabular form of queries, which they purpose sending to all the British hospitals. For this purpose they have applied to the Council for a grant of money.

"The last Committee that was formed is that styled the *Epizootic Committee*, its object being the investigation of those diseases which are found to prevail extensively among the lower, and more especially the domesticated animals. The working of this Committee has been undertaken by Professor Symonds, of the Royal Veterinary College, who will be aided in his labours by gentlemen of the veterinary profession in London and in the provinces. Already several veterinary surgeons in the provinces have been announced as Corresponding Members of the Epidemiological Society. In compliance with a desire expressed by Professor Symonds, that some members of the medical profession should unite with the veterinary members in carrying out the objects of the Epizootic Committee, several members of the Council have already given in their names to be placed upon that Committee.

"As connected with these Committees, more especially with the Common Lodging-houses' Committee, I must not forget a debt of gratitude we owe to some of the laity, members as well as non-members of the Society. The gentlemen of the City Mission readily tendered their valuable assistance to the Common Lodging-houses' Committee, and greatly facilitated their inquiries regarding the influence which the receptacles of the lowest and most depraved portions of society exerted in originating and spreading epidemic disease.

"Valuable information, I am thankful to acknowledge, has also been rendered to the Common Lodging-houses' Committee by Mr. Charles Cochrane, a lay member of the Society, distinguished, as we all know, for his philanthropic exertions in the cause of sanitary improvement.

"To the medical journals the gratitude of the Society is eminently due, for the facility they have afforded to the Honorary Secretaries and Secretaries of Committees, in giving notice of meetings, publishing reports, and impressing the profession with the necessity of sending in answers to the queries issued by the respective Committees.

"The Editor of the *Veterinarian*, in his journal of

September last, has dedicated a leading article to the Epidemiological Society.

"Some important articles have also appeared in the *Assurance Magazine*, urging in strong terms the cause of the Society, and the benefits that must accrue to Assurance Societies by a due appreciation of those sanitary principles and laws which may be directed towards the mitigation, not only of sweeping epidemics, such as cholera and influenza, but also of other diseases, which are silently, constantly, and even more fatally operating to the destruction of human life.

"The publicity given to the objects of the Epidemiological Society in the *Assurance Magazine* has procured for us a favourable notice in a German journal, the *Rundschau der Versicherungen*, Edited by Herr E. A. Musius, of Leipsic.

"To the General Board of Health and to the Poor-law Board, the best thanks of the Society are due, for the permission given by these bodies to the members of the Small-pox Committee to have access to documents in their possession regarding the subject of small-pox; and to the Registrar-General we are greatly beholden for the facilities he has afforded us by the distribution of our papers among his subordinate officers.

"For the information of those members of the laity who seldom if ever see the medical journals, I have much pleasure in stating that, at the Nineteenth Anniversary meeting of the Provincial Medical and Surgical Association, held at Brighton in August last, Sir Charles Hastings, the founder of the Association, spoke highly of the objects and claims of the Epidemiological Society, and called upon the members of the Association to give it their warm support.

"The field of inquiry open to this Society is not limited to Great Britain alone, for it comprehends all parts of Europe, and extends even to India (the cradle, so to speak, of epidemic diseases), and to every portion of the habitable globe.

"Impressed with this view, and feeling the necessity of establishing communications with the various countries of Europe, and with foreign as well as with our own Colonial possessions, a Committee has for some time had under contemplation the subject of the appointment of Foreign Secretaries. Some progress has already been made in their arrangements, and the list of Secretaries will doubtless soon be complete.

"From Bengal two important letters have been addressed to the President and the Secretary of the Society, on the subject of small-pox and vaccination in India, by Mr. Bedford, a medical officer in the Company's service.

"A pamphlet by the same gentleman has more recently reached this country, in which the author submits some very important suggestions for the extension and perfection of vaccination, simultaneously with the systematic study of epidemic and endemic disease in India. I cannot, gentlemen, resist the temptation to read the following passage from this publication:—'Epidemic diffusion' is the most important medical question of the day, and can only be studied through systematic and parallel observations, conducted by a number of intelligent men working under one head. India, from its climatic peculiarities, and the nature of its 'services,' offers, I hesitate not to affirm, the most magnificent field in the world for carrying out such a series of connected observations as may tend to elucidate the laws of the most terrible diseases which 'flesh is heir to;' and it will redound to her eternal honour to be in advance in such inquiries. So pressing has the question now become in Europe, that an epidemiological society has been formed, for the special purpose of collecting information in regard to this class of disease.'

"Having thus, gentlemen, given you a hasty, and, I fear, but an imperfect sketch of the past proceedings of the Society, I feel it my duty, before concluding, to say a few words as to the future.

"I have already alluded to our working Committees, who are, so far as their means will admit, actively and zealously engaged in the prosecution of their respective inquiries. Able and hearty co-operation is offered to the Society, both at home and from abroad; and, for so young an institution, it may be truly said, that the Epidemiological Society has excited an unwonted degree of interest and sympathy among the lay as well as the professional community. But, like other societies not yet emerged from the struggles of the infant state, our finances are not in a very flourishing condition.

"The heavy outlay consequent upon the earlier meetings, and upon other means of giving due publicity to the existence of the Society; the expense of printing and distributing the rules and objects of the Society; of the printing and postage of the queries issued by the various Committees, with other unavoidable sources of expenditure, have, (notwithstanding the kind and courteous liberality of the Council of the Royal Medical and Chirurgical Society, in granting us the gratuitous use of their rooms during the past and present session,) exhausted the amount received in donations and subscriptions during the past year.

"But there is no reason to despair. The active and enlightened benevolence of this country is not likely to turn aside from a society whose labours, devoted as they are directly to the physical welfare of mankind, cannot be successfully prosecuted without influencing likewise their moral condition. We therefore rely much upon public feeling and individual exertion, to induce others to join our ranks, and to aid us by pecuniary grants.

"Already have some public bodies given us substantial proofs of the interest they take in our cause; and when, by the publication of one or more of our Committee reports, the attention of the Government and of the Honourable East India Company shall have been more immediately called to the importance of the objects and aims of the Society, we may reasonably expect some assistance form those quarters, in furtherance of the good work.

"For ourselves we have only to do our duty, by endeavouring, as far as lies in our power, to accomplish the noble ends the Society has in view."

General Retrospect.

ANATOMY AND PHYSIOLOGY.

On the Effect of Chloroform on Muscular Fibre.—By W. F. Barlow, Esq., M.R.C.S.,

Mr. Barlow has performed a series of experiments, which seem to show that chloroform rapidly exhausts muscular irritability, and in common with other agents inducing the same effects, conduces to the rapid stiffening called rigor mortis. He observes:—"It has been shown by Nysten, in his ingenious researches, that a long time intervenes, as a general rule, between dissolution and this peculiar rigidity, during which time the muscles remain irritable; and that the rigor does not approach until the muscular irritability is either completely or nearly extinguished. This, is of course, a main fact. All kinds of muscular action prove the irritability of muscles, except rigor mortis; this, on the contrary, is a form of contraction which prevails not until muscular irritability is lost. After *excessive voluntary* action, such as that of the hunted animal, which though exhausted to the utmost, still runs for life, and forces to contraction, muscles become almost too languid to respond effectually to any stimulus, however violent, rigor mortis has been commonly noted to ensue with unusual rapidity. As Nysten says, "c'est parceque l'action vitale du lièvre que le chasseur a forcé est, pour ainsi dire, epuisée par une fatigue excessive, que cet animal se roidit en mourant." So, too, *extreme involuntary* muscular contraction has been known to lead to the swiftest possible death-rigor. And it is very probable that the exhaustion of muscular irritability after death by galvanism would be found to hasten the phenomenon."

The experiments were performed on frogs and birds, decapitated and skinned, and afterwards suspended in a bottle containing chloroform. In a medico-legal point of view they are important, as if the same effects are produced on the human subject, a person poisoned with chloroform might, from the muscular rigidity be thought to have been dead some time, when in reality the reverse is the case.—*Medical Gazette*, October 24, 1851.

PRACTICAL MEDICINE AND PATHOLOGY.

The Skin as an Indication of the State of Health.—By Mr. Hunt.

[How true are the indications of the condition of the horse, which his skin affords, is well known to all who are familiar with the noblest of animals; but it may be a matter of doubt how far in the human subject we can trust to the same characteristics. Mr. Hunt has, however, turned his attention to the subject in a paper of which the following is an abstract:—]

The author commenced by observing, that the subject naturally divided itself into two parts—viz., 1. The indications presented by the healthy skin. 2. Those presented by the skin in a state of disease. Having alluded cursorily to the former, by pointing out some of the indications presented by changes in the condition of the skin as to smoothness or roughness, moisture or dryness, temperature and colour, Mr. Hunt proceeded to discuss the constitutional indications presented by the diseased skin, confining his remarks to a single topic—namely, the rapidity or slowness of development which characterized respectively the various orders of cutaneous diseases, as arranged by Dr. Willan. To explain this point more fully and forcibly, he placed the first seven orders of Willan in a new rotation, selecting two diseases as types of each order, by way of illustrating the subject, as follows:—

Orders.	*Types.*
1. Exanthemata	Urticaria. Erythema.
2. Bullæ	Erysipelas. Pompholyx.
3. Vesiculæ	Eczema. Herpes.
4. Pustulæ	Ecthyma. Impetigo.
5. Papulæ	Lichen. Prurigo.
6. Squamæ	Lepra. Pityriasis.
7. Tubercula	Acne. Lupus.

The first three of these orders, viz., *Exanthemata*, *Bullæ*, and *Vesiculæ*, were described as comprising, for the most part, diseases of rapid evolution or development; the last three, viz., *Papulæ*, *Squamæ*, and *Tubercula*, containing diseases of slow development; the order *Pustulæ* taking an intermediate position in this respect. On this basis the author proposed to establish a theory, for the support of which he produced many curious facts relating to the artificial production of the various forms of skin disease, as well as facts connected with the development of spontaneous eruptions. The theory consisted in regarding eruptions as defensive efforts of nature, tending either to prevent the absorption of poisons, or to eliminate them when absorbed: those poisons or injurious agents which are most actively mischievous being most rapidly eliminated or repelled, exciting the blush (*Exanthema*), the blister (*Bulla*), or the vesicle (*Vesicula*); those which are less rapidly destructive, exerting a slow and feeble effort at elimination, as observable in the pimple, (*Papula*), the scale (*Squama*), or the tubercle (*Tuberculum*); while those poisons which are of intermediate intensity of action originate the pustular form of eruption. Taking seven diseases as so many types of these orders respectively, the author observed that their average duration, when unchecked by treatment, was strikingly illustrative of the truth of this theory of development. Thus, urticaria continues usually a few hours, erysipelas a few days, herpes twice as long, ecthyma a few weeks, lichen as many months, lepra as many years, and lupus for the whole life, each eruption showing the relative degree of intolerance of the poison manifested by the system, and thus becoming a signal of danger. Mr. Hunt contended, that if this theory should prove to be true, it might throw some light on the prognosis, the pathology, and the therapeutics of cutaneous disease,—assisting the prognosis by determining how long the disease might be expected to last; the pathology, by pointing out the hidden cause of the disease, and its relative activity or destructive power; the therapeutics,

by suggesting long perseverance in one judicious plan of treatment in the diseases at the bottom of the list, and by indicating some error of treatment when the case of those at the opposite end of the chain does not proceed at a rate corresponding with their natural rapidity of development. These positions were illustrated by allusions to the action of external agents in the production of various eruptions, as well as internal sources of cutaneous disease; and among other important facts it was stated, while the diseases included in the first four or five orders were producible by external agents with a readiness diminishing from above downwards, it was impossible to establish the eruptions at the bottom of the list, (lupus, acne, lepra, psoriasis, &c.,) by any external application whatever. The author concluded by remarking, that amidst the general obscurity in which cutaneous pathology was involved, it was sometimes a relief to follow a faint and feeble light, in the hope of its leading to further discoveries, and that this was the highest character he claimed for the observations to which the fellows had so kindly listened on the present occasion.—Reported in *Lancet* November 1, 1851.

SURGERY.

Treatment of Diseased Joints on Mr. Gay's Plan.

Mr. Gay has recently advocated the plan of making free incisions into diseased joints, for the purpose of fairly evacuating the debris of cartilage, pus, &c., which are the chief impediments to anchylosis. This plan is not, however, altogether original with Mr. Gay: we have a recollection of its being mentioned in the French journals many months back, as being practised in the French hospitals, by M. Lenoir. A good case in point is recorded in the *Medical Gazette*, in which success was obtained under the most unpromising circumstances.

On Fœtid Exhalation from the Feet.—By Sir H. Marsh, Bart.

This writer, alluding to the above distressing affliction, mentions the case of a gentleman who was compelled to lead the life of a hermit, excluded from society by the exceedingly offensive smell which issued from the spaces between the toes. It was disagreeably perceptible the moment he entered a room; no amount of cleanliness or repeated ablutions dissipated the fœtid odour. Deodorizing applications of various kinds had been tried, and with only slight and temporary benefit. The treatment from which, as long as he remained under the writer's observation, he appeared to derive advantage, was a daily tepid bath, a diet exclusively vegetable and farinaceous, and the frequent application between the toes of the following ointment:—Mercurial ointment, one ounce; creasote, one drachm; muriate of morphine, half a drachm. Sir H. Marsh states that he returned to thank him for the good he had derived from the treatment; but whether the cure was perfect and permanent, he cannot affirm.—*Dublin Medical Press*, Nov. 12th, 1851.

Correspondence.

THE ROYAL COLLEGE OF SURGEONS AND HOMŒOPATHY.

Correspondence between Dr. J. C. Hall, of Sheffield, and the Council.—Protection of Homœopathic Quacks by the Council.

To the Editor of the Provincial Medical and Surgical Journal.

Dr. J. C. Hall presents his compliments to the Editor, and requests the publication of the enclosed correspondence with the Council of the Royal College of Surgeons of England, in the next number of the *Journal*.

Surrey Street, Sheffield, Dec. 1st, 1851.

Royal College of Surgeons of England,
Nov. 28, 1851.

Sir,—I am desired to transmit to you, in reply to your letters on the subject of homœopathy, a copy of the following resolution of the Council of this College, on the 26th instant, viz:—

"That the Council have attentively and repeatedly considered the various communications which they have received on the subject of homœopathy, and after mature deliberation, have resolved that it is not expedient for this College to interfere in the matter."

I am, Sir,
Your most obedient Servant,
E. Belfour, Secretary.

To Dr. John Charles Hall, &c., &c.,

Surrey Street, Sheffield,
Nov. 29th, 1851.

Gentlemen,—I am truly glad you have at length broken the silence you have so long kept, and that by the answer you have directed your Secretary, Mr. Belfour, to forward in reply to my repeated communications, the profession will be made aware of the course you propose to adopt with regard to those members who, by practising homœopathy, have rendered themselves in the words of your bye-laws, "disgraceful to the College." You have not ventured to say that our demands were either unjust or unreasonable, nor do you say it would be right to follow the noble example set you by the Royal College of Physicians, and the Royal College of Surgeons of Edinburgh; but you say that "*it is not* expedient *for this College to interfere in the matter.*" "*Not expedient*" for you, in obedience to the oath you have taken, to maintain the honour and dignity of the College;—"*not expedient*" for you to protect and defend every member who may be disturbed in the exercise and enjoyment of the rights, privileges, exemptions, and immunities he has acquired (bye-laws, p. 14) "*not expedient*" to put into force those powers; which you most unquestionably possess, and which you do not attempt to deny, for excluding from the lists of members those who are endangering the reputation of the College by practising homœopathy, or any other

gross or open quackery; and, bear in mind, I have only asked that they should not be permitted to practise homœopathy, as members of our College, having no wish in any other way to interfere with them.

Gentlemen, the result of your mature deliberation I have, by this night's post, transmitted to the Editor of the *Journal* of the Provincial Medical and Surgical Association, to the Editor of the *Lancet*, and the Editor of the *Medical Gazette*; so in less than a week what is considered as "*expedient*" by you with regard to quackery will be known from one end of the kingdom to the other; and I shall have, at any rate, the satisfaction of knowing that to the best of my ability I have endeavoured to maintain the honour and dignity of our College; nor is any apology necessary for the course I have taken.

"Licet omnibus, licet etiam mihi, dignitatem, *Artis Medicæ* tueri."

With my brethren in the profession I now leave this important question; and it will be for them to consider whether it be "*expedient*" (I thank you, Gentlemen, for teaching me that word) to permit additional powers to be given, under the proposed *new Charter*, to a body of men who are so unmindful of the honour and dignity of the College as to consider rather what is "*expedient*" than to do what is just. Surely the shade of Machaon* must, ere this, have blushed for "*expediency*" such as yours; nor could the talent of a Podalirius cure a "falling sickness" such as the one with which you are evidently affected. And, oh! with pain and deep humiliation I feel that the doings of a majority of your body (for I am certain there are those great and good men amongst you who could never have voted for such a resolution) are, indeed, contrary to the motto of our College,

"Quæ prosunt omnibus artes."

And now, gentlemen, for the present, I take leave of you, appealing with all confidence, from the course you have considered it "expedient" to take, "*after mature deliberation*," to the profession generally. Let the profession judge between us! For my own part I do not fear the result of that verdict, which, happily for the cause of truth and justice, the Council of the Royal College of Surgeons of England cannot possibly escape.

I have the honour to be, gentlemen,

Your very obedient servant,

JOHN CHARLES HALL, M.D.,

Fellow of the Royal College of Physicians, Edinburgh, Lecturer on Anatomy, Pathology, and Physiology, at the Sheffield Medical Institution.

To the Council of the Royal College of Surgeons of England, &c., &c., &c., London.

* See the College Seal.

MR. PERCEVAL'S ATTACK ON PRIVATE LUNATIC ASYLUMS.

To the Editor of the Provincial Medical and Surgical Journal.

SIR,—I cannot but regret exceedingly that such a letter as Mr. Perceval's, on the "Treatment of the Insane," should have been suffered to appear in the last number of the *Provincial Medical and Surgical Journal*. The invidious and cruel charges that he makes at the close of that letter are a direct attack, (unjust as, I believe, untrue,) upon a body of gentlemen, members of the medical profession, and Associates in a Society of honourable men.

The *Journal* is made the vehicle of aspersion upon such by a non-medical writer; one who, by his sweeping condemnation of private character, on the self-erected plea of public good, looks evidently with a jaundiced eye on the subject on which he writes, and exhibits anything but a clear proof of his own possession of a well regulated mind. Why are a body of men actively in pursuit of arduous and delicate duties, which are necessarily in themselves a ceaseless stretch on their own minds, to be attacked through the pages of their own journal, by the Secretary of any Society; more especially of a Soicety calling itself by an exclusive cognomen—the Alleged Lunatic's Friend Society, but believed, as it is, by many practical men, to be just the reverse? It is the foolish fashion of this Society never to give credit for honesty of intention to any one who has the care of the insane. But I ask you, Sir, just to revert in recollection to the names of many of our Associate members (names neither self laudatory or puffed into notoriety, but amongst the honourable, for character and standing), who have the private charge of insane patients; and to imagine, if you can, such flagrant violations of honesty being substantiated, or such temptations yielded to, as Mr. Perceval's letter implies against them. He says, "In the existence of private lunatic establishments is the temptation afforded to human weakness to receive without much scruple, or to detain when no longer necessary to do so, persons, as patients, whose residence is profitable to the proprietor, or who may damage his interests by making an unfavourable report of his establishment, and the temptation to *stint* the patients in *medicine, food, accommodation, exercise, amusement*, or *attendance*, to make a greater profit out of the allowance for their maintenance." Are we to credit, on the authority of this letter, published in our own journal, that "these objections can hardly be effectually removed, because so much duplicity and plausibility are exercised in these matters?"

In putting these questions I would add, that I have no interest whatever in any private asylum—indeed my interests are all the other way; but I have known, throughout a lengthened life amongst the insane, so many valued friends who have been entrusted with their care, that I would not suffer such statements to pass without one (if it be *but* one) solitary protest against them.

I beg to remain, Sir, with much respect,

Your very obedient faithful servant,

AN ASSOCIATE MEMBER OF COUNCIL.

November 28, 1851.

[We inserted Mr. Perceval's letter because we think it better that free discussion should be allowed in all cases where personality is avoided. The subject is one which, just now especially, admits of two points of view; though we think Mr. Perceval has overstepped the bounds of common-sense in his sweeping charges against all private aslylums.—ED. J.]

QUEEN'S COLLEGE DEBATING SOCIETY, BIRMINGHAM.

To the Editor of the Provincial Medical and Surgical Journal.

Sir,—A passage in Mr. Harrison's address before the "Bristol Royal Infirmary Medical Society," which appeared in your *Journal* of the 12th ult., has just been pointed out to me, and since I am satisfied that the claim made by that gentleman for Bristol, respecting the priority of establishment in the provincial schools of a society, for the discussion of medical subjects, is entirely unfounded, I feel it my bounden duty to give an unqualified contradiction to that statement.

If my recollection serves me, the society formed in connection with the Bristol Royal Infirmary, was opened in January last, by an introductory address from Dr. Wallis. Now, I have only to refer to the records of the Society established here, to bring proof that several meetings had been held, and some important subjects discussed, before the issue of the circular, which was a proposal to originate a society, somewhat similar in its objects to our own, at the Bristol Infirmary; and had not that circular been shown me at the time by a friend, it is highly probable that Mr. Harrison's statement would have remained without contradiction, at least so far as I am concerned. To show that the claim which has been made cannot be a just one, I have only to make the assertion that a Debating Society was established at this College more than ten years ago, but its discussions, from some cause or other, were not continued.

Sufficient has I conceive been said, to prove that to Queen's College, Birmingham, belongs the honour, if not of having first established a Debating Society, in which subjects of medical and general interest should be discussed, at least of having a prior claim to it, than that which has been put forth by Mr. Harrison for the Infirmary at Bristol.

Requesting insertion of this note in the next number of your valuable periodical,

Believe me to be, Sir,

Your most obedient servant,

WILLIAM WEBB,

President of the Queen's College Debating Society.

Queen's College, Birmingham,
December 3, 1851.

Medical Intelligence.

EPIDEMIOLOGICAL SOCIETY.

At the next meeting of the Society, to be held on Monday, December 1, 1851, at the house of the Royal Medical and Chirurgical Society, 53, Berners Street, two papers will be read, one "On Cholera in Jamaica," by Dr. Gavin Milroy; the other "On a Mode of Treatment of Cholera," by W. J. Cox, Esq.

APPOINTMENTS.

Mr. Waken has been appointed Surgeon to the Queen's Prison, in the room of Dr. Robert Little Hooper, deceased.

ROYAL MUNIFICENCE.

Her Majesty has been pleased to grant, out of her privy purse, an annuity of £50 to the widow, now in her seventy-first year, of the late Dr. Robert D. Davis, late of 17, Russell Place, Fitzroy Square, the Physician-Accoucheur in attendance at the birth of her present Majesty. Dr. Davis's decease, it will be remembered, took place in 1841.

ROYAL COLLEGE OF SURGEONS.

John F. South, Esq., President of the Royal College of Surgeons, and Cæsar Hawkins, Esq., Vice-President of the College, had an interview with Sir George Grey, on Friday last, at the Home Office.

SOCIETY OF APOTHECARIES.

Gentlemen admitted members on Thursday, Nov. 20th, 1851:—Thomas George Fitzgerald, Army; Charles Christopher Hewitson, Stanhope; Charles James Morris, Hampton-wick; Charles Joseph White, Portsmouth.

Gentlemen admitted members on Thursday, Nov. 27th, 1851:—Frederick William Hart Bayles, Stiffkey, Norfolk; Thomas Hales, Ford Green, Staffordshire; Alfred Wall, Stratford-on-Avon.

OBITUARY.

November 5th, Joseph Thomas, Esq., surgeon, Wrexham. The deceased was a member of the North Wales Branch of the Provincial Medical and Surgical Association.

PROVINCIAL MEDICAL AND SURGICAL ASSOCIATION.

NOTICE TO MEMBERS.

Gentlemen will observe that the Annual Subscriptions become due on the First of January, those who have not yet paid their subscriptions for the current year, or who are in arrears, are requested to forward the amount due either to the Secretary of the district in which they reside, or to the Treasurer or Secretary of the Association, Worcester.

It is also particularly requested that all post-office orders should be sent either to the Treasurer or Secretary, who alone have the power of giving receipts.

JAMES P. SHEPPARD, Secretary.

Worcester, September, 1851.

Erratum.—In Dr. Nelson's lecture in last number, November 26th, at page 649, second column, and sixth line from the bottom, for "inefficiency" read *efficiency*.—D. N.

TO CORRESPONDENTS.

Communications have been received from A Member of the Provincial Association, E. B., Mr. Duke, Dr. Oke, Dr. Fraser, Dr. Robertson, Observator, Dr. Barclay, Mr. Gall, Mr. Webb, Mr. Reid, and Mr. Jones.

It is requested that all letters and communications connected with the *Editorial department* be sent to J. H. Walsh, Esq., Foregate Street, Worcester. Parcels and books for review may be addressed to the care of Mr. Churchill, Princes Street, Soho. But all communications respecting the routine business of the Association should be forwarded to James P. Sheppard, Esq., the Secretary of the Association.

NOTES
ON THE
TREATMENT OF CURABLE DISEASES.

By W. S. OKE, M.D.,

Extra-Licentiate of the Royal College of Physicians, Physician to the Royal South Hants Infirmary, &c.

It is a remarkable feature of the present era of medicine in this country that a large number of medical practitioners—men who have been regularly educated in the established schools of physic;—men who, by virtue of the knowledge therein acquired, have obtained from authorised tribunals testimonials of their fitness to practise;—men who are, therefore, morally pledged to uphold the character of their diplomas,—have unscrupulously forsaken the ranks of their profession to practise certain strange methods of cure which have sprung up in Germany under their respective founders Mesmer, Priessnitz, and Hahnemann.

It might be asked,—What is the cause of such delinquency? Is it to be found in any obvious superiority of the systems they have embraced, or in a general declension of the doctrines taught in the medical schools? Not in the former, for neither mesmerism, nor hydropathy, nor homœopathy is possessed of any principles which are entitled to the slightest respect; indeed some of their extravagancies, such as clairvoyance, globulism, &c., are utterly ridiculous and contemptible. It cannot be occasioned by the latter, because there probably never was a period when the practice of medicine was carried out with more science, zeal, and success.

Whatever be the motive for such a line of conduct, it is deeply to be regretted that so many respectable men, whose talents might have shed a lustre upon the paths of their profession, should tarnish their reputation by practising quackeries, some of which they themselves must be conscious are not founded upon truth.

On the other hand, the character of medicine has nothing to fear from these alloys. It can neither be amalgamated with nor disparaged by them. There is no agreement betwixt light and darkness, and no union between truth and quackery; and whilst these novel empiricisms will not outlive the age that has given them birth, and will become the laughing-stock of the future, the legitimate practice of medicine will hold on its honourable cause, dispensing its varied benefits to the sick, and carrying with it the respect and confidence of the civilized world.

But these observations are not intended to attribute the superiority of practical medicine over empiricism to the possession of mathematical laws. It is at once admitted that it is not a science in the highest sense of the term—that is, possessing certainties grounded on demonstration. Nevertheless it is a practical science, and has the power of conferring a large amount of benefit upon mankind; for although there are grievous diseases over which it has no curative control, and recoveries which cannot be called *cures*, there are some diseases which, humanly speaking, cannot be cured without it, many cures which are greatly promoted by it, and scarce a disease which cannot be in some measure alleviated by it. This has been achieved by experiment and observation, aided by the splendid discoveries in chemistry; and by this method only can it go forward in the hope of triumphing over some of those diseases which yet remain incurable. It is this which constitutes what is commonly called experience—so valuable to the medical man, and so valued by the public at large; for surely it will be allowed that the less demonstrative certainties we possess to produce therapeutic results the more experience we stand in need of to guide us in the fulfilment of curative indications. Every candid practitioner will, I believe, acknowledge this, when, in the discharge of his arduous duties, he is combating a disease which endangers the life of his patient and fills his own mind with painful anxiety.

Upon this ground I shall venture, from time to time, as opportunity may permit, to supply our *Journal* with some of the results of my own experience, in the hope of upholding, however feebly, the character of practical medicine—a character which it has fairly won in the paths of zeal, observation, and candour, and which it will never lose till it departs from them.

It is not presumed that the means which I have found successful will always prove to be so in aspects of disease apparently similar; because it too frequently happens that diseases which *appear* to be of a similar character will turn out to be in reality very different, and require a different mode of treatment; nevertheless, when a given treatment has been found to be successful in a certain assemblage of symptoms, it may be recorded as one method of cure.

Defective Power of the Lower Extremities in the Second Year of Childhood.

This is a case which often comes under my observation, and which, I believe, has been overlooked. The child, instead of being able to stand at the usual time, is found to be unable to bear the weight of the body on its lower limbs, the muscles of which are in some degree wasted and flabby. Upon examining the spinal column in the sitting posture, a slight posterior curve of the inferior dorsal vertebræ will be discovered, which will at once indicate the cause of the want of power.

The following mode of treatment I have commonly found successful:—A small blister about an inch and a half long by half an inch broad is to be applied on each side of the curve once in a fortnight; the system is to be supported by prescription No. 1, and the bowels gently corrected once a week by No. 2.

1.—R. Vini Ferri, m. xx.
Detur hœc dosis infanti bis quotidie ex aquæ pauxillo.

2.—R. Hydrargyri cum Cretâ, gr. ij.
Rhei Radicis Pulv., gr. iv.
Pulveris Cinnamoni Comp., gr. j.
Misce fiat dosis semel in septimanis sumenda.

The child is never to be carried *upright*; and as it will be of great importance to take it into the open air in fine weather, it may be laid upon a small mattress in a concave wicker tray, which will be found light and convenient for the purpose. When left to itself it should be laid on a mattress either upon the floor or upon a bedstead; and this treatment should be continued until it regains sufficient power to attain the upright posture.

Case.—A lady, on discovering that the lower limbs of her child, although fifteen months old and of healthy appearance, always gave way under the weight of the trunk, brought it to me to ascertain the cause. On examining the spinal column I found a slight posterior curve of the spinous processes of the inferior dorsal and upper lumbar vertebræ. A small blister was ordered to be applied on each side of the curve, half a fluidrachm of the Vinum Ferri to be given twice a day, and strict directions were given that no further attempt should be made to induce the child to stand upon its feet for some time to come, and that it should be carried into the air in a recumbent position in a wicker tray. The result was, that in a few months it completely recovered the use of its legs, and went on well. Were it necessary, I could adduce very many cases of the same kind to prove the success of this mode of treatment.

The strength should be supported, if the child has been weaned, by equal parts of milk and barley gruel.

Convulsions in Children.

Convulsions in children are most commonly brought on by reflex action, from some cause external to the brain, such as teething, crudities in the alimentary canal, &c.; but they are sometimes the result of a congested state of the cerebral vessels, and, therefore, an early and correct diagnosis is of the highest importance. If they are occasioned by the former, there may be no antecedent cerebral symptoms to warn us of their approach; they will, probably, soon cease. And, moreover, some advancing teeth, or improper food, will perhaps at once manifest the exciting cause, and the method of cure. If from the latter, they will be preceded by symptoms of cerebral congestion, such as inaction of the bowels, a drowsy aspect, pain of the head, (if the child be old enough to express it, if not, the hands will be frequently carried there,) immobility of one or both pupils, involuntary movements of the eye-balls, and grinding of the teeth. Convulsions following these symptoms do not subside like those which are produced merely by the irritation of teething, or of crudities in the stomach; and unless they are combated by a prompt and decided treatment, will continue till the brain becomes oppressed by serous infiltration, which is almost certain to end in insensibility, profuse sweats, intermittent breathing, and death. In this case we ought not to wait for the bleeding of leeches, but should immediately open the external jugular vein, and take away as much blood as the circumstances may require. It may be done in the following simple manner:—Having carried a ligature of tape, or of anything at hand, around the side of the neck about to be punctured, and under the opposite axilla, sufficiently tight to make the vein rise, the integuments and platysma myoides muscle are to be freely divided by the edge of the lancet, by which the vein will be brought into view, and easily punctured. The best receiver will be a common saucer, the lip of which is to be made to press upon the vein below the orifice.

I have frequently seen the greatest benefit from this practice, which I fear is too much neglected in the present day. The scalp should now be shaved, and covered with a bladder half filled with pounded ice, or snow, if at hand. The head and shoulders are to be raised, and supported in position by a hard pillow. No. 1 is to be given immediately, and No. 2 in two hours afterwards.

1.—R. Hydrarg. Chlor.,
Scam. Pulv. utrq., gr. iij.
Misce. Detur statim in simplice syrupo.

2.—R. Hydrarg. Chlor., gr. ij.
Sacch. Purific., gr. v.
Misce. Detur secundâ quâque horâ.

Should the convulsions not subside under this treatment, and there be reason to fear that serous infiltration has taken place, a large blister should be applied to the head, and strong mercurial ointment, spread on lint, laid along the course of the lymphatic vessels upon the inner surface of both upper arms, but under such circumstances there can hardly be any expectation of recovery.

Strumous Ophthalmia.

This disease is of frequent occurrence in crowded seaport towns, and affects children from about two to ten years of age. I have found it more common in females than in males. It cannot easily be mistaken, and is at once recognised by extreme intolerance of light, by the head being bent down to avoid it, by a copious discharge of tears on separating the tarsi, and by the difficulty of getting a sight of the cornea, which is kept concealed under the upper eyelid. There will also be a lesion of the cornea, and a red zone around it, occasioned by an inflamed condition of the sclerotic membrane.

This disease is to be treated by local bleeding, in the way of leeches or cupping, by the caustic lotion, (1), by the ointment, (2), and by the calomel doses, (3), which will, in the majority of cases, speedily subdue it.

1.—R. Argent. Nitratis, gr. iij.
Aquæ Flor. Sambuci, oz. j.
Misce, et destilletur pauxillum intra palpebras bis die.

2.—R. Ung. Hyd. Nit. Oxidi, dr. j.
Cum quo palpebræ linentur mane nocteque.

3.—R. Hydrarg. Chlor., gr. vj.
Sacch. Purificat., scr. ij.
Misce et divide in chartulas sex, quarum capiat unam omni meredie et nocte.

Very much will depend, as to the local treatment, upon the lotion being effectually thrown over the cornea, and this may be done either by a glass syringe, or by means of a silver teaspoon, to conduct the lotion between the tarsi. If these means should not succeed, removal to a different atmosphere will soon effect a cure.

It is remarkable how long this disease will sometimes remain without destroying the vision. The two following cases will go to prove this fact.

A child, of 4 years old, and residing in a country town, had been suffering from strumous ophthalmia in both eyes for more than a year. When she was brought for my advice, the head hung down upon the chest, under a thick green veil, to avoid the light. She had been under the care of a respectable surgeon, who, I have no doubt, ordered the most judicious means for the cure of the disease, but, as they were not *strictly* enforced, so neither were they carefully carried out, and the result was no improvement. Having told the parent in charge of the child, that unless the lotion was effectually applied to the lesion of the cornea, and the medicine regularly given, the sight would in all probability be lost, implicit obedience was promised. On the 21st of June, 1850, about a month afterwards, the child was brought to me again, when I had the satisfaction to see her with two bright black eyes, free from any trace of inflammation, and the vision completely restored.

J. N., a little girl, aged 6 years, had been suffering severely with strumous ophthalmia for nine months. The eyes were intolerant of the least degree of light, were constantly closed, and guarded by a green shade. The child had been under medical advice for a considerable time, but it appeared, as in the former case, that the means recommended had not been carefully carried out. I immediately placed her under the treatment above laid down, and charged the parent, if she regarded the vision of her child, to see that the instructions were strictly obeyed. She did so, and the result was, that in a few days there was much less intolerance of light, and that in three weeks the disease was cured.

Cachexia Scorbutica in Children.

Amongst the lower grades of society children are sometimes affected with scorbutic, spongy, and bleeding gums, associated with superficial ulcerations of the membrane of the mouth, fœtid breath, pallid aspect, and very low power, symptoms which have probably arisen from crowded habitations and deficient diet. This wretched state admits of rapid improvement, by the lotion, (1,) the mixture, (2,) and a generous diet.

1.—R. Solutionis Chloridi Calcii,
Mellis Rosæ, sing., oz. ss.
Aquæ Puræ, oz. v.
Misce fiat lotio ter die utenda.

2.—R. Quinæ Disulphatis, gr. vj.
Acidi Sulph. Dilut., gtt. xx.
Tinct. Aurantii, Comp.
Syrupi Zingiberis utrq., oz. ss.
Aquæ Destillatæ, oz. ij.
Misce capiat cochlearia parva duo bis quotidie.

The lotion should be carefully applied to the mouth and gums by means of a syringe or camel's-hair brush, unless the child be old enough to use it in the ordinary manner. The bowels are to be regulated by rhubarb or castor oil. The diet is to consist of animal broths and a little wine, and the child taken out into the air as often as the weather permits.

Cachexia Verminosa in Children.

This case is characterised by a pallid, half-starved aspect, with attenuation, picking of the nose, morbid appetite, abdominal enlargement, and lumbrici in the alimentary canal.

The cachectic condition arises, probably, from debility of the digestive functions, thereby admitting of the formation of the entozoa. The lumbricus is more commonly met with in the human body than any other worm, and sometimes a considerable number will exist in the intestinal canal of one individual at the same time. A child of 5 years old, residing in the New Forest, passed seventeen full-sized lumbrici in the course of five days. They are generally voided by the rectum, but occasionally by the œsophagus, and thence through the mouth or nostrils.

Gnawing pain in the region of the stomach, a constant craving for food, irritation of the nose, and occasional moving sensations at the upper part of the intestinal canal, more particularly indicate the presence of this worm.

This case will be successfully treated by the aperient (1), and the chalybeate (2). The former will sweep out the intestinal canal, and improve the secretions; the latter will not fail to strengthen the depraved condition of the system. A generous diet is indispensable.

1.—R. Hydrargyri Chloridi,
Pulv. Scammonii, sing., gr. ij.
Radicis Rhei Pulv., gr. iv.
Pulv. Zingib., gr. j.
Misce et sumatur bis in septimanis in crasso vehiculo.

2.—Vini Ferri oz. iij.
Capiat cochleare parvum ex aquæ pauxillum bis quotidie.

If diarrhœa be present, two drops of the Tinctura Opii should be added to each dose of the Vinum Ferri, and the aperient (3), be substituted for the purgative (1).

3.—R. Hydrargyri cum Cretâ, gr. ij.
Pulveris Radicis Rhei, gr. iv.
Pulveris Cinnamoni Comp., gr. ij.
Misce fiat pulvis bis hebdomedâ sumendus.

Cachexia Syphilitica in Infants.

This depraved condition of the system in infants is not uncommon, and must have been communicated by the parent in utero. Soon after birth there is an acrid discharge from the nares, producing obstruction to the nasal breathing and constant snuffling, which occasions an excoriation of the upper lip. There is also frequently a squamous eruption upon the angles of the mouth, and condylomata around the anus. If the progress of the disease be not arrested, it will extend to other structures, and ultimately involve the bones of the palate, nose, and upper jaw. From these results the auditory function is often obliterated, and the tongue being untutored by the ear, the child will become deaf and dumb for life. This disease is curable by medicine, unless struma be associated with it, and

there be set up a strumo-syphilitic diathesis. The mode of treatment would consist of the iodide of potassium and mercurial alteratives, the doses of course to correspond with the age of the child. In infants, the formula 1 and 2, will be sufficient for the system. If there be any eruption at the angles of or about the mouth, it may be smeared, morning and night, with the ointment, 3; and should there be condylomata at the anus, the caustic lotion, 4, may be applied to them twice a day, by means of a camel's-hair brush.

1.—R. Potassii Iodidi, gr. xij.; Syr. Zingi, oz. iss.
Misce. Detur infanti fluidrachm ter quotidie.

2.—R. Hydrargyri cum Cretâ, gr. xij.
Pulvis Tragacantha Comp., dr. ss.
Misce et divide in chartulas xij.; detur una bis die.

3.—R. Unguenti Hydrarg. Nit. Oxidi, dr. ij.
Utetur mane et nocte.

4.—R. Argenti Nitratis, gr. x.
Aquæ Destillatæ, oz. j.
Misce et fiat lotio bis die applicanda.

This treatment is to be continued till the disease has disappeared.

Cachexia ex Alvi Fluxu in Infants.

Cachexia in infants is sometimes the result of long-continued diarrhœa, brought on either by a morbid secretion of the mammary function on the part of the mother, or, if it arise after lactation, by careless and improper food. The child, from this constant out-run from the bowels, is often reduced to an *extreme degree* of attenuation, has a senile aspect with large features out of all proportion to the shrunken appearance of the countenance, and looks like a living skeleton. Although an infant in this state may appear, *primâ facie* to be beyond the reach of human skill, the contrary is more commonly the fact; for, by judicious treatment as to medicine and diet, and above all, by the kind attentions of a nurse, the secretions may be corrected, the diarrhœa controlled, and the health restored. The two first may be accomplished by 1 and 2:—

1.—R. Pulveris Ipecacuanhæ Comp., gr. iij.
Hydrargyri cum Cretâ. gr. vj.
Confectionis Aromat., scr. j.
Syrupi Zingiberis, dr. vj.
Misce, et ampullâ agitatâ, detur dr. j. omni nocte alternâ.

2.—R. Tinctura Catechu, dr. j.
Spiritûs Menthæ Pip., gtt. iij.
Syrupi Simplicis, dr. ij.
Tincturæ Opii, gtt. vj.
Misturæ Cretæ, dr. ix.
M. Detur cochleare parvum bis terve die.

The food which I have seen attended with the greatest success, is boiled flour and skimmed milk, prepared in the following manner:—Take a sufficient quantity of flour, tie it into a linen cloth, and boil for several hours till it becomes hard; then peel off the outer part and grate the centre into skimmed milk till it becomes the consistence of gruel; add powdered white sugar, and let the child be wholly fed with it until the health is restored.

Cachexia Purulenta in Children.

The species of cachexy here alluded to, is the result of long-continued purulent discharge from external causes. The child is pale, emaciated, and almost exhausted, simply by the quantity of discharge. There is no hectic fever, and the case is curable. The following example will show both disease and treatment. :—

A child of a year old was brought to me a short time ago from the Isle of Wight, with a disease of the os ilii. It was so reduced and attenuated by the constant discharge from several openings, that there did not appear to be any rational hope of recovery; however, I ordered fifteen drops of the Vinum Ferri to be given to it three times a day, with a nutritious diet. In a month I saw the child again, and there was a remarkable improvement, both in the local disease and in its general health; after about the same interval, it was brought to me the third time, when the openings were almost healed, and the child was convalescent. I am happy to perceive that the London College of Physicians has thought fit to restore the Vinum Ferri to its place in their new Pharmacopœia, as I have ever found it in the diseases of children requiring chalybeate medicine, a most convenient and effectual preparation.

Cachexia Eczematosa in Children.

This disease is very common amongst the ill-fed and neglected children of the lower classes. There is a pale and sickly aspect, and on different parts of the scalp the hair is matted together with filthy scabs, of eczematous secretion, from which exudes a thin and irritating discharge. There are also weak ulcerations behind the ears, and about the angles of the mouth, and on the nares, &c.

There is no eruptive disease more easily got rid of than this, provided the treatment be carefully carried out. The whole of the scalp having been closely clipped, and the scabs removed by poultice or fomentation, the eczematous parts are to be smeared by the ointment, 1, twice a day, and well fomented before each application. The alterative dose, 2, is to be given twice a week, and the strength supported by 3. By these means the removal of the disease will be at once accomplished.

1.—R. Unguenti Hydrarg. Nit. Oxidi, oz. ss.
Bis die applicanda digito.

2.—R. Hydrarg. cum Cretâ, gr. iij.
Pulv. Rhei, gr. iv.
Pulv. Cinnamonii, gr. j.
Misce fiat pulvis bis hebdomedâ sumendus in theriacâ.

3.—R. Quinæ Disulphatis gr. ij.—iij.
Acidi Sulphurici Dil., gtt. vj.
Tinct. Aurantii, Co.
Syrupi Zingib. sing, dr. ij.
Aquæ Destillatæ, ad oz. iij.
Misce capiat cochleare largum bis quotidie.

Southampton, Nov. 27, 1851.

[To be continued.]

CASES OF POISONING BY DATURA STRAMONIUM.

By JOHN LE GAY BREWESTON, M.D., Edin.
Doncaster.

Early in the afternoon of the 14th of October I was summoned to see two children of the respective ages of five and three years, who were described by the messenger as having suddenly "gone out of their heads." They had been picked up in the street in this state, and carried into the house of the stranger.

I immediately recognised the symptoms of poisoning by one of the *Solaneæ*. The face was flushed; the eyes were staring and brilliant, and the pupil was fixed and excessively dilated. There was complete loss of vision, imperfect control over voluntary muscular action, and violent delirium, which was alternately mirthful, furious, or dolorous, directed to some imaginary source of pleasure or repugnance, and accompanied with corresponding gesticulations. The tongue was occasionally thrust from the mouth, and the throat, which appeared to be the only sensible seat of discomfort, was grasped and torn by the hands, as if the patients imagined it to be oppressed by some foreign body. Their attention could not be aroused to anything which was said, and they resisted all attempts at interference with piteous cries or violent struggling.

I suspected the poison of belladonna, and caused search to be made in the neighbourhood for the berries of that plant, administering emetic doses of sulphate of zinc in the mean time. The patients exhibited apparent reluctance to swallow, keeping the jaws rigidly closed, and resisting the administration of the remedy with their hands, though they were not sufficiently conscious properly to direct such efforts. The stomach was slow to act, but after considerable perseverance vomiting was induced. Numerous seeds of *datura* were detected in the ejecta; indeed a much greater quantity than has been known to cause death.*

It seemed, from the search which had been made, that the poisonous herb had been thrown out from a neighbouring garden, and several emptied and divided thorn-apples wore discovered. A third child confessed to having eaten a smaller quantity of the seeds, and she was slightly though not alarmingly affected. The poison having been retained four or five hours when vomiting took place, a sharp aperient dose was administered, which, after some hours' delay, acted moderately. Cold was from the first assiduously applied to the head.

At five o'clock, P.M,, four hours from my being first called in, though the symptoms were somewhat abated, vision and consciousness to external things were not restored, and the delirium returned at intervals with nearly all its previous violence. The parents of the children, who were now present, were not noticed by them, save occasionally to be embraced or attacked for some imaginary benefit or injury. I subjected the patients to a shower-bath, and applied a blister to the back of the neck.

At nine vision was partially restored in the elder child, and the *hallucinations* were in a great measure supplanted by *illusions*, which indicated some return of consciousness.

At eleven the delirium had become of a muttering type; the patients were drowsy, and displayed a comatose tendency. In the elder child *the pupil, though contracted in the dark, gradually dilated to the stimulus of light.* Sinapisms were now applied to the feet, calves, &c. Alternate doses of strong tea and ammonia were given; the face was occasionally sprinkled with water, and other means were used to prevent sleep.

At five o'clock the ensuing morning, the victims were allowed to sleep, and both awoke before noon, perfectly conscious and well.

On the morning of the third day, the body of the younger child became covered with a small papular eruption, which continued for several days, accompanied with fever.

The effects of the poison were *purely nervous.* The *cerebrum* was first affected; hence arose perverted vision, illusive delirium, and, as consciousness diminished, pure hallucinations. The derangement next attacked the *cerebellum*, as was shewn in the loss of control over voluntary muscular action.

Finally, the *medulla spinalis* was implicated, as was evinced by the spasmodic motions of the extremities, &c. In each organ, the first effect seemed to be *stimulation.* This was followed by *pervertion*, and lastly, by *depression*, and threatened *extinction* of the function.

It is then incorrect, with such evidence as the above recorded symptoms present, to class *datura* among the *narcotico-irritant* poisons. This term has been vaguely applied by toxicologists to several poisons which are in no proper sense of the term irritants; and which only differ from the the *narcotics proper*, either in affecting more peculiarly the spinal cord, or in the stimulating effects—the first result of all narcotics—being more marked or of longer continuance than the narcotism which follows. Death may even occur from over stimulation, before the depression sets in. I have, for instance, poisoned animals with Indian hemp, some of which have died in a state approaching to *tetanus*, while others have survived this stage to perish by *coma*, or, at least, by *nervous depression.* It is probable that a poisonous dose of *strychnia*, if it did not first kill by over-excitation of the spinal cord, would eventually do so, like *aconite*, by depression of that organ.

* See case recorded by Dr. Thompson.

ON THE

ABSENCE OF PHOSPHATES IN THE URINE OF THE HERBIVORA.

By C. R. BREE, Esq., Stowmarket.

The recent analyses of Bousinghault, Von Bibra, Ausbücher, &c., have decided that there are no phosphates in the urine of the horse or ox. This remark-

able fact is alluded to by Liebig, in his "Letters on Chemistry," p. 403-4; and he attempts to account for it by stating that the intestines perform, in those animals, the functions of the kidneys, the phosphates being cast off among the solid fæces. Liebig further draws an analogy between this supposed function of the intestines of the herbivora and the diseased action in diarrhœa in the human subject.

I wish to call the attention of chemists and physiologists to these statements, as it is evident they have a most important bearing upon the whole subject of excretion, in its most extended sense, as elucidated by the modern investigations of chemistry and the microscope.

If the analyses of the celebrated men above mentioned are correct, we have presented to us the fact, that the phosphoric acid of the brain, bones, and protein compounds of the herbivora, which are thrown off by the constant waste going on in the system of these animals, is excreted, not by the depurating action of the kidney, but by the intestinal tube; and this not by an abnormal exosmosis, as in diarrhœa, cholera, malæna, &c., but by a clear act of organic selection, which I believe I may state has no parallel in physiological science. *Qui facit per alium, facit per se.* If the intestines depurate the blood in the ruminantia and the equidæ, why not in the pachydermata (as the pig), in the rodentia (as the hare), or even in the omnivora (as man)? I need not point out to the comparative anatomist that the equidæ are placed between the pachyderms and rodents; and yet there are phosphates found abundantly in the urine of both the pig and the hare. We must not look for an explanation of this anomaly, then, in anatomical relation, for the ruminant is much further removed from the equid than the latter is from the pachyderm or the rodent; in fact, equidæ are placed by Cuvier among the pachydermata. Neither can we find an explanation in the nature of the food; for the question is not how the phosphoric acid gets into the system, (and get in we well know it must, and that in the ordinary process of chylification and absorption,) but the difficulty is, how it is removed from the blood so as to get into the fæces, and not appear at all in the urine. If it is simply by exosmosis, then the process may take place as well in the human subject; so that when we find no phosphates in the urine, abundance may have passed off *from the blood* by the intestines.

Thus all our recent notions of the chemical pathology of the urine would be upset. If, again, the intestinal tube in the herbivora acts as an organ of excretion *to the blood*, in the same sense as the kidney does, then must our notions of the physiology of secretion undergo great modification.

In the hope that some of our physiologists may throw light upoh this interesting point I submit it to the notice of our Association.

STRONGYLUS SUIS IN THE BRONCHIAL TUBES OF A PIG.

By C. R. BREE, Esq, Stowmarket.

A few weeks ago, when examining the lungs of a recently-killed pig, I found the bronchial tubes infested with vast numbers of entozoa, which Professor Owen, to whom I sent the specimen, informs me are the rare *strongylus suis* of Rudolphi (Synopsis Entozonum, p. 36, No. xxxviii.)

This parasite was about three quarters of an inch to one inch in length, and was attached to the angles of division of the bronchia through the whole lung. Having placed one of them in a watch-glass, I was fortunate enough to witness, through the microscope, the exclusion of vast numbers of *ova* from the female. I could not satisfactorily make out whether I had both male and female specimens coiled up and attached to each other, or only one female. At a few lines distant, however, from the extremity of one, there was a process formed in the shape of an ∠, from which I observed the slow and gradual emission of a diaphonous tube, filled with minute circular flattened discs, of a dark colour with a pellucid centre. As this tube emerged from the vulva, I observed that it increased in thickness, and contained more ova in a line. These ova appeared to have a slight motion. Several of these tubes, measuring about half the length of the parent parasite were emitted.

I made these observations about eleven A.M. When I again placed the glass under the microscope, in the evening at six o'clock, I was astonished to find a vast mass of young fry, struggling and wriggling about with great activity. Some had escaped from the hyaline tubes, but the greater number were struggling to get out. I could form no idea of the numbers—they were countless. They continued active until I went to bed; and failing to leave sufficient water in the watch-glass, they were all dried up in the morning.

Stowmarket, 1851.

CASE OF

POISONING BY THE BI-CHROMATE OF POTASH.

By JOHN WICKENS WEST, Esq., Poole.

Very lately I was requested to visit a professional friend residing in Poole, who had inadvertently tasted a solution of the bi-chromate of potash. The quantity he swallowed did not exceed a teaspoonful, if it were as much. He discovered his mistake shortly afterwards, but did not experience any ill effects until about half an hour, when he felt sick, his countenance became pale, and he became quite prostrate. He being at a midwifery case at the time, was compelled to leave, and requested me to attend on his behalf. Before the

delivery of the woman I was sent for to him. I found him in bed; he had been profusely sick, and had thrown up a serous-looking fluid, resembling the evacuations of rice fluid in cholera; diarrhœa constant, and the evacuations passing away involuntary; the bed was perfectly swamped; cramp in his legs, thighs, and in the region of the heart; great prostration; pulse small and exceedingly depressed, so much so, that I felt a little alarmed at his state. On his arrival at home, and previously to my seeing him, he had taken some warm tea, which increased the vomiting. As the diarrhœa was profuse, I admininistered the following draught:—R. Tinct. Catechu., dr. ij.; Tinct. Opii, m. xl.; Tinct. Cinnam. Co., dr. j.; Aquæ, oz. iss. Sit haust.

I also gave him strong brandy and water at short intervals. In about an hour the sickness had subsided, and the diarrhœa was not so urgent; it had produced great debility. Flatus was then oppressing his stomach exceedingly, and I gave him the citrate of potash, which relieved him much; he had also a warm bath. Before the close of the day, all his symptoms were relieved. He took some arrowroot, and afterwards procured a little sleep. When calling on him in the morning, I found he had passed a good night, and was sufficiently recovered to resume his professional duties. I put this case on record, as poisoning by crome or its preparations is of rare occurrence. Professor Taylor, in his excellent work on Medical Jurisprudence, speaks of only one case having been related; I have not been able to discover any instance of it myself.

It will appear from the foregoing case, that the bichromate of potash produces symptoms exactly similar to cholera: such as vomiting, purging, cramp, and great prostration of strength; and as soon as the poison is evacuated from the stomach, must be treated in the same way.

WHAT OUR ASSOCIATION MIGHT DO.

By C. RADCLYFFE HALL, M.D.,
Torquay.

For the "Provincial Medical and Surgical Journal."

No. IV.

The frequency of difference of opinion amongst medical men is proverbial, and is deemed by every non-professional person to be a sufficient excuse for deciding for himself any point on which "doctors disagree." Our differences of opinion, referring as they do principally to general and superficial questions, are placed more prominently before the public, and are more open to the apprehension and judgment of the non-medical world, than the innumerable truths of medicine on which we all agree.

On what do these differences of opinion depend; and, being evil in their consequences, how far are they unavoidable?

Individual differences of opinion on matters which require minute investigation depend on the difference in perceptive power, attentiveness and clearness of thought, of different men, and must always exist. In the possession of these qualifications mainly consists the superiority of one medical man over another. This, however, at least in theory, is as plain to the public as to ourselves; and from this the profession does not suffer in general estimation. The differences of opinion from which it does suffer concern subjects which ought to be matters of fact, but which are at present still matters of opinion. We cease to differ upon any point the moment that fact is substituted for opinion. No medical man gives it as his opinion that small-pox is not contagious; because the question has been decided by facts, and is no longer a matter of opinion. But one man considers cholera to be non-contagious, and is supported in such a view by the combined intellect, &c., of Government; whilst another, unable to gainsay his own experience, asserts that cholera is contagious. So soon as a sufficient accumulation of facts has settled the question there will be as little difference of opinion upon this as there is upon the contagiousness of small-pox. All we need in order to render our views unanimous upon any point is simply to learn the exact truth regarding it. In proportion to the extent and exactness of our knowledge of facts will be the unanimity of our sentiments. Upon the same fact two persons can differ in their opinion only when the fact in all its bearings—*i. e.*, the whole of the fact, is not known to both. The same fact being perfectly known to the one, and but partially known to the other, is virtually two different facts. Each person reasons from his own premise correctly; but only one of the two has a true premise, and consequently he alone can obtain the true inference. Or, again, from imperfect knowledge of the fact, any number of false premises may be taken, and any number of correct inferences, but erroneous conclusions, deduced from them. We are brought back to the same point—namely, that the only mode of obviating differences of opinion is to ascertain the facts.

Every question demanding for its solution minute investigation of particular facts must ever remain the work of an individual or of a few acting in unison. But there are many questions of a general character requiring multitude rather than minuteness of observations, which the experience of one or of a few individuals can never be sufficient to decide. It is precisely on these general questions that we differ most, and most conspicuously to the world. Every man prefers a resting-place for his mind, and rather than possess no opinion he makes one from his own limited experience. The grounds being inadequate in each instance, we may find as many opinions as thinkers. Nor is this all. In the ignorance of the actual truth we do not content ourselves with merely drawing inferences from our own experience, but we arrange for Nature what she ought to do, and retain tenaciously just those observations which support our programme.

Has it ever once happened in the history of science that the fact when clearly ascertained proved to be

precisely—neither more nor less—what had been *à priori* conjectured?

In the field proper for individual labour, as instanced in the first of these papers, scientific workmen need no spur. Were all the diligent investigation as well directed as it is energetically pursued, we should advance still more rapidly than we do; but in reality, the advance in our knowledge of the *minutiæ* of medical science is extremely great, and is shown as remarkably in the unlearning of fallacies as in the acquisition of new truths. On the other hand, the increase in our knowledge upon such general medical questions as the public can judge of, and by which alone they are able to estimate the scientific character of medicine and of its followers, does not keep pace with the progress in our knowledge of scientific *minutiæ*, of which the public are almost entirely ignorant.

The rectification of this deficiency must be the work of an association, or of several associations. If left until individuals shall have accumulated the required facts in number sufficient to remove contrariety of opinion, we may judge of the future by the past. Why should not Our Association do some of this work? Leaving generalities, what work is meant, and how is it to be done?

Questions of Special Pathology, of Anatomy, Physiology, and Chemistry, are best left to their especial votaries. Our Association, as a body, can do nothing with them. Medical Politics and Ethics we leave to those who like them. We suppose they may be suitable subjects for the Association. Cases, unless narrated with the fulness of detail of those published by Dr. Taylor on pericarditis, or by Dr. Walshe, on various clinical subjects, are perhaps less useful—they are certainly less read—than their reporters expect. Being rarely more than could be paralleled every day in a large practice, or a moderate-sized hospital, they seldom repay perusal. Reports of Pathological Societies, conveying a concise statement of observed facts, are more useful; and reports of Branch meetings are, at least, more entertaining. But the field of medical science which is most proper for the Association to cultivate is that which comprises General Hygiene, Climatology, Etiology, and the Mutual Relationship of Diseases; all cognate subjects;—all subjects upon which, more than any other, we differ in our sentiments;—and all subjects upon which non-professional people can form an opinion for themselves—can seek our opinions, and can judge them.

These subjects agree in another and very relevant particular; and it is this:—They are such as cannot be duly examined either in hospital practice or in town consultation practice. Hearsay evidence from patients often but little capable of observing correctly is all that is to be obtained there. The provincial practitioner, having the same patients and families—the same localities and customs, classes and occupations, under his own observation year after year, is personally acquainted with the facts, must notice them, and has no temptation or motive for involuntarily colouring them. There is the same differenee in the two kinds of evidence that exists in diagnosis between an objective sign and a subjective symptom; almost the same that exists for purposes of induction between a proved fact and a supposed one.

Hygiène includes the consideration of all circumstances, the administration of medicinal agents excepted, which promote, maintain, injure, or destroy health. The subjects of physical climate and of the general causation of disease are branches of hygiène. The regimenal treatment of disease constitutes special hygiène. Concerning so extensive a department of knowlege, we cannot in the present day subscribe to the opinion of Rousseau, that "l'hygiène est moins une science qu'une vertu," unless in the sense that we all of us know more of hygiènic truth than we choose to put in practice.

It is no part of my present object to enumerate the questions on which information is most needed, and on which it could be obtained with the greatest authenticity and readiness from the members of our Association. My purpose will be fulfilled if I can succeed in directing attention to the kind of subjects which are most suitable, most important, and most easy of investigation. We muster about fifteen hundred members. There is scarcely a general question upon which each member has not observed for himself, one fact which struck him as noticeable at the time. How few are the unsettled questions which would not be set at rest by 1500 accurately observed facts! How small would be the differences of opinion on points upon which 1500 facts had been brought to bear! We cannot, it is true, emulate the Medical Society of Observation of Paris, or the younger one of London, in the minuteness of their observations. But the subjects assumed as most fitting require no such minuteness. In respect to them, what prevents our becoming a Great Society of Observation?

Take, for example, the important question of the effects of total abstinence. We need no additional information as to the universally injurious effects of the intemperance of excess. We do, perhaps, require additional precision in our knowledge of the exact forms of disease in which such effects are made manifest. We need no additional information as to the occasionally good effects of total abstinence, the universally good effects of temperance, or the frequently good effects of alcoholic stimulants given as hygiènic remedies in disease. On these points we are of one opinion. But, apart from actual disease, is not such an injury *sometimes* inflicted by the adoption of total abstinence succeeding to the habitual moderate use of stimulants, as to convince the medical observer that there is intemperance on the side of deficiency, as well as on the side of excess? Noting that one man has habitually too much red blood to excite him, another too little; one too much energy, another too little; that perfect health is almost a visionary abstraction, good health being practically the best which the individual can obtain, so long as it suffices for the duties of life, and not that ideal perfection that the physiologist could portray; there is every likelihood *a priori* that total abstinence will be best for one

man, moderate use of stimulants for another. Excessive use, or abuse, for none. Such *a priori* reasoning, added to the testimony of individual experience, guides us at present. It has little force on enthusiasts. It is not convincing to ourselves. Fifteen hundred examples in point would decide the question for ever.

Amongst the most useful essays called into being by our Association, will permanently rank those on Medical Topography, published in the annual "Transactions." It is to be hoped that these will be continued, and on a definite plan, so as to facilitate reference and comparison. This was earnestly suggested by Dr. Sibson, at the Hull Anniversary Meeting, and has been as earnestly advocated in the *Journal* by Dr. Barham, of Truro. Owing to the lamented death of Dr. Mackness, who was appointed to draw up an Essay on the Medical Topogrophy of the southern part of Sussex, which was expected to exemplify the most suitable plan for future adoption, we are yet without a specimen essay. By collating the several admirable essays which we already possess, and culling from their respective excellencies, it would be exceedingly easy to lay down a pattern arrangement for future writers to follow; we should thus escape too much detail on irrelevant topics, and too little on essential points. A small committee might, with propriety, be appointed to consider and prepare such a plan ready for the next annual meeting.

But the great value of such reports depends entirely upon the number and exactness of the facts which they can bring under consideration. Facts relating to climate, especially to the local variations of the same climate, which are so important in respect to disease, cannot be collected in a day. To render our knowledge of the physical climate of any place tolerably complete, we require to know:—as regards the place,—Its geographical position, whether maritime or inland, close to a river, or lake, or canal, or marsh, or low swampy ground. If near a river, whether a tidal one. Its elevation above the level of the sea. Its situation, whether exposed or defended. Its aspect towards the horizon. The proximity of lofty hills or mountains. Its geological character, particularly in reference to the superficial strata; and to the nature of the soil, whether absorbent and retentive of moisture, or absorbent and rapidly drying, or not absorbent but, from amount of fall rapidly drying; whether absorbent or reflective of the light and heat of the sun. The quality of the spring water, its abundance or scarcity. The vegetation, whether abundant or spare, and its general character. As regards the atmosphere:—The direction and ordinary force of the winds; the quantity of rain and number of wet days in the year; the frequency and duration of fog and of snow. The heat, humidity and electricity of the air. The intensity of solar light.

For so much of medical topography, therefore, as relates merely to physical climate, it would be absurd to expect every member of our Association to collect the details regarding his own locality. But this is not required. Most of the particulars referred to are obtainable from other sources. By far the most important points, however, are contingent upon two conditions, namely, the heat and humidity of the air. The electricity of the air should perhaps be added, but this we possess, unfortunately, at present, no ready and available instruments for ascertaining. Ozone paper promised to be useful, but the trial has not fulfilled the promise. For ascertaining the heat and moisture of the atmosphere, the means are simple, easy, comparatively inexpensive, and require very little attention or trouble. The information gained even for a single year would be most valuable. By collating it with the diseases prevalent in the same year, and comparing the reports of different localities, a body of knowledge on the "Epidemic Constitution of the Year" would gradually accumulate, the importance of which after a series of years would be incalculable.

A single observation daily of Mason's hygrometer would give the heat and moisture; an observation of the differential thermometer would give the greatest amount of cold, and of warmth in the previous twenty-four hours. All necessary instructions are contained in Glaisher's Hygrometrical Tables. If only one instrument be used, the wet and dry-bulb thermometer (Mason's hygrometer) is to be preferred; since the mere temperature of most localities is already obtainable, whilst the degree of humidity is not. Either or both of these instruments suspended at a distance of eighteen inches from a north window of a room in which no fire is kept, and observed at one given hour (say nine A.M.,) every day, might be used by at least one member of the Association in every locality, where some institution at which these observations are made already, does not exist. One such observation noted daily would not give the *mean* temperature and moisture, but taken for a sufficient period it would give the *actual* temperature and humidity at the given hour of the day; and this would be quite enough for useful comparison,

If the good to be gained by such observations does not appear adequate to the trouble they require, (although the trouble is really very trifling,) we reply, that before we have obtained the facts we cannot foresee all the advantages to be derived from them.

Literary men have their "Notes and Queries;" and in law periodicals there is a department headed "Moot Points," under which any legal queries of which the solution is not clear and established, are stated, to be answered by any one who has an answer to furnish, in a future number of the journal. In our journal we have the machinery at hand without any additional expense. "Moot Points" in medicine, there are in plenty. To make "Notes" on disputed points is not difficult: and nothing is easier than to propound "Queries." To some extent the Association has already thus been made useful. Dr. Streeten published "Queries on Influenza;" Mr. Hunt, "On the Effects of Arsenic," and on "Cholera;" Mr. Crompton, "On Burns and Scalds;" Dr. Ranking, "On the Effects of Cod-liver Oil;" and Mr. Bower Harrison, "On Necrosis caused by Phosphorus." The information elicited (if any), was valuable, and as a whole, on some points considerable. But in comparison with the information really existing

amongst the fifteen hundred members, it was most inconsiderable; and in no degree did it constitute a fair representation of the intelligence of the Association.

There are many reasons for the disinclination of professional men to give up information just when and as it is asked for. In the first place, there is the impression of submitting to something dictatorial in being questioned at all—a feeling not lessened by the reminiscence of academical questioning. Then there is the doubt of any good result, worthy of the effort, being gained if the replies are furnished. The man whose experience would afford him much to communicate is fearful of lowering his position by doing anything that the majority of others could do. He would rather be silent than common-place. One has facts of value on the required subject, but he sees no reason why he should place them at the disposal of another; he intends to use them himself at that convenient season which so seldom comes. A second has certainly a few facts which are pertinent, but he suspects that A and B may have more, and he does not choose to appear to have had less experience than they. A third considers that the plan is not bad, and that replies are desirable, and he hopes that *others* will attend to them. A fourth inclines to give replies, but postpones. A fifth prefers "something more practical;" which, being interpreted, generally signifies, something that requires neither trouble nor thought.

To lessen these objections we should propose such queries only as are of manifest importance, cannot be duly answered by the private exertions of any one or two individuals, make no considerable demand upon the reflection or time of the profession to answer, and to which the answers are comparatively of no value, unless when obtained in large numbers.

In furnishing the results of observation the only essential condition to be borne in mind is, that the writer shall state no opinion which is not founded upon his own observation, and shall state nothing as fact which he has not observed for himself. The mode of reply, whether anonymous to the public, or publicly authenticated by name, is purely a matter of taste and convenience. The greatest man would not be demeaned by giving a few facts anonymously; the smallest need not feel ashamed of stating actual observations publicly.

What are eligible "Moot Points" for the consideration of the profession, as a body, is a question best left to those conversant with the given subjects. A "moot point," to one who has not especially investigated the particular branch of medical inquiry, is often a point quite ascertained to him who has. But there is one class of queries particularly suitable, since they can scarcely be otherwise solved, namely,—those which relate to the influence exercised by one disease, or one set of diseases, over another, either in causing a predisposition, in lessening liability, in conferring an absolute immunity, or even in effecting a cure. This Relative Pathology, if we may so term it, promises richly to reward investigation, by indicating to us what are the means adopted by nature for promoting, opposing, preventing, or removing special disease.

How largely might Our Association add to the established truths of medicine were each of its fifteen hundred members to furnish one observed fact on every important question submitted to his consideration.

In these papers, now brought to a conclusion, it has been far from the intention of the writer to dictate to his peers and his superiors in the profession, what they ought to think or what they ought to do. His desire has been to give expression to his own sentiments on matters medical in their very anomalous position at the present time, in the hope that if he could strike a responsive chord in the minds of others, he might haply in some small degree promote that unanimity of sentiment which is the necessary precursor of unity of action. He is convinced that the united endeavours of fifteen hundred educated gentlemen, scattered through the length and breadth of the land, would go very far in that most difficult of all missions—making TRUTH the FASHION.

Provincial Medical & Surgical Journal.

WEDNESDAY, DECEMBER 24, 1851.

The provisions of the recently promulgated Draft of a Charter for the Royal College of Surgeons are so nearly in accordance with the views which we have invariably advocated, in common with the majority of our Associates, that we do not hesitate to receive it as a liberal concession to the just demands of the profession. The chief points upon which there is likely to be a difference of opinion among provincial surgeons are:—1st. The election of Members to the Fellowship without examination. 2ndly. The fee to be paid upon such admission. 3rdly. The non-admission of proxies in the election of Fellows to the Council.

The clauses which we think will be unhesitatingly received and approved of are, the following, viz.,—1st, the admission, *ad eunden*, without examination, of Fellows, Members, or Licentiates of the Colleges of Surgeons in Edinburgh and Dublin, and of the Faculty of Glasgow; 2nd, the retirement of members of the Board of Examiners at the expiration of the third year of office; 3rd, the constitution of a Board of Examiners in Midwifery; and, 4th, the distinction now first made in the qualification for the Council between dispensing drugs for the convenience of the medical man, and keeping an open shop for their sale as a matter of profit. In all these latter points we most cordially agree with the framers of the proposed new Charter; but we must strongly contend for the power to vote by proxy in the election of

Councillors, or otherwise the whole of the provincial Fellows living more than thirty or forty miles from London will be deprived of all participation in the elections. It is absurd to suppose that they can be constantly running up to London for that purpose, nor can we conceive any possible objection to the vote by printed lists or by common proxy papers, either of which plans would admit of a scrutiny in case of fraud or error. We are, therefore, decidedly of opinion that the point should be insisted on as a *sine quâ non* in the proposed Charter; nor do we think it likely to be refused if urged upon Sir G. GREY in a proper manner. With regard to the admission to the Fellowship of a limited number in each year of those who would not otherwise enjoy that privilege, not being members prior to 1843, we can see no objection to the proposed power, but we think the number is a ridiculously small one; surely ten or twenty might be the limit, especially as the Council are not to be compelled to exercise the privilege.

We have so often discussed the question of the admission to the Fellowship of members of fifteen years' standing, who obtained their diplomas prior to 1843, that we think it unnecessary again to allude to the subject; it is one which can only be received as a compromise; but in that form it has certainly the support of the majority of the profession, and may, therefore, be considered as a decided concession on the part of the authorities.

With the above exception, therefore, we cannot do otherwise than congratulate our fellow members upon this, as the first instalment of a reform which we trust will speedily be carried out to the fullest extent which is consistent with a due regard to the interests of the whole profession.

Foreign Department.

Extirpation of an enormous Tumour in the region of the Parotid Gland.

A case of the successful removal of a parotid tumour, as large as a child's head, is reported by M. Michaux (*Encyclographie Médicale*). The patient was a young man, aged 25, born of healthy parents. The tumour first commenced at the age of twelve years, as a small moveable knot, under and behind the angle of the jaw, from which it gradually increased to its present enormous dimensions. At the time of removal it occupied the whole side of the neck, extending from behind the ear to the thyroid cartilage, and overlapping the clavicle below, The surface was nodulated. In order to diagnose its nature, a puncture was made with a small trocar, and a portion examined with the microscope; the result demonstrated that it was not malignant and an operation was consented to.

Assisted by his colleagues MM. Craninx and Von Kempen, M. Michaux operated in the following manner:—He first made an elliptical incision for the purpose of removing any unnecessary portion of integument. Two vertical incisions were then made, and formed four flaps, which were dissected extensively backwards, and with very little trouble the mass was isolated and removed; ligatures being required for about a dozen arteries. The recovery was uninterrupted.

In reference to operations for the extirpation of tumours in the parotid region, M. Michaux advances the following general propositions:—

1. We must ascertain whether these tumours are connected or not with the parotid gland,

2. We must satisfy ourselves as to its nature by means of exploratory punctures and the microscope.

3. We must also as far as possible ascertain its limits, especially in depth.

4. If in operating, we find the carotid is likely to be wounded, the vessel must be tied above and below the tumour.

5. The deep attachments of these tumours should be separated by the fingers, and no incision should be made until we are sure no important vessel lies beneath the scalpel.

On Paracentesis Thoracis.

Among many interesting discussions which have recently taken place at the Medical Society of Hospitals in Paris, that on the indications for, and performance of, paracentesis thoracis is well worthy of commemoration. The debate was opened by M. Trousseau, who has long insisted on the advantage of early resort to this operation, not only in chronic pleurisy, but also in the acute form of the disease, when the effusion is considerable. He has in his own practice performed the operation twenty-one times, in eleven of which it was for acute pleurisy, and successful in all. In eight other cases the effusion was of old standing and purulent; five of these died, and two were completely and one imperfectly cured. The debate turned chiefly on the propriety of paracentesis in acute pleurisy, and many speakers were found on each side of the question. The general result was that with the precautions recommended by M. Trosseau, the operation is both easy and safe.

As a *pendant* to this discussion, M. Pidoux produced a paper on the indication of paracentesis thoracis, in which he endeavours, to prove that the operation is only suited to what he calls inflammatory hydrothorax, and not to pleurisy properly so called. His remarks may, however, be summed up in the annexed conclusions.

1. Paracentesis thoracis is specially applicable to acute hydrothorax or latent pleurisy, and the comparative pathology of this affection and that of acute inflammatory pleurisy, bears out the result of observations. 2. When practised with the precautions adopted by M. Trousseau it is generally free from danger. 3. When the effusion has reached such an extent that the whole side affected is dull on percussion, and destitute of respiratory murmur, the operation is called for, because little is to be hoped from medicine, and the patient, if unrelieved, may die suddenly, and moreover, sponta-

neous recovery is generally at the expense of great deformity of the thorax and spinal column.

Treatment of Retroversion of the Uterus.—By M. Amussat.

M. Amussat (*Bulletin de Therapeutique*) has reported additional cases in illustration of his new method of curing retroversion by causing adhesion between the posterior wall of the cervix and the vagina. This is done by means of potassa c. calce. He maintains the great superiority of this plan over the stem pessary of Dr. Simpson, and likewise that the agglutination thus induced does not interfere with a subsequent pregnancy.

Correspondence.

THE MEDICAL STAFF OF THE SHEFFIELD GENERAL INFIRMARY.

Correspondence between Dr. Branson and Sir Charles Hastings.

To the Editors of the Provincial Medical and Surgical Journal.

Gentlemen,—The undersigned members of the Staff of the Sheffield General Infirmary, being also members of the Association, request you to publish the accompanying correspondence in the next number of the *Journal*.

We are, Gentlemen,

Your obedient Servants,

FERGUSON BRANSON, M.D.,
President of the Yorkshire Branch of the Association.

M. MARTIN DE BARTOLOME, M D.

HENRY JACKSON, F.R.C.S.

Sheffield, December 18, 1851.

Sheffield, December 10th, 1851.

My Dear Sir Charles,—As I am not personally acquainted with the Editors of the *Provincial Medical and Surgical Journal*, I venture to write to you, as President of the Council, in reference to a leading article which appeared in this morning's *Journal*. In that article an attack is made on the ordinary medical officers of the Sheffield General Infirmary for allowing themselves to remain connected with an establishment, the Governors of which, nine years ago, appointed Dr. G. C. Holland Honorary-Physician for life. The Editors state "that they have not the pleasure of knowing who the ordinary medical staff of the Infirmary may be." A reference, however, to the printed list of our Association would have informed them that three of the staff are members of the Association, and one of them has the honour to be President of the Yorkshire Branch of the Association for the current year. Now, I ask, would it not have been more in accordance with the gentlemanly tone which the *Journal* professes to assume if the Editors had first made inquiry into the circumstances of the case from any one of those Associates connected with the Sheffield Infirmary, before hazarding a direct attack on a body of gentlemen as free from the slightest taint of homœopathy as the Editors themselves. They would then have learnt that Dr. G. C. Holland, after serving the charity for a long period, was nine years ago, in recognition of *past* services, appointed Honorary-Physician *for life*,—a title which, if his services had been of a little longer duration, he might have claimed *as a right* by the rules of the Infirmary. No duties whatever are attached to the office of Honorary-Physician. It is true the medical staff have the power of officially summoning the Honorary-Physicians and Surgeons to a consultation; but I am not aware that such a summons has ever been issued since the office was established, certainly not during the nine years that I have been on the staff of the Infirmary. It will be time enough to blame the staff when they summon Dr. Holland to a consultation. I do, however, blame the Editors for inserting an attack, with all the dignity of a leading article, without first seeking information from those able and willing to give it. Had the information been unsatisfactory it would then have been time to use the lash; though I much question whether our *Journal* can be benefitted by attacks on persons rather than principles. An apology is, I think, due from the Editors to the medical staff of the Sheffield General Infirmary for this unwarrantable attack; and I can assure the Editors that if such attacks are repeated the medical staff will be compelled to entertain the question of resignation—not of their offices in the Infirmary—but of their membership of the Association.

Believe me, my dear Sir Charles,

Very faithfully yours,

FERGUSON BRANSON.

Sir Charles Hastings, Worcester.

Extract from the Rules of the Sheffield General Infirmary.

39.—That such physicians and surgeons of the Infirmary as shall have remained in office twenty years or upwards, on their resignation, shall be, *of right*, Honorary-Physicians and Surgeons of this Charity. Others, on retiring, may be appointed Honorary-Physicians and Surgeons at any General or Special General Board, if the Governors think fit to acknowledge their services in that manner.

40.—That the province of Honorary-Physicians and Surgeons be exclusively confined to consultations of the Faculty, *to which they may be called in*, but that they do not interfere with the practice of the Infirmary in any other respect.

Worcester, December 15th, 1851.

Dear Dr. Branson,—I think it is to be regretted that the Editors of the *Journal* should not have communicated with you or some one of the medical officers of the Sheffield Infirmary before the article, concerning which you have addressed me, was inserted in the *Provincial Medical and Surgical Journal*. I confess that when I read the article in question I was afraid it would give rise to displeasure. If you wish it I will request the Editors to publish either your letter to me or any other you may send, and append to it such remarks as circumstances require. Peace and harmony among the legitimate members of our noble profession being one of the great objects for which we associate, I trust that the pages of our *Journal* may never be the

means of wounding the feelings of any of our associates. It will give me great satisfaction to do all that I can to convince the medical officers of the Sheffield Infirmary that I consider them blameless in the matter in question.

Believe me, yours most truly,

CHARLES HASTINGS.

To Ferguson Branson, M.D., Sheffield.

[The above correspondence was sent us too late to permit any explanation in the present number.—ED. J.]

THE ASSOCIATION MEETING FOR 1852.

To the Editors of the Provincial Medical and Surgical Journal.

SIRS,—I beg to express to you my deep regret, and no little surprise, at seeing you have announced, in the last number of the *Journal*, that the Central Council have been led to alter the place of holding the Anniversary Meeting in 1852 from Manchester to Oxford; and though the circumstances which you state, as having led to the change, may have been worthy of consideration, it is to be feared, from their imperfect exposition, that they will scarcely be held valid enough by the majority of our members to authorise such a change, in the face of the unanimous resolution of the meeting at Brighton, and a requisition from the Local Council that the meeting for 1852 should be at Manchester, and that Mr. Wilson, surgeon, should be president for the year. That the late Dr. Kidd, in the generous devotion of his mind for the benefit and progress of the Association, would have desired to see once more in his lifetime our members gathered together under his auspices in the classic stalls of Oxford, can well be believed, but that he would wish or take any steps, *proprio motu*, to disturb the solemn resolution passed at Brighton, there seems to be much difficulty in understanding without further explanation how this should have been the case.

Such an alteration from the unanimous and recorded resolution passed at an anniversary meeting is unprecedented in the history of our Association, and carries with it some want of deference to the great body of members who reside in Manchester and its neighbourhood, a great many of whom were, it is fully learned, looking forward with much pleasure and satisfaction to the occasion of the anniversary being held in 1852 on the banks of the Irwell, and the meeting to be presided over by their highly-respected colleague Mr. Wilson. Indulging in the flattering view of meeting, in these distracted days of our profession, their brethren next year in the great industrial metropolis of the north, they cannot but feel disappointed that the sedgy Isis has carried off the golden prize for the year, and postponed, *sine die*, the happiness which they had in such proximate view.

It is only fair to suppose that the Central Council have more valid reasons for making such an important change than those which you have been pleased to enunciate, for it is difficult to comprehend how the Local Council and the President-Elect could have receded from their own requisition and acceptance of office, granted and confirmed as they were, by the unanimous approval and resolutions of the very large meeting of members at Brighton. This they could not have well done, without at least having endeavoured to ascertain in some manner the sentiments of the members residing in their quarter of the country. Considering, then, the respectable standing of the members of the Local Council and of the President-Elect, we are induced to think that they must have relinquished their high privilege and right under some constraint or difficulty, which a refuge to Oxford could alone appease or evade. As for the ordinary members in this quarter, they may well say, "what was promised to the ear has been broken to the hope;" and this much may be said for them, that if they had been cognizant, in time, of any change being contemplated—of being deprived the pleasure of seeing the meeting held at Manchester next year—the great majority of them would have subscribed a requisition to forbid the divorce which has taken place. Such untoward and intermittent occurrences are much to be avoided; they create instability in the progress of our Association, and give too floating a character to our proceedings, not only in the opinion of the members themselves, but also in the eyes of the public. This is not the time for the profession to waver in its onward march of science and systematic procedure. The eyes of the public are sharply scrutinizing its ways and means of behaviour; and we look to our Association as the incorporated idea of all that is talented, eminent, and of high bearing, in its widely-located members.

A MEMBER OF THE PROVINCIAL MEDICAL AND SURGICAL ASSOCIATION.

November 29, 1851.

Medical Intelligence.

UNIVERSITY OF CAMBRIDGE.

The lectures in anatomy and chemistry, delivered in the Medical School of this University, are now recognised by the Courts of Examiners of the Royal College of Surgeons, and the Society of Apothecaries, so that students may pass the first winter session, agreeably to the curriculum of those bodies, in Cambridge. The second and third winters must be spent in London or elsewhere. The hospital has long been recognised, and lectures are delivered on medicine, surgery, and other subjects. By this arrangement further inducement is offered to medical students to connect themselves with one of our Universities; for, in addition to the opportunity of acquiring a superior general education, and other advantages of studying in an University, they may proceed to take a degree in medicine, or may be qualifying themselves to practice in the other branches of the profession. Candidates for the Fellowship of the College of Surgeons who have taken the degree of Bachelor of Arts in an English University, are required to have been engaged for *five* years instead of *six* in the acquirement of professional knowledge, and are not required to produce any further certificate in Greek, Latin, &c.

Lectures on all the other sciences collateral to medicine are delivered in the University; and in the last year an Honor Tripos, for the Natural Sciences, has been instituted, corresponding to the mathematical and Classical Triposes, so that the student has an opportunity of distinguishing himself in any or all of these sciences.

MEDICAL BENEVOLENT COLLEGE.

A meeting of the members of the medical profession of the town of Lowestoft and neighbourhood, was held at the Infirmary, on Thursday, the 29th inst., to take into consideration the propriety of forming a local committee in aid of the Medical Benevolent College about to be established in London. W. C. Worthington, Esq., was called to the chair, and the following resolution was carried:—"That in the opinion of this meeting, the establishment of a Medical Benevolent College, including a home for destitute qualified medical men or their widows, and a school for the education of their sons, is most desirable; and that this meeting do resolve to support such a College by donations and annual subscriptions, and to solicit contributions from the profession of this district, and from such benevolent persons as are inclined to promote this charitable object." It was afterwards proposed that the following gentlemen form a committe to carry out the above resolution, and to co-operate with the central committee in London:—Samuel S. Brown, Esq., E. Jeffery, Esq., Dr. Foreman, of Carlton Colville, Alfred Harmer, Esq., of Wrentham, and W. C. Worthington, Esq., Chairman.

ROYAL COLLEGE OF SURGEONS.

The following gentlemen were admitted members on the 5th inst.:—Alexander Fraser Bayne, Reading, Berkshire; Edward Casson, Hull; J. D. F. Cookson, Gloucester; Thomas Gibson, Birmingham; Joseph Lee, Guildford, Surrey; Edward Mercer, Uxbridge; Middlesex; William Thomas Paliologus, Calcutta; John Francis Tierney, Bengal.

The following gentlemen were also admitted on the 12th inst.:—William Augustus Byrne, Great Coram Street; Robert Brudenell Carter, Leytonstone, Essex; James Cornish Crossing, Devonport; Thomas Namby Dean, Manchester; Edward Hier Evans, Cardiff, South Wales; Henry Bowles Franklyn, Army; Richd. Reece, Walton-on-Thames; John Charles Savery, Hastings, Sussex; William Wilking Stabb, Ilfracombe, Devon; John Henry Sylvester, Cheltenham.

SOCIETY OF APOTHECARIES.

Gentlemen admitted on the 11th instant:—Joseph Foster, St. Kitts, West Indies; Henry James Gane, Bath; James Mudge, Bodmin; Ashby Greenough Osborn, Northampton.

OBITUARY.

December 3rd, at his house, 29, New Broad Street, after a long illness, Algernon Frampton, M.D., of St. John's College, Cambridge, Fellow of the Royal College of Physicians, and for many years physician to the London Hospital, in his 49th year.

BOOKS RECEIVED FOR REVIEW.

The Principles and Practice of Obstetric Medicine and Surgery. By Francis H. Ramsbotham, M.D., &c. Third Edition. London: J. Churchill. 1851. pp. 726.

The Physical Diagnosis of the Diseases of the Lungs and Heart. By Herbert Davies, M.D., &c. London: J. Churchill. 1851. pp. 288.

The Pocket Formulary. By Henry Beasley. Fifth Edition. London: J. Churchill. 1851. pp. 546.

Familar Letters on the Physics of the Earth. By Henry Buff, Professor of Physics in the University of Giessen. Edited by A. W. Hoffman, F.R.S., &c. London: Taylor, Walton, and Maberly. 1851. pp. 273.

Guy's Hospital Reports. Vol. VII. Part II. 1851.

Pamphlet on Improving the Condition of the Insane. By Henry Monro, M.B., Oxon. London: J. Churchill. 1851. pp. 23.

On the Morbid Conditions of the Bile and Gall-bladder. By Edwards Crisp, M.D. London: Teape and Son, Tower Hill. 1851. pp. 18.

Monthly Journal of Medical Science—November, 1851.

The American Medical Journal—October, 1851.

Transactions of the Medical Society of the State of Pennsylvania during May, 1851. Vol. I. Philadelphia: 1851. pp. 128.

TO CORRESPONDENTS.

Communications have been received from Mr. Moore, Epidemiological Society, Dr. Barker, Mr. W. Parker, Mr. Harrison, Dr. Dickenson, Mr. Skevington, Mr. Fearne, Dr. J. Hitchman, Mr. Cartwright, Mr. Pritchard, Observator.

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